



Safeguarding Adults in Halton: Procedures

April 2024

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Policy Summary

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1.0 Introduction

Living a life that is free from harm and abuse is a fundamental right of every person. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issue. In addition, the person at risk at the centre of any safeguarding concern must stay as much in control of decision making as possible. The right of the individual to be heard throughout the process is a critical element in the drive to ensuring more personalised care and support.

In Halton, the main statutory agencies; the Local Authority, Police and NHS organisations, need to work together to both promote safer communities in order to prevent harm and abuse and to deal well with suspected or actual cases.

All staff, whatever the setting, have a key role in preventing harm or abuse occurring and in taking action when concerns arise. This document intends to set out, simply and clearly, how agencies and individuals should work together to protect people at risk. The target audience for this document is therefore professionals and front-line workers (including unqualified staff and volunteers).

Safeguards against poor practice, abuse, neglect and exploitation need to be an integral part in the delivery of care and support, as well as commissioning and awarding contracts and monitoring arrangements. This should be achieved through partnerships between local organisations and individuals. Any person at risk of abuse, neglect or exploitation should be able to get in touch with public organisations for appropriate interventions and to know that agencies will work together as needed.

2.0 Purpose of this document

This document should be read in conjunction with the Safeguarding Adults Policy, which sets out our safeguarding duties as required in the Care Act 2014. This Procedure and Good Practice Guidance document sets out the actions required of individuals and organisations when responding to suspected or actual abuse of an adult at risk. It also provides good practice information and references sources of additional/further information as appropriate.

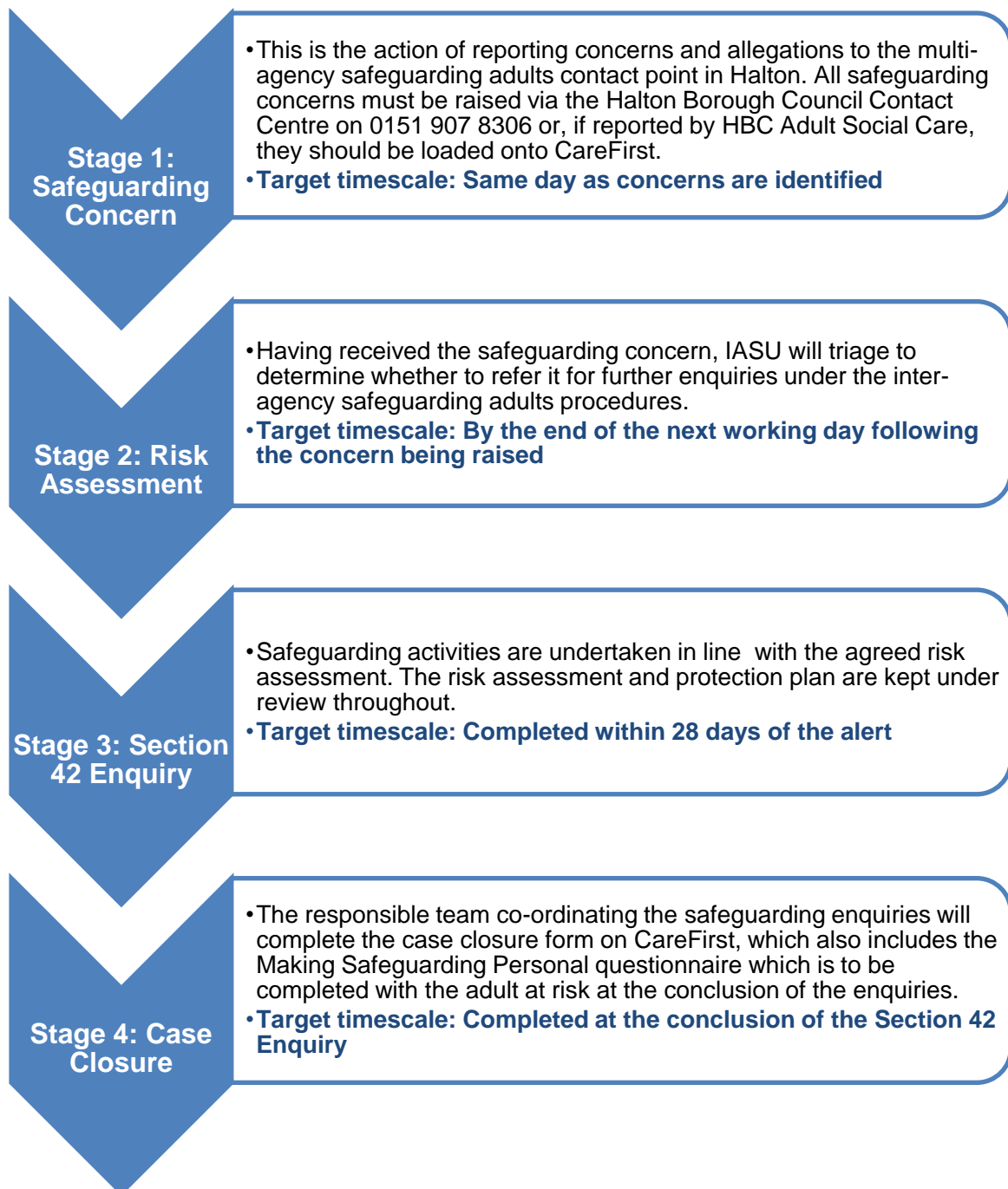
3.0 Acknowledgement

The safeguarding criteria and provider-led concerns information included in this document, have been developed adopting the Knowsley Council approach to Provider-Led Concerns. We would therefore like to acknowledge the use of the Knowsley Council Guidance: Criteria for Reporting a Safeguarding Adults Concern, May 2019.

4.0 Glossary of terms

CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
DoH	Department of Health
GP	General Practitioner
HBC	Halton Borough Council
HSAB	Halton Safeguarding Adults Board
IASU	Integrated Adult Safeguarding Unit
LPA	Lasting Power of Attorney
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
MAR	Multi Agency Review
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NHS	National Health Service
PiPoT	Person in a Position of Trust
PWS	Prevention, Assessment & Wellbeing Team
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SCIE	Social Care Institute for Excellence

5.0 Stages of the safeguarding process



5.1 Stage 1: Safeguarding Concern

What is a safeguarding concern?

