



St. Helens Multi-Agency Safeguarding Adults Policy, Procedures and Good Practice Guidance

Edition - April 2015



ST. HELENS
SAFEGUARDING
ADULTS

Chronology of Updates

St.Helens Multi-Agency Safeguarding Adults Policy, Procedures and Good Practice Guidance

Version	Date
1	October 2001
2	February 2008
3	March 2010
4	January 2013
5	April 2015



Mission Statement

“The Members and Associated Partners of St.Helens Safeguarding Adults Board recognise the rights of individuals to live a life free from abuse and neglect.”

Foreword

St.Helens Multi Agency Safeguarding Adults Policy Procedures and Good Practice Guidance (Edition 5, April 2015) represents the local response to the Care Act 2014 which has put in place a legal foundation for Adult Safeguarding and encourages a personalised approach. This is welcomed in St.Helens and supports the further development of the strong foundation of safeguarding practice that is already in place.

We continue to prioritise multi-agency co-operation and community engagement to protect Adults and also to take prompt and stringent action where abuse and neglect has potentially occurred.

Safeguarding concerns may arise in all walks of life including amongst others Social Care and Health, Policing, Housing, Fire and Rescue, Probation, Trading Standards, Education, Faith and Voluntary Activity. Workers and volunteers across the community have access to the local procedures and are supported to put them in place. This ensures fair and consistent minimum standards for Safeguarding Adults in St.Helens

The Policy defines Adult Safeguarding and explains the aims in accordance with the six principles within the Care Act. The legal duties and broad responsibilities of the statutory agencies are described.

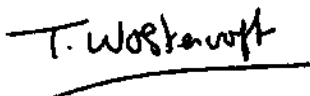
The Procedures represent a clear and robust approach for workers across all agencies and the local community to report Safeguarding Concerns whilst the model of Safeguarding Enquiries reflects a proportionate and personalised response in which there are clear responsibilities for professionals.

The Good Practice Guidance is complementary to the Procedures and gives further information about understanding and preventing abuse and neglect.

Protecting Adults from abuse and promoting their welfare is one of the most important tasks undertaken by agencies on behalf of local communities.

Above all, as the Care Act Statutory Guidance says:

“If someone knows that abuse or neglect is happening they must act upon that knowledge, not wait to be asked for information.”

A handwritten signature in black ink that reads "T. Wolstencroft". The signature is written in a cursive style and is underlined with a single horizontal line.

Tom Wolstencroft
Independent Chair of St.Helens Safeguarding Adults Board

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Part 1

St.Helens Multi-Agency Safeguarding Adults Policy

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1. INTRODUCTION

The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. Underpinning all individual 'care and support functions', including safeguarding, is the need to focus on the Adult's needs and goals.

Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support.

2. DEFINITION OF WELLBEING

Wellbeing is a broad concept and the statutory guidance defines it as relating to the following nine areas in particular:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day to day life (including over care and support provided and the way it is provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

3. DEFINITION OF SAFEGUARDING

Safeguarding means protecting an Adult's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the Adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that Adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

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 (CQC) 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 and protect life and property

4. AIMS OF ADULT SAFEGUARDING

- 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 people 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 or neglect.

In order to achieve these aims, it is necessary to;

- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- Create strong multi agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk averse and seek to scapegoat or blame practitioners;
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

The safeguarding duties apply to an Adult to whom the following three criteria all apply;

- **Has needs for care and support (whether or not local authority is meeting any of those needs) and;**
- **Is experiencing, or 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 of, or the experience of abuse or neglect.**

The Adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the 'Adult'.

5. PRINCIPLES

The statutory guidance enshrines the six principles of safeguarding:

Principles of safeguarding

Empowerment – presumption of person led decisions and informed consent

Prevention – it is better to take action before harm occurs

Proportionality – proportionate and least intrusive response to the risk presented

Protection – support and representation for those in greatest need

Partnerships - local solutions through services working with their communities

Accountability – accountability and transparency in delivering safeguarding

6. KEY RESPONSIBILITIES

Adult safeguarding is an important part of what many public services do, but the **key responsibility is with local authorities**. The Care Act puts adult safeguarding on a legal footing and from April 2015 each local authority must:

- **Make enquiries**, or ensure others do so, if it believes an Adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken or stop or prevent abuse or neglect, and if so, by whom.
- Set up a Safeguarding Adults Board with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies.
- 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 where the Adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate to help them.

7. SAFEGUARDING PARTNERSHIP

The Care Act recognises that Local Authorities cannot safeguard individuals on their own; it can only be achieved by working together with Statutory Partners, the Police and NHS and through linkages to other partnerships and organisations as well as awareness for the wider public.

Role of the Police

The Police have a crucial role to play in the safety and protection of Adults at risk of harm and abuse. A core policing role is identifying and managing perpetrators who choose to target Adults. The Care Act underpins this duty.

The Act places a requirement that the local Chief Officer of Police is a statutory core member of the Safeguarding Adults Board (SAB). As the 'eyes and ears' of the community, local officers will ensure that they gather and record information and intelligence to enable informed decision making for safeguarding through the multi-agency partnership arrangements.

It is the responsibility of the Police to lead investigations where criminal offences are suspected by preserving and gathering evidence at the earliest opportunity.

As the lead investigating agency, the Police will work with the local authority and other partner agencies to ensure that all relevant information is shared and identified and a risk management plan is agreed at an early stage.

The NHS

Through the provision of health services the NHS Trusts have a pivotal role in safeguarding and St.Helens Clinical Commissioning Group is in the best position to ensure that NHS providers meet their responsibilities through its commissioning arrangements with them.

As a statutory partner the CCG is represented on the Safeguarding Adult Board by the Chief Nurse.

The NHS has particular duties for patients less able to protect themselves from harm, neglect or abuse. All commissioners and contractors have a responsibility to ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multi-agency safeguarding policies and procedures.

Other Organisations

Safeguarding concerns can come to the attention of a broad spectrum of organisations, including those in the voluntary and community sector, housing and education. This is reflected in the diverse membership and Associated Partners of the St.Helens Safeguarding Adult Board.

Part 2

St.Helens Multi-Agency Safeguarding Adults Procedures

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Introduction

INTRODUCTION

It is the Local Authority's duty under Section 42 of the Care Act 2014 to make enquiries, or direct others to do so, when Concerns about abuse or neglect are raised.

An Adult Safeguarding Concern applies when you have identified a person over the age of 18 years who;

- Appears to have **NEEDS FOR CARE AND SUPPORT** (whether or not the Local Authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect and;
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

Definition of Care and Support Needs

There are three conditions:

1. The Adult's needs arise from or are related to physical or mental impairment or illness.
2. As a result of the Adult's needs he/she is unable to achieve two or more of the **SPECIFIED OUTCOMES** listed below.
3. As a consequence of being unable to achieve these outcomes there is, or is likely to be, a significant impact on wellbeing – including the Adult's ability to protect themselves from abuse and neglect.

Specified Outcomes

- Managing and maintaining nutrition.
- Maintaining personal hygiene.
- Managing toilet needs.
- Being appropriately clothed.
- Being able to make use of the home safely.
- Maintaining a habitable home environment.
- Developing and maintaining family and other personal relationships.
- Accessing and engaging in work, training, education and volunteering.
- Making use of necessary facilities or services in the local community.
- Carrying out any caring responsibility for a child.

Definition of Adult

Throughout this document "Adult" means a person over the age of 18 years who has or appears to have care and support needs as described above.

Information Sharing

Responsible information sharing is the key to preventing abuse and neglect and to making full and appropriate enquiries when Safeguarding Concerns are raised.

All agencies must make records available as directed during a Safeguarding Enquiry, respecting Data Protection and confidentiality principles.

Within safeguarding the overarching rationale for sharing information is for the prevention or detection of crime.

Decisions about who needs to know and what needs to be known will be taken in relation to the particular circumstances.

This consideration is integral to the Safeguarding Enquiry process.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision making should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

- where relevant and necessary, not simply all the information held;
- with the relevant people who need all or some of the information; and
- when there is a specific need for the information to be shared at all times.

Consideration must also be given to confidential (secure) transfer of data, not only to the content of the information.

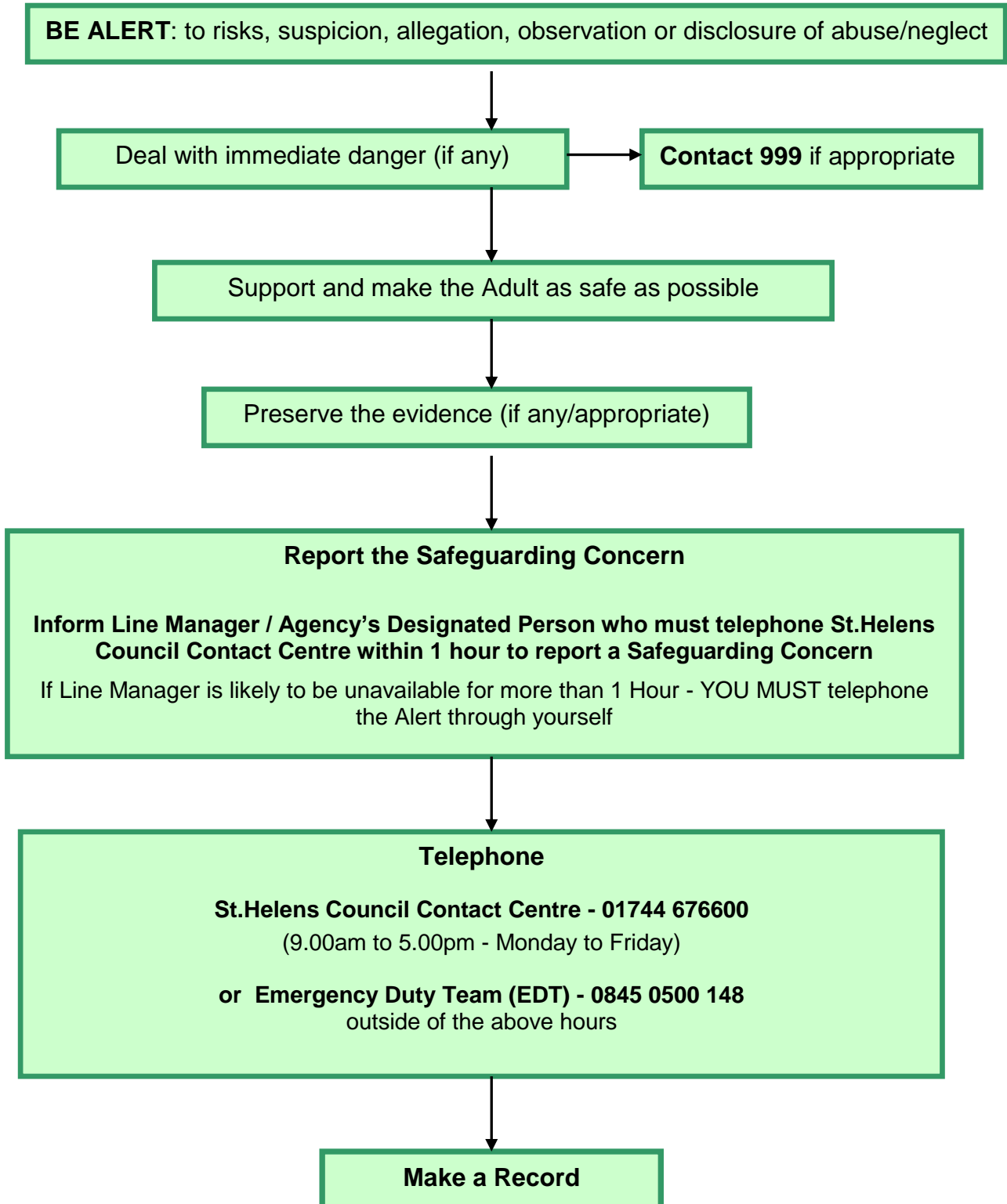
How to Report an Adult Safeguarding Concern

Advice Note

Please note that the Flowchart on the next page provides an overview of “How to Report a Safeguarding Concern in St.Helens”. Each of the green text boxes appear as headings on the following pages, giving further details.

How to Report a Safeguarding Concern in St.Helens

This applies to all residents of St.Helens regardless of setting,
i.e. community, hospital or care establishment



BE ALERT: to risks, suspicion, allegation, observation or disclosure of abuse/neglect

Being **alert** to abuse means:

- Thinking about what you see and asking is it acceptable behaviour.
- Taking a person-centred approach and being mindful of discriminatory behaviour.
- Always taking seriously what you are told.
- Being mindful of any signs/signals/non-verbal communication that could suggest abuse or neglect.
- Being mindful that Adults may be targeted by organisations or persons associated with Terrorism, Trafficking, Slavery and Forced Marriage.

The following are the main categories of abuse which might occur:

- Physical
- Financial
- Sexual
- Psychological (including recruitment to violent extremism)
- Domestic Abuse (which can be a combination of the above)
- Modern Slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect

Further information can be found in the Good Practice Guidance section (page 73).

Sometimes there will be obvious signs and symptoms. At other times the indicators may be very difficult to detect. A combination of factors, which on their own might not cause concern, could be much more worrying when considered together.

It is very important if abuse is suspected to try and maximise the opportunity for the person to disclose what is happening or what has happened, in a safe and comfortable environment. Due consideration must be given to the needs of the individual to help them feel reassured and supported.