It is the raising of a concern, suspicion or allegation of potential abuse with an appropriate person. A concern, suspicion or allegation of abuse may have arisen from:

- A direct disclosure by an adult at risk;
- A complaint or expression of concern by someone else;
- An observation of abusive behaviour or an observation of the indicators of possible abuse.

Who is responsible for raising a safeguarding concern?

Absolutely anyone can raise a safeguarding concern. Anyone who is concerned about the possibility of abuse of an adult at risk should raise a concern with an appropriate person. All members of staff have a **duty** to report any allegations, suspicions or concerns of abuse. Consent should be obtained from the individual to gain their wishes, feelings and views. Consent should only be overridden when the individual lacks capacity; a crime has been committed or it is in the public interest (other people are at risk).

How do you raise a safeguarding concern?

A member of the public can report a safeguarding concern directly to the emergency services (if there is immediate danger), or directly to Halton Borough Council Adult Social Care Services on **0151 907 8306** (if contacting outside of office hours, the number for the Emergency Duty Team is **0345 050 0148**). Alternatively, an online form can be completed which will be sent directly to the Integrated Adult Safeguarding Unit: <https://adult.haltonsafeguarding.co.uk/what-is-abuse/>

A member of staff or individual acting on behalf of an organisation should report any concerns following their organisation's internal procedures. All organisations should have procedures for their staff to raise a safeguarding concern. These will instruct you to talk urgently to your line manager or supervisor about your concerns unless; you are in a position of authority that authorises you to act alone OR the person you would normally report to may be implicated in your concerns or has failed to act in response. Members of staff can also use the online form to report safeguarding concerns: <https://adult.haltonsafeguarding.co.uk/what-is-abuse/>

What are the responsibilities of the referrer and/or their manager?

At the safeguarding concern stage, there are two people who have responsibilities: **the person who is first made aware of the possible abuse** and (if within an organisation or service), **their line manager**.

Please see the following page for the actions that are to be taken by the first person aware and their line manager (where applicable).

The first person aware of possible abuse needs to act as follows:

MAKE SAFE	<ul style="list-style-type: none">•Take reasonable steps to ensure the adult is in no immediate danger – INTERIM MEASURES;•Seek emergency help (first aid, medical treatment, police involvement) if there are immediate risks to health or safety;•Do NOT confront the person alleged to have caused harm.
INFORM	<ul style="list-style-type: none">•A Line Manager or other Senior Manager immediately;•The Police, if a crime has been committed.
RECORD	<ul style="list-style-type: none">•Details of the disclosure, concern or suspicion;•The actions taken so far and the reasons for any decisions;•Follow your own organisational record keeping procedures.

If the safeguarding concern is raised within an organisation, the manager to whom the concern is raised needs to act as follows:

IMMEDIATE NEEDS	<ul style="list-style-type: none">•Ensure the adult at risk is safe;•Ensure that any necessary emergency medical treatment is arranged;•Ensure no forensic evidence is lost;•If the person alleged to have caused harm is another adult at risk, ensure their needs are attended to and that they and others are not put at risk.
CLARIFY	<ul style="list-style-type: none">•The facts as stated by the member of staff. DO NOT discuss with the person alleged to have caused harm or the adult at risk, unless it is necessary in order to keep person(s) safe;•Whether the situation meets the criteria for a safeguarding response: Is the individual concerned an adult at risk? Could harm have occurred / be likely to occur?
REFER	<ul style="list-style-type: none">•To the Police, if a crime may have been committed;•To Halton Borough Council Adult Social Care Services;•To CQC, if the incident involves a regulated service;•DO NOT undertake an internal investigation, until directed otherwise by HBC Adult Social Care Services.

Signs of what constitutes abuse and neglect

Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of each individual case, should always be considered.

Physical Abuse including:

- ❖ Assault
- ❖ Hitting
- ❖ Slapping
- ❖ Pushing
- ❖ Misuse of medication
- ❖ Restraint
- ❖ Inappropriate physical sanctions

Domestic Abuse including:

- ❖ Psychological
- ❖ Physical
- ❖ Sexual
- ❖ Financial
- ❖ Emotional abuse
- ❖ So called 'honour' based violence

Sexual Abuse including:

- ❖ Rape
- ❖ Indecent exposure
- ❖ Sexual harassment
- ❖ Inappropriate looking or touching
- ❖ Sexual teasing or innuendo
- ❖ Sexual photography
- ❖ Subject to pornography or witnessing sexual acts
- ❖ Sexual assault
- ❖ Sexual acts to which the adult has not consented or was pressured into consenting

Psychological Abuse including:

- ❖ Emotional abuse
- ❖ Threats of harm or abandonment
- ❖ Deprivation of contact
- ❖ Humiliation
- ❖ Blaming

- ❖ Controlling
- ❖ Intimidation
- ❖ Coercion
- ❖ Harassment
- ❖ Verbal abuse
- ❖ Cyber bullying
- ❖ Isolation
- ❖ Unreasonable and unjustified withdrawal of services or supportive networks

Financial or Material Abuse including:

- ❖ Theft
- ❖ Fraud
- ❖ Internet scamming
- ❖ Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- ❖ The misuse or misappropriation of property, possessions or benefits

Modern Slavery encompasses:

- ❖ Slavery
- ❖ Human trafficking
- ❖ Forced labour and domestic servitude
- ❖ Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory Abuse including:

- ❖ Harassment
- ❖ Slurs or similar treatment because of:
 - Race
 - Gender or gender identity
 - Age
 - Disability
 - Sexual orientation
 - Religion

Organisational Abuse including:

- ❖ Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in

one's own home. This may range from one off incidents to ongoing ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

Neglect and Acts of Omission including:

- ❖ Ignoring medical, emotional or physical care needs
- ❖ Failure to provide access to appropriate health, care and support or educational services
- ❖ The withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

- ❖ This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

(Care and Support Statutory Guidance, updated October 2018)

Patterns of abuse vary and include:

- ❖ Serial abuse, in which the perpetrator seeks out and grooms individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- ❖ Long term abuse, in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse
- ❖ Opportunistic abuse, such as theft occurring because money or jewellery has been left lying around

(Care and Support Statutory Guidance, updated October 2018)

Spotting Signs of Abuse and Neglect

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards, leisure services, faith groups and housing. GPs in particular are often well-placed to notice changes in an adult that may indicate they are being abused or

neglected. Findings from Safeguarding Adult Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

(Care and Support Statutory Guidance, updated October 2018)

Responding to abuse and neglect in a Regulated Care Setting

It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital or college. The first responsibility to act must be with the employing organisation as provider of the service.

When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority and CQC (where required).

Where a local authority has reasonable cause to suspect that an adult may be experiencing or a risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what, if any action, needs to be taken and by whom. The local authority may well be reassured by the employer's response so that no further action is required. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (for example – referral to CQC).

The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example, this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns or a matter that requires investigation by the police.

There should be clear understanding between partners at a local level when other agencies such as the local authority, CQC or Integrated Care Board (ICB) need to be notified or involved and what role they have.

It is important when considering the management of any intervention or enquiry, to approach reports of incidents or allegations with an open mind. In considering how to respond, the following factors need to be considered:

- ❖ The adult's needs for care and support
- ❖ The adult's risk of abuse or neglect
- ❖ The adult's ability to protect themselves or the ability of their networks to increase the support they offer
- ❖ The impact on the adult, their wishes

- ❖ The possible impact on important relationships
- ❖ Potential of action and increasing risk to the adult
- ❖ The risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect
- ❖ The responsibility of the person or organisation that has caused the abuse or neglect
- ❖ Research evidence to support any intervention

(Care and Support Statutory Guidance, updated October 2018)

5.2 Provider-Led Concerns (Formerly Care Concerns)

It was recognised that there will be occasions when it is appropriate for provider agencies to respond to incidents of poor practice without the need to initiate multi-agency safeguarding procedures. Poor practice will always require a response because if not challenged, it can result in a further deterioration in standards leading to longer term difficulties; in many instances the Provider Manager will be the appropriate person to take remedial action. This guidance outlines those circumstances in which the Provider Service should take responsibility for responding to incidents of poor practice without the need to raise a safeguarding concern.

Any concerns identified by a **member of the public** or a **member of staff from a non-regulated service** should **always** be raised with the local authority as a safeguarding concern, as stated above.

See the HBC Criteria for reporting Safeguarding Adults and Provider Led Concerns (available on the [Halton Safeguarding Adults Board website](#)) which has been developed in order to help practitioners in raising concerns using the most appropriate route

5.3 Triage Process

For those concerns that are raised as safeguarding concerns by either members of the public, non-regulated services staff members or CQC regulated service staff members (when not a provider-led enquiry), the concerns will be received by the Integrated Adult Safeguarding Unit (IASU). The duty Social Worker in IASU will triage all safeguarding concerns received, it is the responsibility of IASU to screen **all** safeguarding concerns reported into adult social care. Where required, the duty Social Worker may need to contact the Referrer in order to gather further information to ascertain if the concern raised should be dealt with as a safeguarding concern; a provider-led concern; redirected to care management or signposted to other agencies.

For those concerns which are identified as a safeguarding concern – if the concern is:

- ❖ Agreed to be a Public Protection Unit led investigation
- ❖ Care Provider is under a MDT approach, or
- ❖ If there is a conflict of interest if another team completes the S42

If any of the above criteria are met, these cases will be managed by **IASU**. All other safeguarding concerns will be dealt with by the Care Management Teams.

What is 'disclosure' and how should it be dealt with?

A disclosure is when an adult at risk tells another person of abuse that has happened to them. If someone discloses abuse it is important to respond in the correct way:

Do	Do Not
Listen patiently and calmly to what the person is saying even if it does not make sense.	Do not ask questions. It is not your job to investigate.
Observe the adult at risk and what is happening to them.	Do not dismiss what someone is telling you, even if it appears unlikely.
Stay calm.	Do not appear shocked or disgusted.
Offer reassurance that they are doing the right thing	Do not promise that "everything will be ok".
Respect confidentiality as far as you are able.	Do not promise to keep secrets.
Tell the adult at risk what you are going to do next.	Do not keep information to yourself.

Report straight away to your manager and record exactly what you have heard.	Do not confront the person alleged to have caused harm.
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How do I manage issues around consent and confidentiality?

Wherever possible, actions following a safeguarding concern or disclosure should comply with the expressed wishes of the adult at risk. However, consideration should be given to circumstances where an adult at risk’s wishes may be overridden. If a crime may have been committed, or other adults may be at risk, it could be necessary to override a person’s expressed wishes. If it is established that an adult lacks capacity to make a specific decision, then any decisions made should be done so, following the best interest principles in accordance with the [Mental Capacity Act 2005](#).

For more information on Data Protection and the General Data Protection Regulation (GDPR), please visit: <https://www4.halton.gov.uk/Pages/councildemocracy/Data-Protection.aspx>

What if a person does not want you to share their information?

Frontline workers and volunteers should always share safeguarding concerns in line with their organisation’s policy, usually with their line manager or safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the member of staff should explain their responsibility to share the concern with their manager.

Managers will need to make decisions about sharing information with external agencies, including the police and local authority. Individuals may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- ❖ The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- ❖ Other people are, or may be, at risk, including children
- ❖ Sharing information could prevent a crime

- ❖ The alleged abuser has care and support needs and may also be at risk
- ❖ A serious crime has been committed
- ❖ Staff are implicated
- ❖ The person has the mental capacity to make that decision but they may be under duress or being coerced
- ❖ The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference (MARAC) referral
- ❖ A court order or other legal authority has requested the information

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person:

- ❖ Support the person to weigh up the risks and benefits of different options
- ❖ Ensure they are aware of the level of risk and possible outcomes
- ❖ Offer to arrange for them to build confidence and self-esteem if necessary
- ❖ Agree on and record the level of risk the person is taking
- ❖ Record the reasons for not intervening or sharing information
- ❖ Regularly review the situation
- ❖ Try to build trust and use gentle persuasion to enable the person to better protect themselves

If it is necessary to share information outside the organisation:

- ❖ Explore the reasons for the person's objections – what are they worried about?
- ❖ Explain the concern and why you think it is important to share the information
- ❖ Tell the person who you would like to share the information with and why
- ❖ Explain the benefits, to them or others, of sharing information – could they access better help and support?
- ❖ Discuss the consequences of not sharing the information – could someone come to harm?
- ❖ Reassure them that the information will not be shared with anyone who does not need to know
- ❖ Reassure them that they are not alone and that support is available to them

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded. The

safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case by case basis.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Safeguarding partners need to work jointly to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

Sharing information with carers, family or friends

It is good practice, unless there are clear reasons for not doing so, to work with the carers, family and friends of an individual to help them to get the care and support they need. Sharing information with these people should always be with the consent of the individual. If the person lacks the mental capacity to make a decision about sharing information with key people, then the Mental Capacity Act should be followed to ensure each decision to share information is in the person's best interests. Decision and reasoning should always be recorded.