Deal with immediate danger (if any)

- Make the Adult as safe as possible.
- If an Adult is in immediate danger or in need of urgent medical attention, YOU MUST alert the appropriate emergency service (e.g. Police, Fire or Ambulance) immediately.
- Action must also be taken to ensure the safety and wellbeing of other potentially at risk Adults (or children) in the same location.
- Consideration must be given to separating the Adult from the person who is, or is thought to be, producing the threat. It is important that disruption to the life of the Adult is kept to a minimum. Therefore, if it is possible for the potential perpetrator to leave the scene, this should be the preferred option, for example in residential/nursing and domiciliary care, but it will depend on who they are, e.g. another Adult or employee, family/friend.
- Where the potential perpetrator lives in the same private household, separation may not be possible.
- In extreme circumstances, an alternative place of safety must be sought, as the immediate safety of the Adult is the highest priority.
- Staff must also be mindful of their own and other people's safety and should not alert or confront the potential perpetrator where this may potentially escalate the risks, **unless** it is necessary to protect the Adult.
- If the potential perpetrator is also an Adult or employee/volunteer in another service setting, then appropriate steps must be taken to identify and manage the risk of further abuse.

Support and make the Adult as safe as possible

- Assist the Adult to feel safe and comfortable, both physically and emotionally. Give reassurance that their views will be listened to, but don't make promises about what will/will not happen.
- Explain calmly that you will inform others to make sure the Adult stays safe.

Preserve the Evidence (if any)

After providing immediate support and making the Adult as safe as possible, it may be necessary to deal with evidence of abuse.

In extreme cases, particularly of physical/sexual abuse, it may be necessary to secure the scene to preserve evidence that may be used in criminal proceedings.

The following must be considered in relation to the person, the place and any implements that may have been used:

- The person - for example, blood, scratches, dirt, bodily fluids etc.
- The place - for example, a room, a garden, a car etc.
- The implement(s) that has potentially been used to inflict abuse - for example, cutlery, household objects, garden objects etc.

Secure the scene, in respect of the person, place, implement, by taking the following steps:

- Where possible, leave things as they are. Do not clean up or touch anything you do not have to. Do not wash anything or in any way remove blood, fibres etc.
- Leave weapons where they are unless they are handed to you. Handle as little as possible to avoid destroying fingerprints.
- Preserve the clothing and footwear of the victim. Handle as little as possible. Preserve anything used to comfort a victim, e.g. blanket.
- Note and preserve any obvious evidence such as footprints, fingerprints or any other evidence, which may have been left behind by the suspect.
- Do not allow anyone to enter until the Police arrive, apart from other emergency response personnel if necessary, such as Ambulance, Fire or Gas services.

In situations of theft/financial abuse, ensure that cash, receipts, valuables, bank books, bank statements and benefit books are secured and not altered in any way.

DO NOT INTERVIEW - It is vital that interviews with alleged victims or perpetrators do not take place at this stage. The approach to interviewing will be decided in the Strategy Meeting and must be done in consultation with the Police. This is important in the event of statements being used in court and to ensure evidence is not compromised.

If the victim makes a disclosure, record the time, the date and the details of any witness to what was said. Do not question a disclosure unless it is essential to ensure the safety of the victim or other person.

Report the Safeguarding Concern

The flowchart “How to Report a Safeguarding Concern in St.Helens” (page 88) summarises immediate action to be taken following risks, suspicion, allegation, observation or disclosure of abuse.

The Safeguarding Concern must be reported to the Contact Centre whether the alleged perpetrator is a;

- Paid Carer
- Professional of any kind
- Volunteer
- Family Member
- Friend
- Neighbour
- Stranger
- Another Adult with Care and Support Needs

In summary you must;

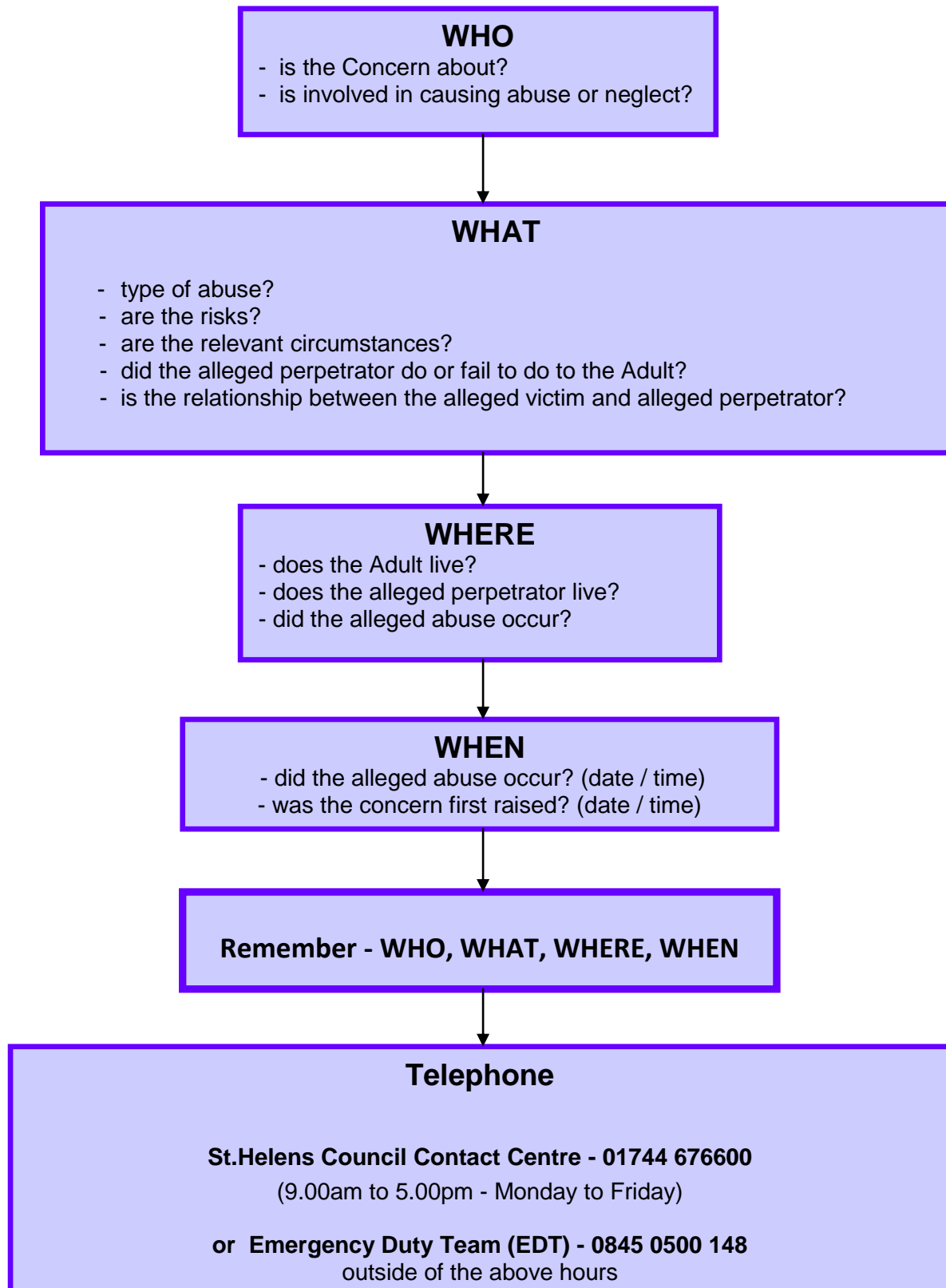
- Inform Line Manager / Agency's Designated Person who must telephone St.Helens Contact Centre within 1 Hour to report a Safeguarding Concern
- If Line Manager is likely to be unavailable for more than 1 Hour - YOU MUST telephone the Concern through yourself
- Telephone St.Helens Council Contact Centre on 01744 676600 (9am to 5pm - Monday to Friday) or Emergency Duty Team - EDT on 0845 0500 148 (outside of the above hours)

When telephoning the Contact Centre you need to provide as much information as possible about the Adult and what the concerns and risks are.

Please see Flowchart on page 27 for “Key Information when Reporting Safeguarding Concerns in St Helens”.

St.Helens Multi-Agency Safeguarding Adults Procedures Key Information When Reporting Safeguarding Concerns in St.Helens

When telephoning St.Helens Contact Centre, please provide as much of the following information as you have available:



Make a Record

- Any allegations or suspicions of abuse of an Adult must be recorded the **same day/shift** within the organisation's/agency's recording system that holds the Adult's personal file/case file/contact records.
- The record must include the WHO, WHAT, WHERE, WHEN as reported to the Contact Centre, plus the following FACTUAL details where known:
 - Settings/Specific Location, e.g. address/bedroom.
 - Persons present.
 - Observations of the setting, e.g. the location and position of items utilised in the alleged abuse.
 - Observation of the alleged victim, e.g. she was crying, had injuries.
 - What was said by the alleged victim, potential perpetrator and witnesses, using the speaker's own words.
 - Where appropriate, use a body map to indicate where there are cuts or bruises, describe the location, size and colour of any bruising.
- Opinions should not be recorded. If necessary, opinion will be taken as a witness statement later on in the investigation by persons qualified to do so.
- The record must be signed and dated (in black ink if possible), bearing in mind it may be required later as part of evidence in legal proceedings.

Safeguarding Enquiries: Response to Reported Safeguarding Concerns

INTRODUCTION

Responsibility for responding to a Safeguarding Concern lies within the complementary roles of Safeguarding Co-ordinators and Care Management Teams.

- The Safeguarding Co-ordinators guide and support Care Management by providing an independent perspective of the perceived risks and required actions throughout the Safeguarding process and contribute to decision-making in collaboration with Care Management.
- The Safeguarding Co-ordinators maintain an overview of adherence to the Multi Agency Procedures and undertake the role of Chair in Safeguarding Meetings, and associated administrative tasks.
- The Team Manager of the relevant Care Management Team is the designated “Enquiry Manager” within these Procedures and has overall responsibility for the management of the Adult and their care and support needs. The term “Enquiry Manager” can apply to the Team Manager or Assistant Manager who takes operational responsibility in the Team Manager’s absence.
- The Enquiry Manager is responsible for designating a suitably trained member of staff to undertake enquiries as directed. This person is the designated “Enquiry Practitioner” within these Procedures.
- Detailed guidance of the purpose and responsibilities at each stage of the Safeguarding Enquiry process (from reported Concern to Closure Summary) is outlined later in this section.

Adults are supported to define the outcomes they desire under their personal circumstances of abuse and neglect. The process is personalised and flexible and can conclude at any stage as appropriate.

In general terms the kinds of outcomes Adults seek from Safeguarding are:

- To have access to justice or an apology or to know that disciplinary or other action has been taken.
- To be involved in making decisions.
- To feel supported throughout the process.
- To have clarity around what happened and to know how the outcome was reached.
- To be made aware of possible risks and to know how to maintain a key relationship.

Enquiries will focus on the outcome defined by the Adult and will;

- Be proportionate and timely

And will take account of

- The context and implications for other Adults
- Carers needs and their circumstances
- The mental capacity of the Adult and of the person believed to have caused the abuse or neglect

However, it is recognised that in some circumstances the outcome defined by the Adult may not be achieved and also desired outcomes may change over time.

Carers and Safeguarding

There are various circumstances in which a Carer (family member or friend) may be involved in Safeguarding including;

- Where the Carer may witness or suspect abuse and raise their concerns directly with the Contact Centre or via a Care Manager or other professional known to the Adult.
- A Safeguarding Concerns may be raised for the Adult who is cared for by a third party.
- A Carer may intentionally or otherwise harm the Adult they care for.
- A Carer may be harmed, intentionally or otherwise, by the Adult.

The Carers understanding of the situation and views and ideas about preventing further abuse will be taken into account alongside the Outcomes desired by the Adult.

Consideration will be given to the adequacy of the level and type of support that has been put in place as part of the assessment and care planning process.

Appropriate agencies will be involved to protect the Carer and the Adult depending on individuals' circumstances.

Independent Advocacy

The Care Act 2014 provides a separate duty to arrange an independent advocate for Adults who are subject to a Safeguarding Enquiry or Safeguarding Adult Review if two conditions are met;

- If an independent advocate were not provided then the Adult would have substantial difficulty in being fully involved in the process
- There is no "appropriate individual" available to support and represent the Adult who is not paid or professionally engaged in providing care or treatment to the Adult or their Carer

"Appropriate Individuals"

The appropriate individual cannot be;

- Already providing care or treatment to the Adult in a professional capacity or on a paid basis
- Someone who the Adult does not want to be supported by
- Someone who is unlikely to be able to, or be available to, adequately support the Adults involvement
- Someone implicated in abuse or neglect within a Safeguarding processes

Many if the Adults who qualify for advocacy under the Care Act 2014 will also qualify for advocacy under the Mental Capacity Act 2005. The same advocate can provide support under each Act so that the Adult experiences a seamless advocacy service.

WHAT IS AN ENQUIRY?

The exact nature of the Enquiry in response to a Safeguarding Concern and who is best to lead will be in part determined by the circumstances and views of the Adult.

Enquiries do not follow a prescribed process but are made up of a number of different elements as appropriate and this includes one or more of the following (not exhaustive);

Telephone calls

- To the Adult, family members / other representative.
- To the person who reported the Concern.
- To the managers of services and other professionals.

Visits/Meetings

- With the Adult, family members / other representative.
- With representatives of relevant services and agencies.

Checking Written Records

- Care Plans, incident reports, medication records, staff rotas, risk assessments, bank statements. As appropriate to the area of Concern.

Specialist Advice Sought

- Care Quality Commission, Ofsted, General Medical Council, the Police, Health Professionals, Coroner, Trading Standards, Community Safety, NHS England, NHS Clinical Commissioning Group and other commissioning bodies as appropriate to the area of Concern.

Formal Enquiry Routes include;

- Criminal Investigation, led by the Police.
- Serious Untoward Incident Review, led by NHS.
- Further Serious Incident, led by Probation.
- Disciplinary Procedure, led by the Employer.

At one end of the spectrum a minimal enquiry could simply be a telephone call to the Adult about whom the Concern was reported. The Enquiry could end at this point.

In contrast where a crime has potentially been committed and there are implications for a number of Adults extensive enquiries by the Police may take place with support provided by the Local Authority. More extensive enquiries may require a Multi Agency Strategy Meeting.

Timescales

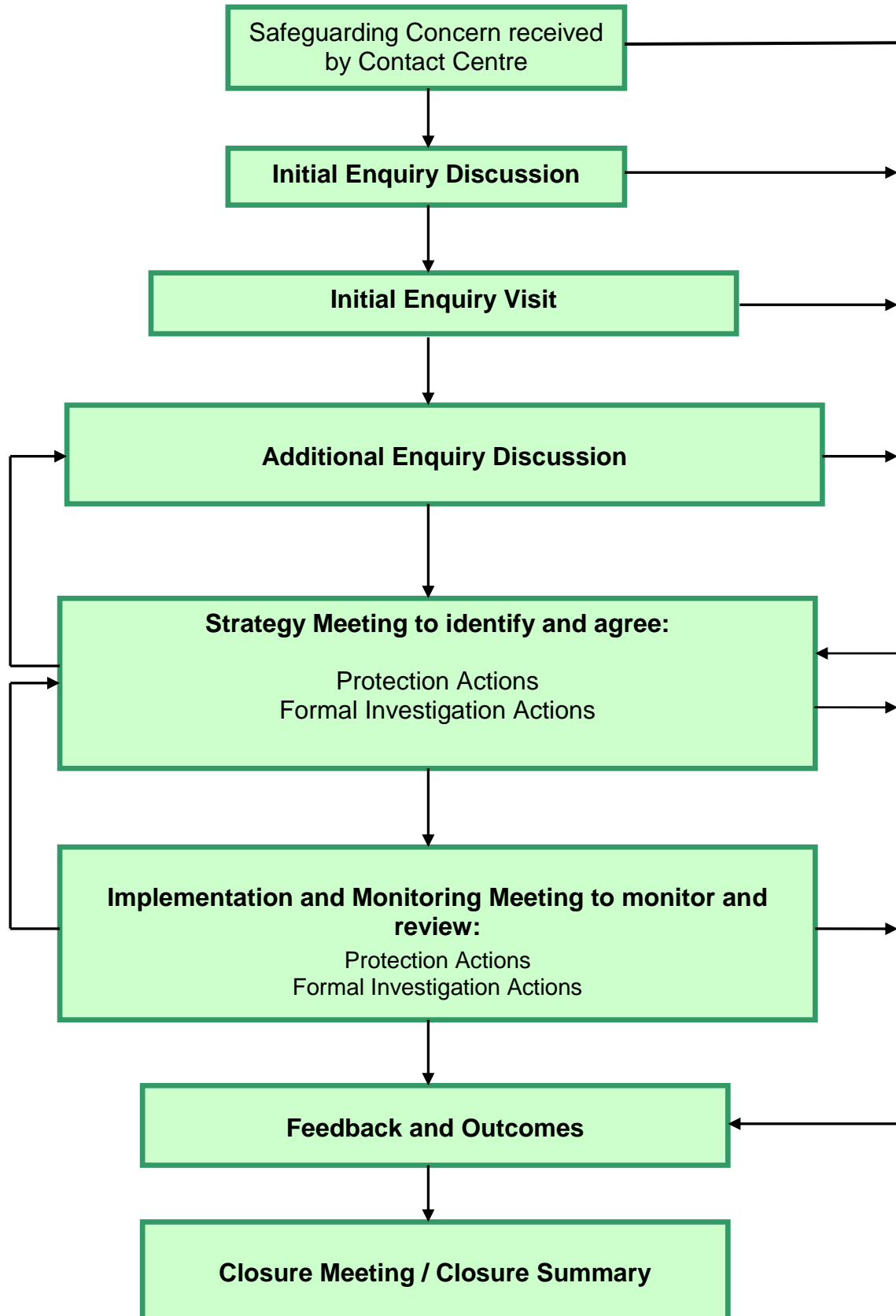
Where possible, the number of days reported from Concern date to Closure Summary date should not exceed 30 days in cases that DO NOT require a Strategy Meeting.

Where possible, the number of days from reported Concern date to Closure Summary date should not exceed 90 days in cases that DO require a Strategy Meeting.

Advice Note

Please note that the Flowchart on the next page provides an overview of “Safeguarding Enquiries in St.Helens”. Each of the green text boxes appear as headings on the following pages, giving further details.

St.Helens Multi-Agency Safeguarding Adults Procedures Response to a Safeguarding Enquiry in St.Helens



Initial Enquiry Discussion

Following the receipt of the Safeguarding Adults Concern, an Initial Enquiry Discussion must be conducted between the Enquiry Manager and Safeguarding Co-ordinator.

Purpose

To decide what action needs to be taken through consideration of the following:

- To check if there have been previous Safeguarding Concerns for the individual and if so, to compare the context, location, time period and other details to the current Concern to inform the risk assessment.
- To discuss if further clarification is required from the person who reported the Concern, to understand what is being said. This is particularly important for a self-referral and when family/friends report the Concern.
- To discuss the need for immediate Police involvement.
- To discuss the need for immediate action under Disciplinary Procedures or other management action, and to engage the employer/employer's HR representative and/or the Designated Adults Safeguarding Manager (DASM) in this discussion as appropriate.
- To consider the involvement of other Partners at this stage and the need to consult relevant professional advisors.
- To discuss the need for immediate Safeguarding actions to protect the Adult from further abuse.
- To consider the Mental Capacity of the Adult and alleged perpetrator and implications this may have.
- To consider the specific needs and circumstances of the Adult and alleged perpetrator and implications this may have.
- To risk assess the broader context and consider potential risks to others.
- To check if there are current concerns about the service being provided to acceptable quality standards.
- To ensure an Enquiry Practitioner is assigned.
- To identify potential risks to the health and safety of the Adult and staff members pertaining to the Initial Enquiry Visit and agree actions as appropriate.
- To discuss any known/or potential risks to children and, where necessary, make a Child Protection referral.

Previous Concerns

Previous Concerns may be:

- Multiple Concerns for the same Adult (more than one of any type of abuse or incident)

OR

- Repeated Concerns for the same Adult involving the same Safeguarding Concerns of the same or very similar type).

Previous Concerns must be considered and taken into account in relation to the ongoing Safeguarding activity.

Responsibility for the Initial Enquiry Discussion

- Following receipt of the Safeguarding Adults Concern, the Safeguarding Co-ordinator must ensure that an Initial Enquiry Discussion is conducted with the Enquiry Manager.
- Take into account relevant previous concerns which may be closed or ongoing:
- The Enquiry Manager has responsibility for ensuring any agreed actions are implemented following the Enquiry Discussion(s). This includes actions assigned to other persons or agencies.
- The Safeguarding Co-ordinator is responsible for ensuring the Safeguarding Adults Concern and any other relevant information is made available to the Police and other persons or agencies, where appropriate.
- The Enquiry Manager and the Enquiry Practitioner are responsible for gathering basic information, where appropriate. This may involve contacting other agencies, though care must be taken not to alert the alleged perpetrator(s).
- Following the Initial Enquiry Discussion, where appropriate the Enquiry Manager must contact the person who reported the Concern and other interested parties, e.g., families, and inform them as far as is possible without compromising confidentiality and the safety of the Adult, of the progress of the Safeguarding Enquiry, and what further enquiry or action will be taken.

Escalation

- Significant disagreement arising from the Initial Enquiry Discussion about potential actions to be taken must be referred to relevant Care Management Service Managers for guidance, and be recorded.

Timescales

- The Initial Enquiry Discussion must be conducted as soon as practicable following the receipt of the Safeguarding Concern, but it must not exceed **one normal working day**.
- The term **normal working day** is defined as 9am to 5pm, Monday to Friday and excluding Bank Holidays.

Recording

- The content of any Initial Enquiry Discussion must be recorded on Form SA1.
- The Safeguarding Co-ordinator has the responsibility for the completion of Form SA1.
- Out of Hours, the Emergency Duty Team Social Worker may be involved in discussion and decision-making to ensure the immediate safety of the Adult. **Details must be recorded on Form SA1 so that the information will be readily available to the Enquiry Manager and Safeguarding Co-ordinator when the Initial Enquiry Discussion commences.**
- If it is appropriate for the Safeguarding Enquiry to end at this point the Safeguarding Co-ordinator must complete the Closure Summary Form, SA5.

Initial Enquiry Visit

Purpose - an Initial Enquiry Visit must be undertaken within timescales in order to:

- Assess the Adults capacity to engage in the process and consider advocacy.
- Understand the desired outcome as defined by the Adult and/or their representative.
- Analyse risk(s) and evaluate the potential harm that may be caused.
- Observe the setting in which the concern has been raised to gain insight into the context, physical environment and relationships.
- The views of the Adult and/or their representative, where appropriate, must always be considered and respected and full consideration be given to any identified issues/needs.
- To evaluate relevant records and documents.
- There may, however, be circumstances when the Adult's wishes might be overruled. These include:
 - If the Adult's mental capacity is such that they are unable, or may be unable, to make an informed decision about their own safety and wellbeing.
 - Other people are at risk.
 - The Police have decided to pursue a Criminal Investigation.
- Only in exceptional circumstances, for example if the Adult is in hospital, should the Initial Visit be delayed. The rationale must be clearly recorded.

Who has Responsibility?

- The Enquiry Manager must make the Initial Enquiry Discussion information available in advance to the Enquiry Practitioner who will conduct the Initial Visit.
- Consideration must be given as to whether a second appropriately trained member of staff should accompany the Enquiry Practitioner on the Initial Visit.
- Consideration must be given as to whether the person(s) conducting the visit should be known to the Adult.
- The Enquiry Practitioner must hold a relevant professional qualification, usually social work, and must take lead responsibility for engaging with the Adult.
- The Enquiry Practitioner must provide the Enquiry Manager with feedback of findings from the Initial Visit.

Additional Clarification

- Where family members and/ or their representatives have raised safeguarding concerns the Enquiry Practitioner must clarify with those persons what is being alleged.

Timescales

- The Initial Enquiry Visit must be conducted as soon as practicable following the Initial Enquiry Discussion, but must not exceed **two normal working days**, unless the Adult or their representative requires a reasonable extension of this timescale.

Recording

- A record of the visit should be provided to the Adult and/or their representative at the conclusion of the visit, outlining key points and agreed/declined actions. This will be issued on a “Summary of Needs and Agreed Actions” form.
- The Enquiry Practitioner has the responsibility for recording the desired outcomes as defined by the Adult on an Initial Visit Form (Form SA2), and in accordance with the Case Recording and Record Keeping Policy and Guidance.

Additional Enquiry Discussion

Additional Enquiry Discussions must take place between the Enquiry Manager and Safeguarding Co-ordinator as a minimum, following the Initial Enquiry Visit. Other Partners/Agencies will contribute as necessary.

Purpose

- To reaffirm the Adult's wishes and desired outcomes, following the Initial Enquiry Visit.
- To share and evaluate additional information and risks identified from the Initial Visit.
- To agree next actions.
- To agree Closure.

Who has Responsibility?

- Additional Strategy Discussions can be instigated by the Enquiry Manager, Enquiry Practitioner, the Safeguarding Co-ordinator, Police or other Partners.

Escalation

- Where it appears that the case may be becoming very complex or is raising significant quality concerns, the Enquiry Manager must inform the relevant Care Management Services Managers or escalate to a more Senior level as required.

Timescales

- Additional Enquiry Discussions can be instigated at any stage of the Safeguarding Adults Procedures. They must be conducted **as soon as practicable** following the emergence of information that indicates further Enquiry Discussion is required.

Recording

- Additional Enquiry Discussion(s) must be recorded on IAS Case Notes (Form SA2) by the Enquiry Manager, Enquiry Practitioner or Safeguarding Co-ordinator as appropriate.
- If it is agreed that no further action is necessary, this must be recorded on IAS Case Notes (Form SA2).
- A Closure Summary (Form SA5) must also be completed by the Enquiry Practitioner.

Strategy Meeting(s)

Purpose

To share, discuss and consider the known evidence and agree Protection actions and Formal Investigation actions as appropriate.

This may include one or more of the following considerations:

- Creation or revision of a Support Plan to address needs and risks
- Potential Criminal element
- Potential Disciplinary action
- Serious Incidents Requiring Investigation - NHS organisations (Trusts) only

When a Strategy Meeting may be called:

- Where the health and safety of the Adult is or may be compromised and Protection and Investigation Actions may be required.
- Where the alleged perpetrator is an employee of a service provided to Adults and the circumstances indicate potential Disciplinary Action.
- Where the allegations indicate a potential Criminal Investigation Plan may be required.
- Where the allegations involve standards of care in a service that is registered under the Health and Social Care Act 2008.
- Where there are Previous Safeguarding Concerns (see definition on page 34).