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

What if a safeguarding partner is reluctant to share information?

There are only a limited number of circumstances where it would be acceptable not to share information pertinent to safeguarding with relevant safeguarding partners. These would be where the person involved has the mental capacity to make the decision and does not want their information shared **and**:

- ❖ Nobody else is at risk
- ❖ No serious crime has been or may be committed
- ❖ The alleged abuser has no care and support needs
- ❖ No staff are implicated
- ❖ No coercion or duress is suspected
- ❖ The public interest served by disclosure does not outweigh the public interest served by protecting confidentiality
- ❖ The risk is not high enough to warrant a multi-agency risk assessment conference referral
- ❖ No other legal authority has requested the information

Safeguarding Adults Boards should set out a clear policy for dealing with conflict on information-sharing. If there is continued reluctance from one partner to share information on a safeguarding concern the matter should be referred to the Board. It can then consider whether the concern warrants a request, under Clause 45 of the Care Act, for the 'supply of information'. Then the reluctant party would only have grounds for refusal if it would be 'incompatible with their own duties or have an adverse effects on the exercise of their functions'.

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

How do I manage allegations against staff (incl. Whistleblowing)?

All agencies should have mechanisms for raising practice concerns with managers. All provider services should have in place a 'Whistleblowing' Policy and ensure that all staff members are aware of this and how to access and use it.

When it comes to raising concerns of adult abuse, no distinction should be made between staff and other persons. The adult at risk's wellbeing is paramount. If at any point in the process, a member of staff feels that correct action is not being taken, they should report directly to Halton Borough Council Adult Social Care Services and follow their organisation's whistleblowing procedures.

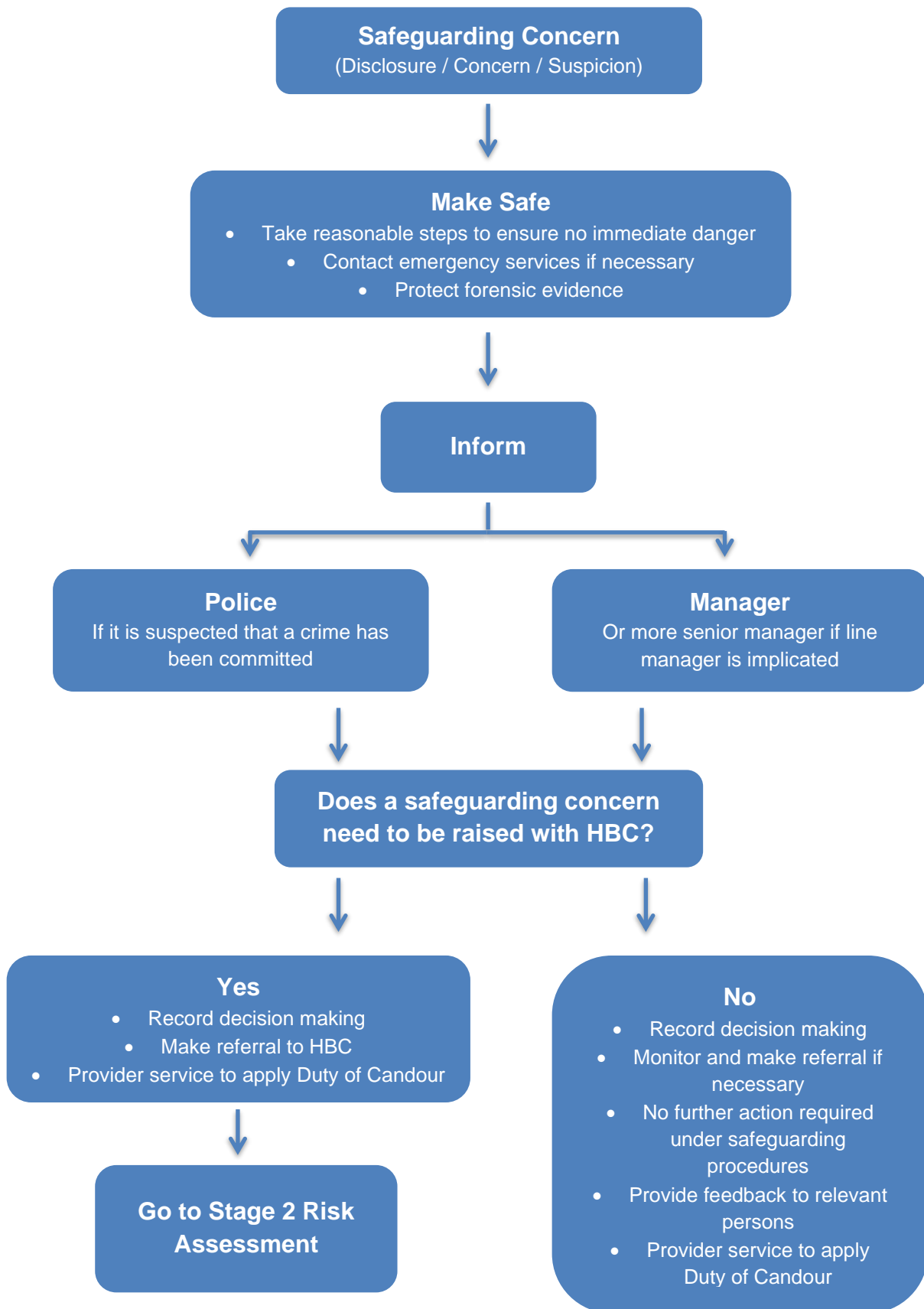
If an allegation is made against a member of staff, their manager will need to clarify, when making a referral, what action he/she intends to take under the appropriate personnel/human resources procedures. It is important to ensure that any action:

- ✓ Protects the rights and wishes of the adult at risk;
- ✓ Protects the rights of the member of staff concerned;
- ✓ Enables managers to take appropriate action either on behalf of the adult at risk or against the staff member, where appropriate;
- ✓ Does not compromise any criminal investigation.