The Strategy Meeting will cover:

- Issues associated to the mental capacity of the Adult, i.e. alleged victims and perpetrators involved and potential requirement for a Best Interests Assessment.
- The health, social care, communication, cultural needs or other specific needs of the Adult.
- The likelihood, severity and potential impact of risks to the health, safety and wellbeing of the Adult.
- Any potential risks to children and agreement on who will arrange a Child Protection referral, where necessary.
- Who the “interested parties” are, which means those persons or agencies with whom it is reasonable and appropriate to share information about the process and outcome.
- Consideration and where necessary arrangements for appropriate notifications/referral to Partner or Statutory Agencies, e.g. Care Quality Commission, Health Professionals.
- Where issues affect residents of other Local Authorities, to arrange for proper notification of those Authorities.

- Consider preparation of witness profile where appropriate.
- Timescales for actions and outcomes.
- Responsibility and accountability for all actions cited in the plan.
- To set a date for further Safeguarding Meetings, where this is practicable and appropriate.

Who has Responsibility?

- The Enquiry Manager, in consultation with the Safeguarding Co-ordinator, has responsibility for deciding whom to invite to a Strategy Meeting.
- The Safeguarding Co-ordinator has responsibility for organising the Strategy Meeting, including the venue and inviting all relevant persons and agencies involved in the care, support and protection of the Adult.
- The Safeguarding Co-ordinator has responsibility for chairing Strategy Meetings. In the absence of the Safeguarding Co-ordinator, an appropriate Enquiry Manager must take on the role of Chair.
- Persons and agencies have a responsibility to share any information they have that may be relevant to the Enquiry.
- All persons and agencies invited to attend the Strategy Meeting have a responsibility to attend. Where the individual cannot attend, they must inform the Safeguarding Co-ordinator and agree who can attend as a suitable alternative representative from that agency.
- Where representatives of any of the key persons or agencies are absent from the Strategy Meeting, the Safeguarding Co-ordinator has the responsibility for:
 - requesting in advance provision of information so that it can be taken into account at the meeting;
 - informing them of outcomes of the meeting. They must ensure that key persons or agencies are informed of and understand agreed action(s) and timescales allocated to them.
- The Enquiry Practitioner has responsibility for informing the Adult and/or other interested parties of the outcomes of the Strategy Meeting if they are not in attendance.

Escalation

- In exceptionally complex and sensitive cases, more Senior Officers within the relevant areas may be required to participate in the key roles of Chair, Enquiry Manager and Enquiry Practitioner.

Timescales

- The Strategy Meeting must be convened as soon as practicable, following the Strategy Discussion where it was identified as necessary, but no more than **5 normal working days** later.
- Where nobody is available from the invited agency to attend a Strategy Meeting, the Safeguarding Co-ordinator must inform the invitee what information is to be submitted, at least **3 normal working days** before the start of the Strategy Meeting.

Recording

- The Minutes of the Strategy Meeting must be recorded on Form SA3.
- The Safeguarding Co-ordinator (Chair) has responsibility for ensuring timely recording, electronically storing and distributing Form SA3 to relevant persons and agencies involved in the care and support of the Adult.

Who may attend the Strategy Meeting?

Consideration must be given to which of the following people need to be invited to a Strategy Meeting:

- The Adult and/or family representative.
- Independent Advocate.
- The Adult's Care Manager.
- The Enquiry Practitioner - if this person differs from the Care Manager of the Adult.
- The Enquiry Manager.
- The Safeguarding Co-ordinator.
- The alleged perpetrator's Care Manager - although the focus of the Strategy Meeting is the care and safety of the alleged victim, there are some situations where it may be helpful to have someone present who knows the alleged perpetrator, particularly if the person continues to pose a risk to the other Adult and strategies need to be developed to manage this risk.
- EDT Social Worker/Care Manager - if the Safeguarding Adults Alert originated out of hours and this person was involved in the development of the Emergency Investigation or Protection Plan.
- The Police - if there is reason to believe that a crime has been committed or may be committed, a representative from the relevant division within the Police must attend.
- Representative from Commissioning or Contracts - if the allegation involves a service that has been commissioned or contracted by St.Helens Council, CCG or other signatories to the procedures.

- Representative from St.Helens Council Contracts and Quality Monitoring Team.
- Representatives from Primary Care led services where appropriate i.e, GP, Dentist, Pharmacist, Podiatry.
- Other relevant professional advisors may be consulted.
- A representative of another Local Authority – where any Adults involved in the Safeguarding Concern are the financial responsibility of another Local Authority or CCG.
- Care Quality Commission (CQC) - if the service is regulated.
- Service Providers: representatives - such as managers and those with responsibility for Human Resource issues, of any organisations involved in providing a service to the Adult, unless that organisation is thought to be involved or colluding with the abuse.
- Human Resource representative - where the alleged perpetrator is an employee of relevant Statutory Agencies.
- Specialist Practitioner - e.g. a Practitioner from the Sensory Impairment Team, Occupational or a Speech and Language Therapist, if the Adult has specific communication needs.
- Complaints Officer - if the Safeguarding Concern has come to light as a result of a complaint or the Concern contains elements that are not about abuse, but more aptly dealt with as a complaint.
- Children's Services Team - a representative of the appropriate Children's Services team should be invited to attend if there are children in the household who are already known, if the alleged perpetrator has regular access to children or young people under the age of 18, or if there are any other Safeguarding Children concerns.

Protection Actions

These will apply where there are concerns that the Adult may experience, or be experiencing, further abuse and will consist of risk reduction and support strategies, and will be monitored and revised as necessary.

Purpose

- Protection Actions will involve identifying and agreeing specific safety measures to ensure immediate and ongoing protection from abuse, specific to the individual's needs and desired outcomes.
- Relevant persons and agencies involved in the provision of care and support must be clear about how the specific actions or safety measures are designed to safeguard the Adult from further risks of abuse.
- The aim is to remove both immediate and/or potentially ongoing risks to the Adult. Where risks cannot be removed or avoided because the risk conflicts with the views/wishes of the Adult, protective measures to reduce the risk will be maximised. Decision making rationale must be recorded clearly.

Protection Actions must:

- Record the measures that have already been put in place, and will remain in place, to manage risks and protect the Adult.
- Record all the actions that have been identified to safeguard the Adult from further abuse, and which person(s) and agencies are responsible for implementing the action.
- Have a deadline for the implementation of each action. However, it is recognised that certain actions may need to be given an ongoing timescale.
- Include the projected date of the Implementation Monitoring / Closure meetings where appropriate.
- Remain in operation until a decision has been reached at Safeguarding Closure Meeting that it is no longer required **OR** following closure of the Safeguarding Enquiry, the Protection Actions may continue to be in place as part of the Support Plan and will be reviewed by the Care Management Review process.

Formal Investigation Actions

Actions to establish facts, as far as is reasonable and proportionate to the circumstances, will be taken.

It may not be necessary to pursue information further where the Protection Actions are in place and the Adult and/or their representative is satisfied with the Outcome.

Formal Investigation routes may apply in circumstances of very serious Safeguarding Concerns.

The three most commonly used Formal Investigation routes are as follows;

- a) Criminal
- b) Disciplinary
- c) Serious Untoward Incidents (SUIs)

More information about these can be found on the following pages.

a) Criminal Investigation

These may apply where the alleged abusive act is in breach of legislation.

Purpose

- To discuss the wishes of the Adult in respect of a potential Criminal Investigation.
- A Criminal Investigation includes gathering other collaborative evidence and scheduling rapport sessions, video interviews, Appropriate Adults, post-interview support, medicals and special measures.
- Whilst Criminal Procedures are the responsibility of the Police, where the victim is an Adult within the definition of St.Helens Safeguarding Policy, additional consideration must be given to information sharing between agencies, communication with the victim and recording.

Who has Responsibility?

- The Enquiry Practitioner is responsible for maintaining contact with the Adult and keeping them updated throughout.
- The Safeguarding Co-ordinator is responsible for liaising with the Police and recording progress.
- On notification of a Concern, the Police must act promptly to secure evidence or advice accordingly.
- Police must consider requirement for medical examination, photographs and other forensic evidence.
- Police must promptly attend Safeguarding Meetings where requested by the Safeguarding Co-ordinator.

- Police must commence Criminal Investigation evidence-gathering and preparation of papers for consideration by Crown Prosecution Service, as appropriate.
- Police must update the victim as per the Victim's Charter, either personally or in conjunction with the Enquiry Practitioner.

Timescales

- Timescales will be determined by the Criminal Investigation Process.

Recording

- For the purpose of recording consistently a Criminal Investigation will be said to commence at the point where formal witness statements are taken by the Police. Information gathering prior to this are Police Enquiries.
- The Safeguarding Enquiry may be "closed" once the Crown Prosecution Service has agreed to progress the case depending on circumstances. Where the Adult and/or their representatives needs further support in relation to the process the Enquiry will remain "open".
- The Criminal Investigation section of Form SA3 must be completed.
- The Safeguarding Co-ordinator is responsible for liaising with the Police Officer dealing with the Criminal Investigation and recording progress on Form SA2.
- The Enquiry Practitioner will record ongoing contact with the Adult/others on Form SA2.
- The Enquiry Practitioner will record the final outcome on the Closure Summary (Form SA5).

b) Disciplinary Investigation

This may apply where the alleged perpetrator is a professional/employee within an organisation providing care and support services to Adults.

Purpose

- To establish the facts of the circumstances under which the Safeguarding Concern was made.
- To determine the severity and impact of any breach of procedure or expectations of conduct that may have occurred.
- To determine appropriate sanctions or remedial actions.
- A Disciplinary Investigation will identify a suitable named Lead Manager/Senior Officer of the employer's organisation and outline the scope of the Disciplinary Investigation.
- Allegations of abuse and neglect by professionals/employees are dealt with through the Disciplinary Procedures of the employing organisation/agency.

- A Disciplinary Investigation cannot usually commence until it is confirmed that there will not be a Criminal Investigation or until the Criminal Investigation is completed.
- Disciplinary Rules are necessary to set the standards of conduct to which employers can reasonably expect employees to conform.
- Expectations about the way staff conduct themselves within services that support Adults are informed by general principles of social care and professional codes of practice.
- Understanding and following the rules and requirements and being aware of the consequences of contravening rules and requirements is an important measure which protects Adults from abuse and neglect.
- Disciplinary Procedures generally distinguish between 'misconduct' and 'gross misconduct'. Abuse of an Adult may be so serious that a single incident could result in dismissal. Repeated incidents of less serious abuse could also result in dismissal, following adequate warnings. This generally includes a series of oral and written warnings.
- Where the Safeguarding Enquiry involves an allegation against a Professional and/or member of staff or volunteer who has access to children and young people consideration must be given as to whether it is appropriate to inform the Local Authority Designated Officer.
- If further allegations of abuse emerge during the Disciplinary Investigation, a new Safeguarding Concern must be made via the Council Contact Centre.

Suspension

Suspension of the employee who has allegedly abused an Adult may be necessary to:

- Protect the Adult and other Adults with care and support needs.
- Prevent any actions or activities that may prejudice the Criminal or Disciplinary Investigation.
- Protect the employee from potential further allegations.

Who has Responsibility?

- The Enquiry Practitioner is responsible for maintaining contact with the Adult and keeping them updated throughout.
- Implementing a robust and timely Disciplinary Investigation is the responsibility of the employer.
- The Safeguarding Co-ordinator must maintain regular contact with the designated lead for the Disciplinary Investigation.
- It is the responsibility of the Safeguarding Co-ordinator to maintain an overview of the progression of the Disciplinary Investigation and, where necessary, feedback information to any interested parties, including the Enquiry Manager.
- Following the completion of the Disciplinary Investigation, the designated Disciplinary Investigating Officer must inform the Safeguarding Co-ordinator of the final outcomes.

- Where a referral to the Disclosure and Barring System and/or Regulatory Bodies, e.g. Health and Care Professional Council, General Medical Council, Nursing and Midwifery Council is required it is the employer's responsibility to do so promptly.

Timescales

- Disciplinary Procedures must commence as soon as practicable after the Strategy Discussion or Strategy Meeting has determined this course of action is applicable.

Recording

- The Safeguarding Co-ordinator is responsible for liaising with the Manager leading the Disciplinary Investigation and recording progress on case notes.
- The Enquiry Practitioner will record ongoing contact with Adult/others on case notes.
- The Manager leading the Disciplinary Investigation must record the findings and recommendations in accordance with the requirements of their own agency.
- The Enquiry Practitioner will record the final outcome of the Disciplinary on the Closure Summary (Form SA5).

c) Serious Untoward Incidents/Serious Incidents

Review processes for Serious Untoward Incidents (SUIs) and Serious Incidents (SIs) will apply within all NHS organisations (Trusts) where an Incident meets the relevant criteria and involves abuse or neglect of an Adult.

Purpose

- To undertake a timely Root Cause Analysis so that the incident or circumstances can be fully understood and lessons learnt.

Who has responsibility?

- The NHS provider Adult Safeguarding Lead is responsible for ensuring that any SUI / SI review that involve the abuse of an Adult with care and support needs are also reported to St. Helens Council Contact Centre as a Safeguarding Adults Concern.
- The NHS provider Adult Safeguarding Lead is responsible for liaison with the Adult and their family as per the SUI / SI Policy.
- The Local Authority Safeguarding Co-ordinator must maintain regular contact with the designated NHS provider Adult Safeguarding Lead so that information can be reported to the Implementation and Monitoring/Closure meetings within the Multi-Agency Safeguarding Adults Procedures.