To achieve these outcomes it will be necessary for managers to coordinate their disciplinary responsibilities with those of the team coordinating the safeguarding enquiries, who will be working within these procedures. **Appendix 1 – Quick Guide for Providers of Services** provides a short reference guide for all staff within provider services.

Providers may also need to refer to the [Public Disclosure Act 1998](#), which protects workers from detrimental treatment or victimisation from their employer if, in the public interest, they blow the whistle on wrong doing. The Act protects most workers in the public, private and voluntary sectors.

Stage 1: Safeguarding Concern Flow Chart



5.4 Stage 2: Risk Assessment

Purpose of the risk assessment

Once a safeguarding concern has been received by HBC, IASU needs to consider whether the information identified in the safeguarding concern requires further enquiries to be made under the adult safeguarding procedures. **(Please see Section 5.3 Triage Process)**

See the North West Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs (available on the [Halton Safeguarding Adults Board website](#)).

The decision should consider an outcome which supports or offers the opportunity to develop or maintain a private life which includes those people with whom the adult at risk wishes to establish, develop or continue a relationship.

The risk assessment stage involves:

- Establishing the wishes and best interests of the person at risk;
- Gathering information about the allegations/concerns;
- Ensuring the person at risk is protected from further harm;
- Deciding whether the concern/allegation requires further enquiries, for which a strategy discussion would be required.

Strategy Discussion

A Strategy Discussion will be used as a method of information gathering from all agencies involved in the safeguarding concern, in order to identify key individuals and to decide on the course of action (interim measures) to be taken, in order to protect the adult at risk from risk of further abuse. The Strategy Discussion is led by the IASU Duty Social Worker and will identify what actions need to be taken with a clear deadline and who is responsible for the completion of these actions. The details of the Strategy Discussion will be detailed on the Risk Assessment form, completed by the IASU Duty Social Worker.

Self-neglect

The Care Act 2014 clarified the relationship between self-neglect and safeguarding and has now made self-neglect a category of harm which the local authority has a duty to make enquiries and to assess need with the promotion of well-being at the heart.

See the HBC Self-Neglect Policy and Guidance 2018 (available on the [Halton Safeguarding Adults Board website](#)) which has been developed in order to help practitioners in dealing with cases of self-neglect.

People in Positions of Trust (PiPoT)

A North West Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs has been developed. This policy relates to those instances where a relevant agency is alerted to information that may affect

the suitability of a professional or volunteer to work with an adult(s) at risk, where such information has originated from activity outside their professional or volunteer role and place of work. The alleged victim does not have to be an adult at risk, for example, it could be their partner or child. The policy refers to when there is an allegation which does not directly involve an adult at risk, but may have risk implications in relation to the employment or volunteer work of a person in a position of trust (PiPOT).

If an allegation is made that does not concern the actions of a professional or volunteer which related to alleged abuse or neglect of a person with care and support needs and this amounts to a safeguarding enquiry, then such an allegation should be dealt with by following Halton's Safeguarding Adults Procedures (and not the PiPoT Policy).

Information gathering

Information gathering is not an enquiry, but a process of collecting enough information to enable a decision on whether a safeguarding concern (or an alternative process/action) is required. This may involve consulting other agencies or departments. The Referrer should **always** be contacted in relation to their safeguarding concern in order to:

- Acknowledge receipt of their safeguarding concern;
- Acknowledge their concerns;
- Clarify and/or gather more information about the allegation/concern.

As part of this information gathering process, the following issues will be considered:

- Whether the person is an 'adult at risk' by the definition*;
- The perceived type of abuse;
- The Referrers view as to what is known of the wishes of the adult at risk in relation to the safeguarding issue;
- The person's desired outcome;
- The perceived level of risk;
- Where there have been multiple low level concerns, their cumulative effect should be considered;
- How the concern came to light;
- The impact on the person(s) concerned;
- The setting and geographical location of where the alleged abuse took place;
- The name of the person alleged to have caused and relationship to the adult at risk;
- The involvement of any witnesses;

*The **definition of an adult at risk** is an adult with care and support needs who is at risk, or experiencing abuse or neglect and can't protect themselves as a result of their needs.

- Any action that has already been taken to safeguard the adult at risk and whether this support is provided by the person alleged to have caused harm;
- Whether the adult at risk's needs have been assessed (under a self-supported plan, Community Care Assessment/Care Programme Approach);
- Whether the adult at risk is known to any other agencies or multi-agency processes e.g. MAPPA, MARAC;
- To establish, where possible, the adult at risk's mental capacity (decision/specific/ competence);
- Whether there are any children at risk who should be referred to HBC Children's Services (**0151 907 8305** during officer hours, **0345 050 0148** out of hours)

Risk assessment and management

A risk assessment must be undertaken when a safeguarding concern is raised. This should clarify the degree of risk to the adult at risk and/or children. Risk should be constantly re-evaluated throughout the process to ensure adults at risk and all others involved are appropriately protected.

Risk assessment will seek to determine:

- What the actual risks are – the harm that has been caused, the level of severity of the harm and the views and wishes of the adult at risk;
- The person's ability to protect themselves;
- Who or what is causing the harm;
- Factors that contribute to the risk, for example, personal, environmental, relationships resulting in an increase or decrease to the risk;
- The risk of future harm from the same source.

Deciding the action to be taken following risk assessment of the safeguarding concern

Once the information has been gathered and assessed by IASU there are four possible courses of action that can be taken:

- Where it is clear that a criminal offence may have taken place, the Police will take the lead in the Section 42 Enquiry;
- Where it is suspected that abuse, that does not constitute a criminal offence, has taken place Adult Social Care Teams will co-ordinate the Section 42 Enquiry;
- Following further discussion and assessment it may not be necessary to pursue Section 42 Enquiry and no further action may be required; or
- It may be necessary to consider alternative actions such as reviewing the person's health or social care support plan or making a referral to another appropriate agency.

A decision on how to proceed will be made by the IASU with reference to the Safeguarding Thresholds (see Appendix 4) and in partnership with other agencies or person involved.

IASU will determine the allocation of a Section 42 enquiry, in line with the Safeguarding Thresholds document. If a case may meet the criteria for a referral to the Public Protection Directorate, then the case will be reassigned to IASU. In addition, if the care provider is having intense support from the wider Multi-Disciplinary Team and Stakeholders, cases will be assigned to IASU, or if there is a conflict of interest if another team completes the S42 enquiry. For all other concerns which result in the need for Section 42 enquiries, these will be assigned to the relevant social care team.

These include:

- ❖ Prevention, Assessment & Well-Being Team
- ❖ Complex Care Runcorn Team
- ❖ Complex Care Widnes Team
- ❖ Older Peoples Mental Health Team
- ❖ Halton Recovery Team
- ❖ Transition Team

Links to Useful Legislation and guidance

[Crime and Disorder Act 1998](#)

[Section 76 Serious Crime Act](#)

[Mental Capacity Act Section 44](#)

[Health and Social Care Act 2022](#)

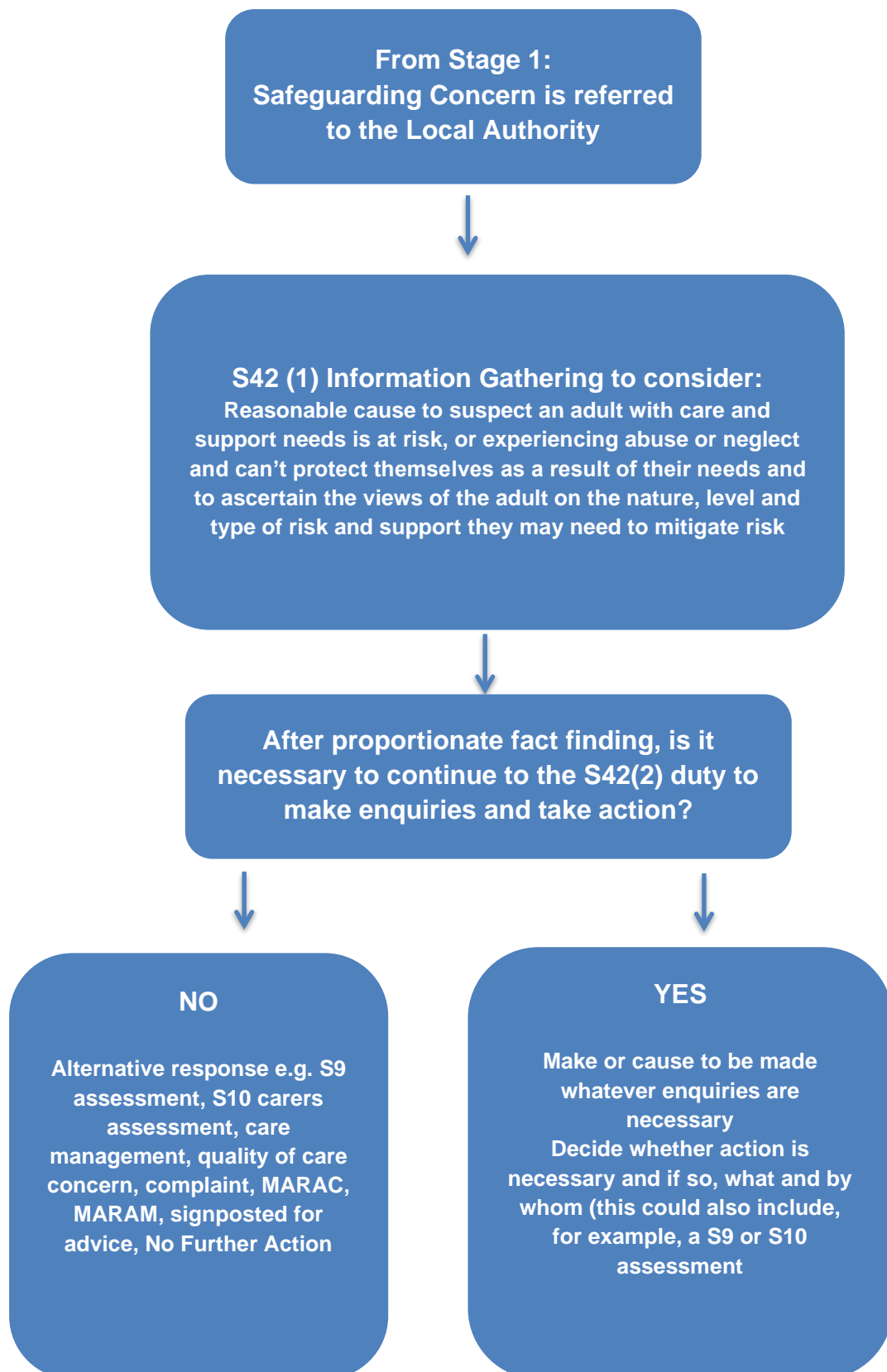
[NHS Outcomes Framework](#)

[NHS England Safeguarding](#)

[Mental Health Act 1983](#)

[ADASS: Making Decisions on the duty to carry out Safeguarding Adults enquiries](#)

Stage 2: Risk Assessment Flow Chart



5.5 Stage 3: Section 42 Enquiry

Purpose of a Section 42 Enquiry

Section 42 of the Care Act (2014) requires that local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the following criteria is experiencing abuse or neglect or is at risk of abuse or neglect:

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

An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, right through to a more formal multi-agency plan or course of action. The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. Whatever action is taken, the professional concerned should record the concern, the adult's views, wishes and any immediate action taken and the reasons for that action.

The purpose of a Section 42 enquiry is to enable the local authority to decide whether any action is required in the adult's case, and, if so, what and by whom. The objectives of an enquiry are to:

- ❖ Establish the facts;
- ❖ Ascertain the adult's views and wishes;
- ❖ Assess the needs of the adult for protection, support and redress and how they might be met;
- ❖ Protect from abuse and neglect, in accordance with the wishes of the adult;
- ❖ Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- ❖ Enable the adult to achieve resolution and recovery.

Whatever happens as a result of any enquiry it should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.