Timescales

- A SUI / SI review Root Cause Analysis report in St. Helens will be completed in accordance with NHS guidance; there are varying timescales appropriate to the level of the incident. The timescale must be confirmed by St.Helens Clinical Commissioning Group on a case by case basis.

Recording

- Confirmation that a SUI / SI has been agreed must be recorded on Form SA3 by the Safeguarding Co-ordinator.
- The Safeguarding Co-ordinator is responsible for liaising with the NHS Provider Adult Safeguarding Lead and recording progress on Form SA2.
- The NHS provider Adult Safeguarding Lead must ensure that internal records are made as per the SUI / SI Policy.
- The Enquiry Practitioner must record the final SUI / SI outcome on the Closure Summary (Form SA5).

Implementation and Monitoring Meeting(s)

Implementation and Monitoring Meetings should be convened, where necessary, in response to the particular context of the case (see below). The specific reasons for the meeting must be clearly stated.

Purpose

- To discuss ongoing risks to the wellbeing, health and safety of the Adult.
- To monitor the implementation of agreed actions and ensure that actions are on target to deliver desired outcomes.
- To amend, monitor progress or make contingency plans.
- To clarify arrangements for the implementation of Safeguarding Protection Actions or to identify additional actions.
- To clarify arrangements for the implementation of a Criminal Investigation or to ensure co-ordination between Criminal and Disciplinary Procedures.
- To clarify arrangements for the implementation of a Disciplinary Investigation (where required).
- To reschedule the Closure Meeting, if required.

When to hold an Implementation and Monitoring Meeting

- When there are additional or continuing concerns, including a further Safeguarding Concern, about the safety and wellbeing of the Adult.
- When there are concerns about the adequacy or implementation of the Protection Actions.
- When there are concerns about the rate of progress or quality of the Disciplinary Investigation.

Who has Responsibility?

- The Enquiry Manager, in discussion with the Safeguarding Co-ordinator, has responsibility for determining if an Implementation and Monitoring Meeting is appropriate.
- The Safeguarding Co-ordinator has responsibility for organising the Implementation and Monitoring Meeting, including the venue, and inviting all relevant persons and agencies involved in the care, support and protection of the Adult.

- The Safeguarding Co-ordinator has responsibility for chairing Implementation and Monitoring Meetings. In the absence of the Safeguarding Co-ordinator, an appropriate Enquiry Manager must take on the role of Chair.

Timescales

- The Implementation and Monitoring Meeting must adhere to the Review dates set at the Strategy Meeting.

Recording

- The minutes of the Implementation and Monitoring Meeting must be recorded on Form SA3 by the Safeguarding Co-ordinator.
- The Safeguarding Co-ordinator (Chair) has responsibility for recording, electronically storing and distributing Form SA3 to relevant persons and agencies involved in the care and support of the Adult.

Feedback and Outcomes

Feedback to the Adult and/or their representative and others as appropriate, must be given at all stages so that the process is understood and expectations are clear.

It is the responsibility of the Enquiry Practitioner to provide feedback throughout, unless specifically agreed otherwise.

Purpose

- To understand the Adult's experience and outcomes of the Enquiry as defined by the Adult and/or their representative.
- Inform other agencies/processes as appropriate, such as Provider Services, Complaints or Contracting/Commissioning functions, so that lessons can be learned.
- Demonstrate that the Safeguarding Concern is taken seriously and that enquiries were proportionate and appropriate.

Who has responsibility?

- The Enquiry Practitioner must make sure the Adult and/or their representative understand what is being or has been done in response to the Safeguarding Concern and any ongoing action.
- The Enquiry Practitioner must seek the Adult and/or their representative's views on the extent to which the Enquiry has involved the Adult and achieved the outcomes they wanted. This discussion may take place,
 - Prior to a Closure Meeting or
 - When agreed actions are in place and a Closure Meeting is not considered necessary.
- The discussion may be in person or by telephone and will usually be confirmed by letter.
- The Enquiry Manager, in consultation with the Safeguarding Co-ordinator if necessary, is responsible for agreeing who it is appropriate to give feedback, e.g. Managers/owners of Provider Services, CQC and other professional bodies.

Timescales

- Timely feedback to the Adult and/or their representative and others as appropriate.

Recording

- Verbal feedback to the Adult and/or their representative should be recorded on Form SA2 by the Enquiry Practitioner.

- The Feedback Letter (SA4) must be written sensitively by the Enquiry Practitioner to provide feedback to the Adult and/or their representative and others, as appropriate.
- The letter must be signed, dated and scanned onto the ESCR.

Closure Meeting

An Adult Safeguarding Enquiry must be formally closed. It is not a requirement to hold a formal meeting to agree Closure, though it will be good practice in the more complex cases.

Purpose

- To determine the extent to which the Enquiry achieved the outcomes desired by the Adult and/or their representative.
- To understand the issues that may have prevented the Adult and/or their representative's desired outcome being realised.
- To affirm that the agreed actions have been implemented and ensure that no further action is necessary in respect of the Safeguarding Concern.
- To reach a collective decision as to whether the Enquiry can be closed.
- If there is disagreement with the Enquiry Manager in respect of closure, the matter must be referred to the relevant Care Management Service Manager.
- To identify cases that have potential for a Safeguarding Adult Review (SAR).

Who may attend a Closure Meeting?

Attendance will usually mirror attendance at the Strategy Meeting and include;

- The Adult and/or their representative.
- Enquiry Practitioner.
- Safeguarding Co-ordinator.
- The Enquiry Manager - where necessary.
- A representative of the Police - where a Criminal Investigation and/or prosecution has been conducted.
- A representative of the Agency providing services to the Adult.

Who has Responsibility?

- In more straightforward cases, where a formal meeting is not required, the decision to close the case is made by the Enquiry Manager in conjunction with the Enquiry Practitioner.
- The Safeguarding Co-ordinator has the responsibility for convening invitations to the Closure Meeting where this is appropriate.
- The Closure Meeting must be chaired by the Safeguarding Co-ordinator.

- Where the Concern originated as a complaint or contractual concern, consideration must be given to informing the relevant Complaints/Contracting Officers of the outcomes.
- The need to inform others (e.g. professionals in other agencies, family and carers) must also be considered.

Timescales

- A date and time for the Closure Meeting must be scheduled during the previous Safeguarding Meetings.
- If any persons/agencies do not agree to closure, the matter must be referred to the relevant Care Management Service Manager within **2 normal working days**.

Recording

- The minutes of the Closure Meeting must be recorded on Form SA3 by the Safeguarding Co-ordinator.
- The Safeguarding Co-ordinator (Chair) has responsibility for recording, electronically storing and distributing Form SA3 to relevant persons and agencies involved in the care and support of the Adult

Closure Summary

A summary of key information is required to provide a readily accessible overview of the Safeguarding Enquiry and is also the point from which reportable data is gathered.

Purpose

- To record the Outcome as defined by the Adult.
- To evidence that all Investigation and Protection Actions have been robustly and appropriately completed.
- To ensure management oversight of the Safeguarding process and of the Closure decision.

Who has responsibility?

- The Enquiry Practitioner will present the Closure Summary to the Enquiry Manager for approval or closure.
- The Enquiry Manager will audit check to ensure that actions are completed as appropriate. All outstanding actions should be addressed prior to closure. Any outstanding issues will be returned to the Enquiry Practitioner to action within agreed timescales.

Timescales

- Where possible, the number of days from Alert date to Closure Summary date should not exceed 30 calendar days in cases that DO NOT require a Strategy Meeting.
- Where possible, the number of days from Alert date to Closure Summary date should not exceed 90 calendar days in cases that DO require a Strategy Meeting.

Recording

- The Enquiry Practitioner must complete the Closure Summary (Form SA5) following all Safeguarding Enquiries unless advised otherwise.
- The Enquiry Manager must approve the Closure Summary and in doing so undertake a Case File Audit.

General Responsibilities and Other Relevant Procedures

General Responsibilities with Adult Safeguarding

Throughout the Safeguarding Adults Procedures, there are a number of general responsibilities that are complementary to the specific responsibilities outlined at each stage.

Employees and Volunteers in all agencies must:

- Ensure that they practice in accordance with the St.Helens Multi-Agency Safeguarding Adults Policy and Procedures at all times.
- Share information appropriately with individuals and agencies in a timely manner and with respect to Data Protection Act 1998 and Caldicott Principles.
- Practice in accordance with legislation associated with Safeguarding Adults from abuse, including Care Act 2014 and Mental Capacity Act 2005.
- Ensure Record Keeping is in line with agency and/or professional standards/requirements.
- Ensure that communication and other special needs are taken into account to enable Adults to participate fully in decision-making and in contributing their view and defining the outcomes they desire.
- Consider the wider implications for others, particularly in relation to children and young people or Young Carers who may be at risk.
- Implement agreed actions within agreed timescales or notify Safeguarding Co-ordinators where difficulties arise.
- Report additional safeguarding concerns regarding the safety of the Adult and potentially other adults in the same setting.

Support for Professionals and Family/Carers

- It is recognised that a Safeguarding Adults Enquiry can potentially cause distress to all parties and that this is influenced by the individual's perception of the event, coping strategies and support network.
- Generally, support for employees will be made available through their employers.
- Support for Adults will be determined on an individual basis as per Strategy Discussions/Meetings and recorded in the revised Support Plan.
- Support will also be made available to family/carers in circumstances where abuse of the Adult impacts significantly on the health and wellbeing of the Carer, for example in cases of serious assault.
- Where persons thought to have caused the harm also have care and support needs these will be identified and addressed through Care Management processes.

Single Agency Safeguarding Adults Policy/Procedures

Single agency, or “Internal” Safeguarding Policy Procedures and Guidance must be consistent with the Multi Agency Agreement.

A single agency procedure may include;

- An explanation of Safeguarding
- Definitions and indicators of abuse and neglect
- Clear instruction of what action to take where safeguarding concerns are identified.
- Statement of roles, responsibilities and accountability
- Guidance about access to emergency and out of hours services

Safeguarding Children and Young People

- Adults with care and support needs may also have full or partial childcare responsibility and their own needs may conflict with the needs of a child or young person.
- Physically debilitating conditions and mental illness can impact on parenting skills and capacity. Delusional beliefs associated with some mental disorders and Fabricated and Induced Illness can present significant risks to children.
- Potentially the Adult may neglect the child’s needs and/or encourage children to take on responsibilities that are inappropriate for their age. Staff working with Adults who have concerns that a child is being abused/neglected, must report the Concern to the First Response Team in Children’s Services via the St.Helens Council Contact Centre.
- If it becomes apparent during a Safeguarding Adults Enquiry that a child or young person may be at risk of harm or neglect, then a referral must be made to Children’s Social Care via the St.Helens Council Contact Centre.

Children with Disabilities moving into Adult Services

- When young people with disabilities make the transition from Children’s to Adult Social Care, information about previous risks and abuse must be taken account of and managed within the Transition process.
- Further Safeguarding Concerns may be taken forward under Adult or Children’s Safeguarding Procedures, dependent upon the individual circumstances and age at the time the Safeguarding Concern is raised.

Enquiries that Involve Children and Adults with Care and Support Needs

- It is possible that an Adult and a child or young person within the same setting could be at risk or experiencing abuse or neglect.
- This would lead to enquiries being carried out using both the St.Helens Multi-Agency Safeguarding Adults Policy and Procedures and St.Helens Local Safeguarding Children’s Board Safeguarding Protection Procedures.

- The respective Adult and Children’s Safeguarding Units must ensure that these enquiries are well co-ordinated, as one may impact on the other. The “Think Family” approach may be applied.
- Safeguarding Co-ordinators must be in regular contact with the Police to ensure that any Criminal Investigation is not compromised.

Action Plans for Improvement in a Regulated Care Setting

Safeguarding processes are focussed on the circumstances of abuse and neglect of an individual.

There may be broader concerns about Safety or Quality within Regulated Care Settings which are raised in a number of ways. Safeguarding Enquiries for one Adult may reveal concerns about the general quality of social care or quality of clinical care within a particular service setting that would not be regarded as abuse but considered as poor practice.

Responsibility for general safety and quality lies primarily with the registered Service Providers and is regulated by the Care Quality Commission (CQC).

“Quality Concerns” are used to notify Adult Social Care & Health (ASCH) about general quality issues that do not constitute abuse. **These should be emailed to eoc@sthelens.gov.uk**

Contract Compliance and monitoring quality standards activity helps to prevent risks of abuse escalating and can be complementary to individual Safeguarding Enquiries.

Within the Council’s ASCH department, the Contracts and Quality Monitoring Team (CQM) in conjunction with Care Management, are responsible for issuing Action Plans for Improvement within Regulated Services where it has been identified that contractual minimum standards are not being met.

An Improvement Action Plan may be triggered by one or more of the following:

- Safeguarding Concerns about abuse or neglect
- Expressions of Concern about poor quality
- Complaints
- Scheduled monitoring activity by CQM Team
- Whistle-blowing

OR any of the above, including an Improvement Action Plan, may be ongoing when further Safeguarding Concerns arise. These must also be reported to St.Helens Council Contact Centre.

The Safeguarding Enquiry for the individual(s) take place and where possible, should progress to Closure promptly so that the outcome for the individual can be fed into the broader overview of safety and quality within the service setting.

Complaints Procedures and Safeguarding Adults

- Organisations providing health or social care services to Adults must have their own internal Complaints Procedure to address general issues.
- The use of a Complaints Procedure should never replace the use of the Multi Agency Safeguarding Adults Policy and Procedures as a way of responding to Adult abuse.
- If a Complaint or Concern, formal or informal, alleges or implies abuse, this must be reported to the St.Helens Council Contact Centre following the standard procedure i.e., reported as a Safeguarding Concern.

Understanding the Components of a Complaint within Care Settings

Complaints may have several components including:

- abuse caused by action or failure to act
- dissatisfaction with social or residential care
- dissatisfaction with clinical or nursing care

It is essential that the components of a complaint are properly understood and separated so that the appropriate responses and relevant expertise can be applied.

The ASCH Complaints Officer is responsible, with support from the Enquiry Practitioner, to confirm with the complainant, in writing, each of the components and explain specifically where Safeguarding Procedures apply.

At the conclusion of the Safeguarding Enquiry, the Safeguarding Co-ordinator must inform the ASCH Complaints Officer of the findings.

The ASCH Complaints Officer, in consultation with the Co-ordinator and Enquiry Practitioner, must consider whether it is appropriate to feedback the abuse element of the complaint to the complainant separately from any other components.

The ASCH Complaints Officer maintains overall responsibility for communicating the findings of the complaint to the complainant.

Whistle-blowing Procedures and Safeguarding Concerns

- The St.Helens Council Confidential Reporting (Whistle-blowing) Policy should always be followed by employees who have serious concerns about anything that is happening in the Council and do not feel able to report their concerns through the usual channels. This includes concerns about the abuse, mistreatment and neglect of Adults with care and support needs.
- The Policy also applies to anyone providing services under a contract with the Council.

- Alternatively, a member of staff or volunteer not working for St.Helens Council, who has concerns about the way an Adult is being treated in their place of work, should follow the Whistle-blowing Procedures in their own organisation.
- Although the Council and other Agencies will offer support to staff reporting their concerns and will make every effort not to reveal their identity (if they so wish), they recognise that the person reporting the Concern may, at some stage, have to come forward as a witness.
- Concerns that have been raised about the abuse of an Adult will be responded to in accordance with the St.Helens Multi Agency Safeguarding Adults Policy and Procedures.
- If a member of staff or volunteer thinks that their Line Manager is colluding with the abuse or is refusing to take the matter seriously, they should report their concerns directly to the St.Helens Council Contact Centre.
- Anyone receiving information about the abuse, or potential abuse, of an Adult within a Whistle-blowing Procedure must report their concerns to the St.Helens Council Contact Centre, although they may initially withhold the name of the member of staff who reported the Concern at this stage.

Multi-Agency Working: Escalation

All professionals working with Adults must be able to challenge each other appropriately.

When they believe that others are not working well together, and as a result the Adult remains at risk, or what is thought to be an unacceptable level of risk, then escalation should take place as follows:

- Initially professionals are expected to discuss concerns about agencies working together directly with colleagues involved in the case.
- Such discussion should be recorded following guidelines of the agency that employs the person raising the Concern.
- If there is no satisfactory resolution, it is expected that the Concern is raised internally to the next level of management for action.
- Escalation to the next level of seniority should continue with a clear audit trail, until a satisfactory outcome is reached.
- Where disputes continue, this must be escalated to the Head of Safeguarding or Head of Operations within Agencies and if necessary to the appropriate Directors for a final determination.

Residents Moving Across Local Authority Boundaries

The general principle here is that the Local Authority responsible for making enquiries is the one in which the Safeguarding Concern is located.

- The Authority in which the concern is raised (referred to as the Host Authority) will have overall responsibility for co-ordinating the Safeguarding Adults Enquiry.

- The Placing Authority (i.e. the Authority with funding/commissioning responsibilities) will retain a continuing duty of care to the Adult and will maintain their responsibility for the longer-term care needs of that individual.
- Where St.Helens is the Host Authority, consideration will be given to including appropriate personnel from the Placing Authority in the Safeguarding process, for example, the Enquiry Practitioner and Placing Authority Social Worker could do a joint Initial Visit where this would be supportive to the Adult.
- Where St.Helens is the Placing Authority, a Care Manager will liaise with the Host Authority Enquiry Manager to maintain an overview. The case will be classed in St.Helens as an open “Out of Borough Concern” it is confirmed by the Host Authority that the Enquiry has concluded.
- St.Helens Multi-Agency Safeguarding Adults Policy and Procedures apply to all residents of St.Helens, no matter which Authority has financial responsibility for them.
- The Placing Authority retains the duty of care in respect of people whom it has placed in another Authority and must always make decisions that are in the best interests of that person and to ensure their safety and well-being.
- **Alerts for St.Helens residents placed in other areas must be made to both the Host Authority (for action) and to the St.Helens Council Contact Centre (for information).**
- Where disputes arise, this must be escalated to the Head of Safeguarding or Head of Operations to avoid unnecessary delay. Where the dispute cannot be resolved, it will be escalated to the Director for a final determination.
- Occasionally, as the Placing Authority, St.Helens may decide to carry out a further Safeguarding Adults Enquiry. This decision should always be made by a relevant Assistant Director, and the Host Authority should be informed in advance of any actions that it is intended will be taken.
- Another Local Authority may decide to conduct further enquiry after St.Helens procedures have been concluded regarding an individual placed in St.Helens.

Hospital Patients

Adults resident in St.Helens who become patients in a hospital may become residents of another Authority.

- If there is a safeguarding concern for a patient who is usually a St.Helens resident, this will usually be investigated under the procedures of the locality where the hospital is situated (with the exception of Whiston Hospital - see below).
- The Safeguarding Lead in that location is expected to inform St.Helens that a concern has been raised.
- If any agency or professional in St.Helens is made aware that an allegation of abuse or neglect of a St.Helens resident has been made in a hospital, that information must be passed to the St.Helens Council Contact Centre.

ST. HELENS HOSPITALS

St.Helens Hospital and Newton Community Hospital are located in St.Helens therefore St.Helens Procedures apply:

- To residents of other Authorities who become patients in St.Helens Hospital, i.e. patients usually residing in Liverpool, Halton, Warrington etc.
- Where the Safeguarding Concern applies to a patient whose care and support needs meet the definition on page 18 and the alleged abuse took place within the hospital.
- If the alleged abuse took place prior to the hospital admission in the Borough where the patient usually resides then that Borough is responsible for the Safeguarding Enquiry.

WHISTON HOSPITAL

Whiston Hospital is located in Knowsley and it is agreed locally that St.Helens Procedures apply to St.Helens residents who become patients, **including patients admitted to 5 Borough Partnership Mental Health Wards at Whiston**, where:

- The concern is that abuse has occurred in St.Helens prior to admission or there are concerns of risk of further abuse when the patient returns to St.Helens.
- The concern is of abuse to a St.Helens resident taking place within the hospital, by employees, volunteers, visitors or other patients and incidents etc.

Safeguarding Adult Reviews (SARs)

INTRODUCTION

The process for undertaking SARs is determined locally according to the individual's specific circumstances. No one model will be applicable for all cases. The focus must be on what needs to happen to achieve understanding, remedial action and, very often, answers for families and friends of Adults who have died or been seriously abused or neglected. The recommendations and action plans from a SAR will be followed through by the SAB.

PURPOSE OF A SAR

SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professionals Council, and the General Medical Council.

SARs apply when an Adult in its area 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.

A SAR can also apply if an Adult in its area has not died, but the SAB knows or suspects that the Adult has experienced **serious** abuse or neglect.

SABs are free to arrange for a SAR in any other situations involving an Adult in its area with needs for care and support, including to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

PRINCIPLES

SARs should reflect the six safeguarding principles and in addition the following principles should be applied by SABs and their partner organisations to all reviews:

- There should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of Adults, identifying opportunities to draw on what works and promote good practice.
- The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined.
- Reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed.
- Professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for action they took in good faith.
- Families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

The SAB will ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the Adult. The SAR should also communicate with the Adult and, or, their family. In some cases it may be helpful to communicate with the person who has caused the abuse or neglect.

It is expected that those undertaking a SAR will have appropriate skills and experience which should include:

- Strong leadership and ability to motivate others.
- Expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics.
- Collaborative problem solving experience and knowledge of participative approaches.
- Good analytic skills and ability to manage qualitative data.
- Safeguarding knowledge.
- Inclined to promote an open, reflective learning culture.

The SAB should aim for completion of a SAR within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required, for example, because of potential prejudice to related Court proceedings. 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.

LINKS WITH OTHER REVIEWS

Potentially other formal review processes may be relevant to Adult Safeguarding, for example Domestic Homicide Reviews, Serious Case Reviews for Children and Mental Health Homicide Reviews. **Consideration must be given to which type of review will be the most effective way forward so that organisations and professionals can maximise learning from the case.** A SAR may take place in parallel to another review and where appropriate some aspects of the reviews could be commissioned jointly to reduce duplication for the organisations involved.

In setting up a SAR the SAB will also consider how the process can dovetail with any other relevant investigations that are running parallel, such as a child SCR or DHR, a criminal investigation or an inquest.

It may be helpful when running a SAR and DHR or child SCR in parallel to establish at the outset all the relevant areas that need to be addressed, to reduce potential for duplication for investigation related to the case, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay in the review process. It will be the responsibility of the manager of the SAR to ensure contact is made with the Chair of any parallel process in order to avoid duplication.

FINDINGS FROM SARs

The SAB will include the findings from any SAR in its Annual Report and what actions it has taken, or intends to take in relation to those findings.

SAR Reports should:

- Provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence.
- Be written in plain English.
- Contain findings of practical value to organisations and professionals.

POTENTIAL SARs in ST.HELENS

The Multi Agency Adult Safeguarding Process will indicate if the SAR criteria has potentially been met. Safeguarding Co-ordinators must consider this and inform St.Helens Council Head of Safeguarding who is the “Designated Adult Safeguarding Manager” (DASM) in accordance with the Care Act 2014.

In addition, any agency or professional may put forward a case for consideration where it is felt the criteria is met. Potential SARs should be put in writing to the St.Helens Council Head of Adult Safeguarding.

The Head of Adult Safeguarding will inform the Chair of the Safeguarding Adults Board (SAB) and Director of Adult Social Care.

Further discussion will be facilitated through a specifically convened meeting of the Strategic Leads Group, plus representatives from other agencies as appropriate.

This group will be referred to as the SAR panel.

SAR PANEL

Initially the SAR Panel will be chaired by the Chair of the SAB.

This role will be assumed by the Appointed SAR Chair as soon as practicable.

The SAR Panel will produce draft Terms of Reference for the scope of the Review and in doing so the Panel should consider:

- What appears to be the most important issues to address in trying to learn from this specific case?
- What areas of expertise/experience and understanding will be required by the Appointed Chair and Author to undertake the Review effectively and maximise lessons learnt.
- How can relevant information best be obtained and analysed?

- Are there any features of the case that indicate that all or any part of the review process should be conducted by a party independent of the professionals/agencies who will be required to participate.
- What family/service/medical history and background information will support a better understanding of the recent past and present?
- Which agencies/professionals should contribute to the Review and/or submit reports?
- How will the abused person or family members be informed and potentially invited to contribute to the Review?
- Is there a need to involve agencies or professionals from other Authorities?
- How should the public, family and media interest be handled before, during and after the Review?
- Should legal advice about any aspect of the proposed review be sought?
- How might CQC and potentially other regulatory organisations be involved?
- Financial and other resource implications.

In the context of the case to identify relevant members of the SAR Panel, including a suitably qualified Independent Chair if appropriate and potentially an Author as well.

The views of a potential Chair and Author may be sought at the Preliminary Stage by the Chair of the Safeguarding Adults Board.

TIMESCALE

The SAR Panel will complete deliberations about the SAR Terms of Reference within **3 months** of the case being proposed.

The final decision as to whether or not to conduct a Safeguarding Adult Review and its scope and management will be the responsibility of the Chief Executive, St Helens Council in conjunction with the Director of Adult Social Care & Health.

CONDUCTING A SAFEGUARDING ADULT REVIEW (SAR)

The Chair of the SAR Panel will inform relevant individuals/agencies that a Safeguarding Adult Review has been agreed

The SAR Panel will be responsible for scheduling SAR Panel meetings, so that progress of the Review process can be monitored. This will enable organisations to attend to any matters urgently as they arise or to take action on initial lessons learnt.

There will be at least three Panel meetings to:

- Ensure all relevant agencies have access to and understand the Terms of Reference and the process.
- Receive feedback from the Author at a suitable mid-way point.
- Comment on the draft SAR Report and Recommendations and to discuss an Action Plan.

The SAR Author will gather relevant information from all individuals/agencies. This process will involve collecting relevant pre-existing documents, requesting additional reports, records of discussion where clarification has been sought and minutes of meetings where appropriate. A single chronology will then be compiled.

The SAR Author will produce an overview report that highlights critical and contributory factors culminating in abuse, and will make recommendations.

The Appointed Chair and the Author will be supported administratively by the Safeguarding Adults Unit, Adult Social Care & Health.

As the Review approaches conclusion, the Appointed Chair will ensure that the Chronology and draft Overview Report will be made available to members of the Serious Case Review Panel at least two weeks in advance of the Panel meeting.

The SAR Panel will meet to:

- Consider the Findings and Recommendations.
- Draw up an Action Plan to improve Adult Safeguarding on the basis of lessons learned from this case, which will be approved by Chief Officers of the Council and other key organisations.
- Plan how learning can be disseminated.
- Plan feedback to staff, family, media etc.

The SAR Report and any Action Plan will be presented to the Safeguarding Adults Board.