Non-statutory enquiries

The local authority may also choose to undertake safeguarding enquiries for people where there is not a Section 42 duty, if the local authority believes it is a proportionate response to do so and will enable the local authority to promote the person's wellbeing and the preventative agenda. This might be where an adult does

not have care needs but has some support needs and/or are believed to be experiencing or at risk of abuse or neglect.

Many agencies are facing the challenge of how to support people who are at increased risk of abuse, but who do not have care and support needs. This includes carers, many people who self-neglect, homeless people and survivors of domestic abuse. Many organisations support people who do not meet the safeguarding criteria but who may be being abused and are unsure where to go next.

Wherever someone is being harmed, or at risk of harm, there are agencies that can help, even if a formal safeguarding response is not triggered. These include:

- Police;
- Domestic Abuse Services;
- The National Referral Mechanism for victims of Modern Slavery;
- Community and support groups;
- Other Social Services Teams – a local authority has duties to promote an individual's wellbeing, to prevent or delay care needs from developing, and to assess someone if there are safeguarding concerns and it appears that the person may have care and support needs, even if the person does not want an assessment. All of these may be helpful in a complex situation.

A local authority safeguarding response is not the only, or always the most appropriate, response to keeping people safe.

Who can carry out an enquiry?

Although the local authority is the lead agency for making enquiries, it may require others to undertake them on their behalf. The specific circumstances will often determine who the right/most appropriate person is to begin an enquiry. In many cases a professional who already knows the adult will be the best person. They may be a social worker, housing support worker, a GP or other health worker, such as a community nurse.

The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon.

The local authority, in its lead and co-ordinating role, should assure itself that the enquiry satisfies its duty under Section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

Where a crime is suspected and referred to the Police, then the Police must lead the criminal investigations, with the local authority's support where appropriate, for example, by providing information and assistance. The local authority has an ongoing duty to promote the wellbeing of the adult in these circumstances.

Strategy Meetings

A strategy meeting may be needed when further planning or discussion with partner agencies is required to decide whether abuse has taken place and/or what protective measures might be needed. A strategy meeting may be needed to:

- **Share complex information from different sources**
- **Share information about the views of the adult, the nature of the abuse and the surrounding circumstances**
- **Agree which professional is more appropriate to pursue specific areas of enquiry based on their expertise**
- **Agree timescales**
- **Confirm protective measures**

A strategy meeting can be a formal meeting, where various participants and agencies involved meet face to face or “virtual” i.e. conducted over the telephone. A formal strategy meeting would be required when:

- **The situation is complex**
- **There are several parties involved, e.g. Police; NHS; Service Providers etc. and there needs to be a multi-agency debate about which agency is best placed to lead on which aspect**

It may be appropriate to hold a “virtual” strategy meeting where a small number of agencies are involved and the situation is simple. It is essential that all parties are clear what has been agreed and get a written copy of the outcome of the “virtual” strategy meeting. Where several agencies are involved and/or the situation is complex, a “virtual” strategy meeting is not recommended. (*Salford Safeguarding Adults Multi-Agency Policy, Procedures and Guidance*)

Enquiry Process	Legislation	Considerations	Actions
<p>If statutory criteria is met, we have a duty to progress to S42 (2):</p> <ul style="list-style-type: none"> • Making (or causing to be made) whatever enquiries are necessary • Deciding whether action is necessary and is so, what and by whom 	<p>Human Rights Act, 1998</p>	<ol style="list-style-type: none"> 3. Right to make unwise decisions 4. Best Interests 5. Less restrictive options <p>In judgement of ‘reasonable cause to suspect’ take into account whether this is lawful interference in private family life.</p>	
	<p>S42 (2) Care Act, 2014 Paragraph 14.93 statutory guidance</p>	<p>Consider who is best to make this enquiry. <i>“The scope of that enquiry, who leads it and its nature and how long it takes, will depend on the particular circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult’s wellbeing and work together to that shared aim”.</i></p> <p>It maybe that these two lines of decision making are occurring simultaneously – activity that took</p>	<p>Clearly record rationale for decision making about whether the S42 (2) enquiry is needed.</p> <p>Outline clear objectives and timescales (timescales will be individual to the particular person’s circumstances) and who is responsible for which tasks.</p> <p>Clearly record who needs to be involved in the enquiry (person, representative or advocate, other professionals etc.) Consider methods for involving everyone, such as person’s communication or other needs. Family Group Conference or support from specialist agencies.</p> <p>Remain open to reviewing the decision as more information is learnt. This decision</p>

Enquiry Process	Legislation	Considerations	Actions
<p>Aims of which are to:</p> <ul style="list-style-type: none"> Establish facts Ascertain adult's views and wishes Assess the needs of the adult for protection, support and redress and how they might be met Protect from the abuse or neglect, in accordance with the wishes of the adult Make decisions about what follow-up action should be taken with 	<p>Paragraph 14.99 Care & Support Statutory Guidance</p>	<p>place to establish if the 3 criteria were met, may also be recorded</p> <p>as the S42 (2) Enquiry. Therefore you may record it after some of the work has already been started. An enquiry need not be lengthy or complicated, however small the enquiry is, it should be recorded and reported under the S42 duty if there was reasonable cause to suspect that the statutory criteria were met. <i>“An enquiry could range from a conversation with the adult...right through to a much more formal multi-agency plan....”</i></p> <p>The aim of intervention (in line with MSP) is to be:</p> <ul style="list-style-type: none"> Person-led Outcome-focused Engages the person and enhances involvement, choice and control Improves quality of life, wellbeing and safety 	<p>making should ideally take place during reflective discussions with staff.</p> <p>It the issue cannot be resolved, and the adult remains at risk of abuse or neglect (real or suspected) then the local authority's enquiry duty under S42 continues until it can assure itself that action to protect the adult has been taken</p>