Part 3

St.Helens Multi-Agency Safeguarding Adults Good Practice Guidance

Contents - Good Practice Guidance

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Introduction

The Good Practice Guidance will be of particular interest to Managers of social care and health services provided directly to Adults.

The guidance describes the types and indicators of adult abuse, outlines relevant policy and procedures that help to minimise or prevent abuse and gives details of common causal factors when abuse does occur.

A proactive approach to Safeguarding Adults can be achieved through developing a culture of awareness that is reinforced by a range of robust policies and procedures designed to minimise the potential for abuse, and embed understanding and responsibility throughout.

Risks and mechanisms for Safeguarding Adults should be considered from the outset where service needs are being identified, through the commissioning and contracting stages to producing operational details.

Adult Safeguarding should always be prioritised by organisations of any size or status where support and / or services are provided to Adults with care and support needs.

Policies and Procedures designed to prevent or minimise potential for abuse fall under three key areas:

- Workforce Management
- Focus on the Individual
- Health and Safety

This approach will also Safeguard Children and Young People who may also access the same organisation, though does not replace any requirements endorsed by the St.Helens Safeguarding Children's Board.

Types and Indicators of Abuse

The aim of these indicators is to raise awareness of the signs that may indicate potential abuse or neglect of Adults.

Adult abuse generally falls under one or more of the following headings:

- Physical
- Financial
- Sexual
- Psychological (including recruitment to violent extremism)
- Domestic Abuse (which can be a combination of the above)
- Modern Slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect

Individuals may suffer more than one type of abuse.

Physical Abuse

Physical maltreatment of one person by another who may be in a position of power over the Adult. This includes:

- Hitting, slapping, pinching, pushing, hair pulling.
- Inappropriate restraint or sanctions.
- Improper use of, or forcible administration of, medication.
- Force feeding.

Indicators of Physical Abuse

- Unexplained injury or injury inconsistent with explanation.
- Marks, bruises, burns or scalds.
- Appearing frightened of/avoiding physical contact.
- Injuries at different stages of healing.
- Covering up parts of the body.

Financial and Material Abuse

The deliberate exploitation or manipulation of the person's legal or civil rights, including misappropriation of monies or property. Including:

- The use of money or property without the informed consent of the Adult.
- Theft.
- Misuse of a person's money, possessions, property benefits or insurance, or the prevention of access to these.
- Pressurising or deceiving a person to alter their Will or other financial arrangements.

Indicators of Financial and Material Abuse

- Inability to budget and pay bills that is out of character with previous behaviour.
- Large or frequent withdrawals from bank account for unspecified reasons.
- Reluctance to buy essential food or clothing items and/or excessive economies on heating and lighting.
- Sudden disparity between assets and living conditions.
- Refusal to produce bank statements/books or to allow the holder access to them.

Sexual Abuse

Involvement in sexual activities or relationships which:

- Individuals do not want or cannot understand and/or have not consented to.
- Forced Marriage.
- Takes place within a family, care-giving or other power relationship (i.e. involves an element of coercion).

This can include harassment, inappropriate teasing or innuendo, indecent exposure, touching, masturbation, penetration, intercourse and being forced to participate (actively or passively) in any activities which may be deemed to be pornographic.

Indicators of Sexual Abuse

- Bruises, pain, bleeding or unexplained discharges.
- Ill-health, e.g. discharges and infections.
- Pregnancy in a female who is unable to give consent to sexual relations.

Psychological Abuse including Radicalisation

Psychological abuse may take place alongside other abusive behaviours and includes the use of threats, fear or bribes to negate the person's choices and independent wishes, or persistent negative or derogatory behaviour. Can include:

- Intimidation by shouting or screaming.
- Verbal Abuse.
- Harassment.
- Cyber bullying.
- Humiliation.
- Withholding of necessary assistance.
- Radicalisation/recruitment to violent extremism.

Indicators of Psychological

- Deliberate self-harm.
- Disturbed sleep.
- Weight change.
- Aggressive or challenging behaviour.
- Poor mental health i.e. anxiety, depression.
- Low self-esteem.
- **Indicators of radicalisation/recruitment to violent extremism**
 - Change of faith
 - Change of appearance
 - Talk about another person who seems to have a lot of influence
 - Associating with limited number of people

Domestic Abuse

Physical, sexual, financial and emotional abuse may also be termed Domestic Abuse where the abusive behaviour is carried out by a person who is or has been an intimate partner or family member regardless of gender or sexuality.

Modern Slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory Abuse

This includes harassment or slurs because of;

- Racist, ageist, homophobic or sexist abuse.
- Abuse based on a person's disability.
- Not making provision for disability or sensory impairment.
- Denying someone the opportunity to attend a place of worship.

Indicators of Discriminatory Abuse

- Failure to provide appropriate food, clothing, etc.
- Denial of cultural/religious needs.
- Acceptance of racist language or language which denigrates someone's disability.

Organisational Abuse

Organisational abuse is the term used to describe abuse of any type resulting from routines and regimes within a service setting which deny people rights, choices and opportunities.

Abuse can be caused by weak or oppressive management, inadequate staffing (numbers, competence), inadequate supervision or support, "closed" communication, lack of knowledge of Whistle-blowing policies, lack of training.

Neglect and Acts of Omission

Behaviour on the part of a Carer which results in serious impairment of health or development of the cared for. This can be deliberate or by default, i.e., when the care giver is not able or willing to provide the care needed or does not recognise the need for the care to be provided. It can include failing to undertake a reasonable assessment of risk and allowing a person to harm themselves or cause harm to others.

N.B. - Neglect is a criminal offence from April 2007 under the Mental Capacity Act (2005).

Indicators of Neglect and Self-neglect

- Withholding of necessities such as medication, fluids, nutrition and heating.
- Attitudes of carers lack insight and appear uncaring to the point where pain or suffering is experienced by the Adult.
- Marked reluctance by care-givers to co-operate with agencies.
- Sole or prime carer is also suffering from disabling ill-health which renders them incapable of meeting the basic needs of the person cared for.
- Unexplained change in material circumstances.
- A significant deterioration in the environment/unsafe home environment.
- Failure to provide access to appropriate health, social care or educational services.

- **Indicators of Self-neglect**
 - Poor Personal Hygiene – dirty/unkept appearance.
 - Poor physical state of person - weight loss, dehydration.
 - Refusal/unwillingness to access appropriate.
 - Poor or unsafe home environment.

Prevention of Abuse

A broad range of policies and procedures within services provided to Adults, help to ensure a high standard of safety and prevention of abuse.

These policies and procedures fall into three main groups:

- Workforce Management
- Focus on the Individual
- Health and Safety

Workforce Management

Policy and Procedures designed to:

- Exclude known perpetrators of abuse from the workforce, e.g.
 - Selection and recruitment
- Ensure workers learn and develop awareness, knowledge of skills that keep people safe from abuse and neglect and promote respect and dignity, e.g.
 - Induction
 - Training
 - Appraisal and supervision
- Take remedial action where abuse is suspected, observed, alleged or disclosed, e.g.
 - Disciplinary
 - Grievance
 - Confidential Reporting/Whistle-blowing
 - Referral to Disclosure and Barring Service
 - Safeguarding Adult Procedures
 - Referral to appropriate professional body
 - Complaints

Focus on the Individual

Policy and Procedures designed:

- To specifically safeguard individuals with a person-centred emphasis, e.g.
 - Support planning, including risk assessment and mental capacity
 - Financial
 - Medication
- To encourage feedback and promote understanding of people's experience, e.g.
 - Review
 - Compliments, Concerns, and Complaints
 - Engagement and involvement of informal Carers
 - Quality Monitoring

- To protect privacy, dignity and personal data, e.g.
 - Recording
 - Confidentiality
 - Information-sharing

Health and Safety

Policy and Procedures designed to ensure safe working practices to prevent unintentional abuse, e.g.

- Risk Assessments
- Lifting and moving
- Infection control
- COSHH
- Lone working
- Staffing levels
- Workload management

Personalised Services

As social care develops and provision moves away from the traditional service-led methods of meeting needs to embrace a more personalised approach, Safeguarding Adult Strategies must also adapt and develop.

Who Abuses and Neglects Adults?

Anybody who comes into contact with an Adult who has care and support needs has the potential to be abusive. This includes employees in all types of services, voluntary workers, family members, persons living in the same neighbourhood and strangers.

Other Adults with care and support needs may also present risks, for example, within specialised services for adults suffering from dementia, mental illness and brain injury.

Abusive actions may be deliberate or unintentional, planned or opportunistic.

Who can Report Safeguarding Concerns?

Anybody can report a Safeguarding Concern to the Council's Contact Centre

**St.Helens Council Contact Centre – 01744 676600
(9.00am to 5.00pm, Monday to Friday)**

**or Emergency Duty Team (EDT) – 0845 0500 148
(outside of the above hours)**

What Factors can lead to Adult Abuse?

The most significant factors underlying the abuse and neglect of Adults include:

- Stress.
- Psychological or Mental Health problems.
- Lack of support.
- Alcohol or substance misuse.
- Revenge/anger.
- Poor understanding/lack of awareness.
- Premeditated self-interest and self-gratification.

When is abuse or mistreatment more likely to occur in the Community?

- Long history of dysfunctional family relationships where mistreatment of family members has been the norm.
- Where carers experience the role very negatively.

If carers:

- Do not feel supported.
- Habitually lose their temper - linked to stress.
- Feel they cannot cope.
- Perceive the Adult as being deliberately awkward.
- Have to cope with multiple problems in the Adult.
- Habitually act angrily or aggressively.
- Have diminished communication with the dependent adult.
- Carer has other dependants.
- Carer is physically or mentally ill, dependent on alcohol, or misuses drugs.
- Poor understanding (e.g. of behaviour or conditions).
- Role reversal – adult child caring for dependent adult.
- Carer is young/lacks maturity.

When is abuse or Mistreatment more likely to occur in Residential/Nursing and Domiciliary Care Settings?

In a residential/nursing home and domiciliary care setting, abuse/mistreatment is more likely to occur when the following applies:

- Staff feel unsupported and lack confidence in Management.
- Staff turnover is high.
- Staff are expected to undertake tasks outside of their job description, e.g. Care Staff doing laundry.
- Supervision is tokenistic.
- Training is minimal.
- Communication channels are ineffective.
- Support Plans are not clear, complete or available.
- Social activity and supervision of residents is minimal.

- Staff feel under pressure to complete tasks quickly.
- Recording is not robust.
- Administration of medication is not audited regularly.
- Specialist equipment is not available.
- Infection control is poor.
- Physical hazards, such as loose mats, overly hot water, unlit corridors/rooms, are not addressed.

Suspicion and Disclosure of Abuse and Neglect

It is very important, if abuse is suspected, to try to create the opportunity for the person to disclose what is happening.

In some situations, the worst thing to do might be to keep asking if everything is alright. In others, a few encouraging prompts might be just what the person was waiting for (keeping in mind the need to avoid asking any leading questions or putting “words in the person’s mouth”).

The person is more likely to tell someone who they think will believe and understand them.

Some people who have been abused will be able to report this themselves and describe the action they want to be taken. However, many people will either be unable to directly report abuse or neglect, or will be very reluctant to talk about the experience. There are a number of potential reasons for this.

- Some people will not understand that the experience constitutes abuse, e.g. a person with dementia may not realise that they are being financially abused.
- There may be anxiety about repercussions from the perpetrator or others if things are reported.
- Too painful emotionally to talk about what has happened.
- There may not be an opportunity to see someone, who is trusted, privately.
- There may be a worry about “where it will all end”, for example if the Police are told or perhaps a fear of going to court.
- There may be an element of “denial” that the abuse is taking place, particularly if the victim likes and has previously trusted the alleged perpetrator.
- The victim may just be prepared to put up with it or have no choice.

Key points to remember about disclosure:

- Many incidents of abuse or crimes only come to light because the abused persons themselves tell someone.
- You need to be aware that the person may not appreciate the significance of what they are sharing – they may not realise or accept that they are being abused.
- A paid care worker or volunteer may observe behaviour which causes them concern, or notice changes in a person’s demeanour which might indicate that they are being abused.

- Disclosure can take place a long time (even years) after the actual event or when the person has left the setting in which they were afraid.
- Even if there is a delay between the actual event and the disclosure, you should still treat the information seriously and report your concerns.

Responding to a disclosure of abuse

If someone discloses abuse to you:

- Stay calm and try not to show shock, horror, anger or disgust.
- Listen carefully and do not interrupt or stop someone who is telling you their story.
- You must not “interview” or directly question the person on the details. Asking too many questions or leading questions can contaminate evidence (please refer to page 25).
- You should be sympathetic and reassure the person that they did the right thing in telling you what has happened, and that they are not to blame.
- You should inform the person that abuse cannot be kept confidential and that you have a duty to report it.
- Do not contact the alleged perpetrator or discuss the allegation with them.
- Do not pass on the information to anyone other than those with a legitimate need to know, such as your Supervisor or Line Manager.

Report the Abuse

Responsibilities of the Line Manager to whom the alleged abuse is reported

- Managers/Supervisors should always take seriously any allegation of abuse that is reported to them. This includes allegations of abuse that are reported through the use of their organisation's Complaints Procedure or Whistle-blowing Procedures.
- If the organisation has a Serious Incident Reporting procedure, this should be followed if appropriate. This does not, however, replace the organisation's duty to report all alleged incidents of abuse of an Adult to the St.Helens Council Contact Centre.
- Sometimes Line Managers may feel the information they have been given by the staff member is rather vague or incomplete. **However, it is important that, beyond basic fact-finding, Line Managers do not begin a "mini-investigation" in an attempt to gather more detailed information, as this can result in the contamination of evidence.**

Report the Abuse

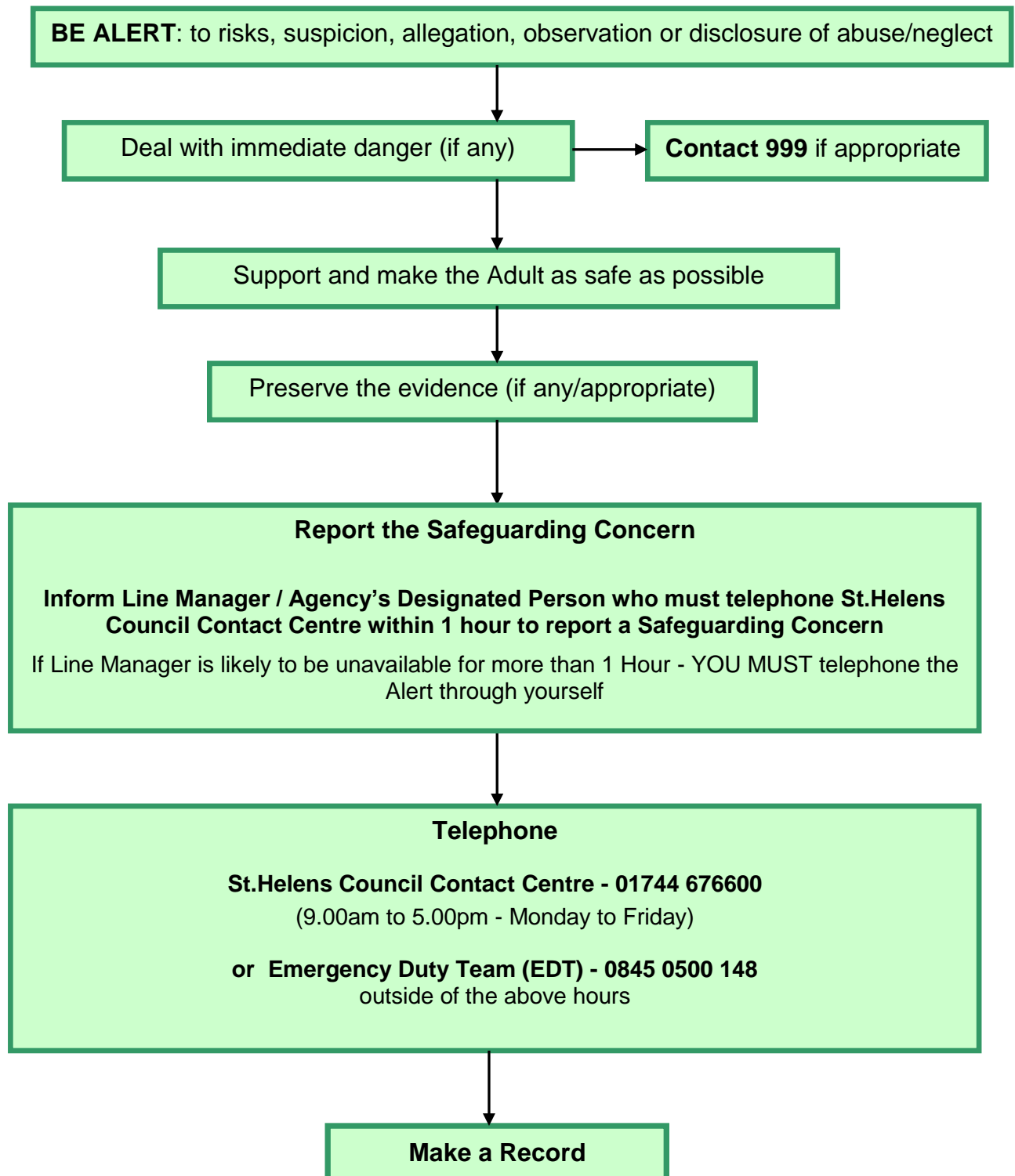
**Inform Line Manager / Agency's Designated Person who must telephone
St.Helens Contact Centre within 1 Hour to make a Safeguarding Alert**



**If Line Manager is likely to be unavailable for more than 1 Hour - YOU MUST
telephone the Alert through yourself**

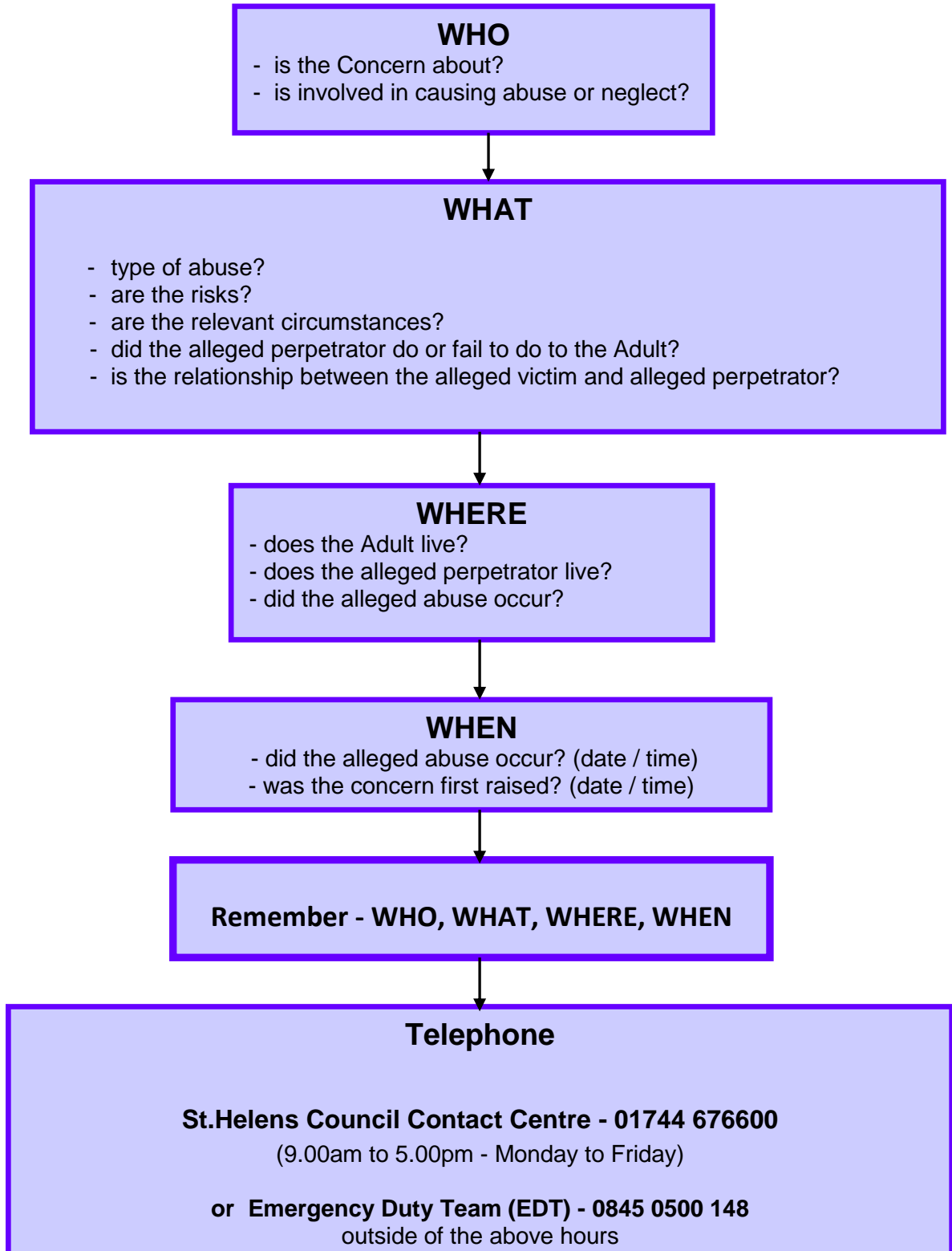
How to Report a Safeguarding Concern in St.Helens

This applies to all residents of St.Helens regardless of setting,
i.e. community, hospital or care establishment

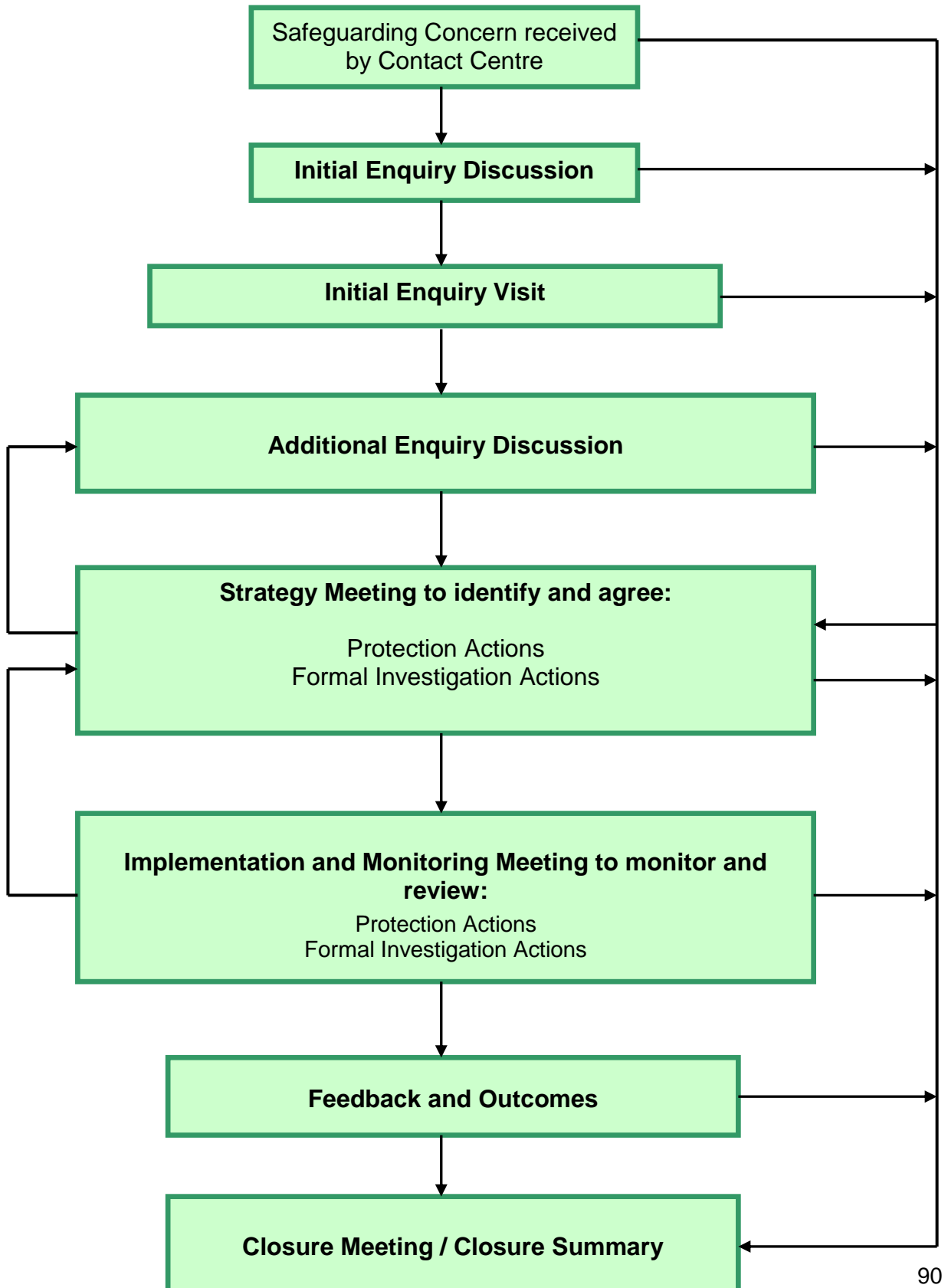


St.Helens Multi-Agency Safeguarding Adults Procedures Key Information When Reporting Safeguarding Concerns in St.Helens

When telephoning St.Helens Contact Centre, please provide as much of the following information as you have available:



St.Helens Multi-Agency Safeguarding Adults Procedures Response to a Safeguarding Enquiry in St.Helens



Board Members

- Age UK Mid Mersey
- Bridgewater Community Healthcare NHS Trust
- Healthwatch St.Helens
- Helena Partnerships
- Merseyside Fire and Rescue Service
- Merseyside Police
- St.Helens Carers Centre
- St.Helens Chamber
- St.Helens Clinical Commissioning Group (CCG)
- St.Helens Coalition of Disabled People
- St.Helens College
- St.Helens Council
- St.Helens Deafness Resource Centre
- St.Helens & Knowsley Teaching Hospitals NHS Trust
- 5 Boroughs Partnership NHS Foundation Trust

Associated Partners

- Care Quality Commission
- East and West Merseyside Community Rehabilitation Company
- Halton & St Helens VCA
- Mersey Care
- North West Ambulance Service
- National Probation Service North Division
- NHS England



St.Helens Council

Contact Centre

Wesley House
Corporation Street
St.Helens WA10 1HF

Tel: 01744 676789

Minicom: 01744 671671

Fax: 01744 676895

Email: contactcentre@sthelens.gov.uk

→ www.sthelens.gov.uk



Please contact us to request translation of Council information into Braille, audio tape or a foreign language



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