Enquiry Process	Legislation	Considerations	Actions
<p>regard to the person or organisation responsible for the abuse or neglect</p> <ul style="list-style-type: none"> • Enable the adult to achieve resolution and recovery 		<p>Approach reports of incidents of allegations with an open mind. Consider:</p> <ul style="list-style-type: none"> • The adult’s needs for care and support • The adult’s risk of abuse or neglect • Their ability to protect themselves or the ability of their networks to increase the support they offer • The impact on the adult, their wishes • The possible impact on important relationships • Potential of action & increasing risk to the adult • The risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect • The responsibility of the person or organisation that has caused the abuse of neglect • Research evidence to support any intervention 	
<p>If the statutory criteria is not met</p>	<p>S9 Assessment</p>	<p>Other options may include (not an exhaustive list):</p>	<p>Consider if an ‘Other’ safeguarding enquiry still needs to be reported to SAC (Safeguarding</p>

Enquiry Process	Legislation	Considerations	Actions
<p>what (if any) alternative responses are needed to reduce the risk/provide support?</p>	<p>S10 Carers Assessment</p>	<ul style="list-style-type: none"> • Conversation 1,2, or 3, or care and support plan if not 3Cs • Carers Assessment • Quality of care concern – flagged to Brokerage, Commissioning or CQC • Complaint or other means of giving feedback • MARAC • MARAM • Advice or information 	<p>Adults Collection) data reporting – this could be that an enquiry still may need to take place under our other powers, but this isn't under S42 because the criteria was not met. This would be recorded as a Non Statutory Enquiry on Carefirst.</p> <p>People should not be disadvantaged where they do not meet the statutory criteria. Safeguarding concerns still need to be addressed and the outcomes recorded.</p>

(Source: Gloucester Safeguarding Adults Board Draft Interim Checklist for making decisions on the duty to carry out Safeguarding Enquiries)

The role of the nominated Safeguarding Co-ordinator

- Determine who is best to conduct the enquiry;
- Gather and preserve evidence;
- Establish what the alleged incident was and where it occurred;
- Establish when the alleged incident occurred (this may be particularly significant when considering the collection of forensic evidence);
- Assemble other background information;
- Identify and liaise with other relevant agencies;
- Hold a Strategy Meeting if required
- Interview the adult at risk where appropriate;
- Establish the perception of the adult at risk where possible;
- Consider the Mental Capacity of the adult at risk, i.e. the understanding of the adult at risk in relation to specific decisions, informing the adult at risk about the process and what will happen next;
- Carry out a risk assessment to assess present and future levels of risk and the adult at risk's ability to understand risk;
- To reach a decision based on their enquiry as to whether abuse has/has not occurred;
- Provide feedback to adult at risk and appropriate persons about the outcome or the progress of the enquiry.
- Devise a Protection Plan to help reduce the risk of further harm or abuse taking place, and to reduce the risk of future re-occurrences

The nominated Safeguarding Co-ordinator's communication with the adult at risk

Where the adult at risk has the capacity to make decisions regarding their present and future circumstances, they should have the opportunity to discuss the possible options with a professional. The adult at risk's wishes should be paramount, unless a legal responsibility to intervene exists.

Where there are issues around capacity and potential legal proceedings, a formal capacity assessment should be undertaken in accordance with the [Mental Capacity Act 2005](#). An Independent Mental Capacity Advocate (IMCA) may also be considered at this stage.

See the HBC [Mental Capacity Act 2005 Policy](#) (on the ASC Policy Library – HBC staff only) for more information and guidance.

Consideration should also be given at this stage to the involvement of family members or friends/others, where appropriate. If an adult at risk is deemed to lack capacity, the responsibility to make a decision on behalf of the person rests with the professional who is the decision maker. The decision maker will, following assessment and in accordance with the Mental Capacity Act 2005, make a best interests decision.

People with capacity have the right to make decisions that may put themselves at risk. This is a long standing challenge for safeguarding adults, and a recent overview of Safeguarding Adults Reviews highlights how frequently the MCA is misused in adult safeguarding cases. If someone with Mental Capacity has declined a safeguarding intervention, there are some grounds on which that can be overridden – for example, if other people are at risk. But the MCA is very clear that everyone with capacity can make their own decisions. This applies even in the important area of keeping safe and feeling in control of one’s life.

Risk-aversion continues to pervade practice. Service providers report that even when they do listen to people who say they want to take risks, family members, commissioners and CQC may challenge the stance they are taking. Providers should ensure they are using the MCA appropriately and are confident in challenging others to do so.

Another issue is the misuse of Lasting Power of Attorney (LPA); for example, where the nominated attorney may be taking financial advantage over someone. Anyone working with someone with a LPA should know what it does and does not cover, and how to raise concerns with the Office of the Public Guardian in those few cases where an attorney may be acting unreasonably (*SCIE – Safeguarding Adults Highlights, September 2017*).

The following points should be considered in communicating with the adult at risk:

- The ability of the adult(s) at risk to communicate;
- Their means of communication (consideration should be given to how the adult at risk communicates, i.e. their preferred language, whether they communicate through Makaton, a communication board or other preferred communication styles, as this will reflect on the way questions are framed/language used/how sentences are constructed/whether an interpreter is required);
- The degree of the adult at risk’s disability;
- Recognition of the possible continuing emotional attachment an adult at risk, as a victim, may have for their abuser.

The same consideration needs to be taken into account when interviewing an adult at risk who is alleged to have caused harm.

Section 11 Care Act – Refusal of Assessment

Normally if an adult refuses a needs assessment or a carers’ assessment, the local authority need not carry it out. However, there are two situations in which the local authority must carry out a needs assessment even if the adult refuses an assessment:

- (1) If the adult lacks capacity to agree to an assessment but the local authority is satisfied that an assessment would be in their best interests

(2) If the adult is at risk of harm or financial abuse

<https://www.legislation.gov.uk/ukpga/2014/23/section/11/notes>

Conclusion of the Section 42 Enquiry

The Safeguarding Co-ordinator will notify their responsible manager within the Adult Social Care Team, following consultation with key agencies, that the enquiry is concluded. If it is agreed that no further action is required under the Safeguarding Adults Procedures, the Safeguarding Co-ordinator in Halton Borough Council must advise the adult at risk where appropriate, the Referrer and all relevant agencies, the outcome of the enquiry. This should evidence management scrutiny within the case closure, as well as evidence that management are aware that MSP has been applied to the case.

Safeguarding Protection Plan

The protection plan should include information about the following:

- The outcome of the S42 Enquiry
- Action to be taken to ensure the future safety of the adult at risk, including information about who is responsible and what they are expected to do
- Details of any support services, treatment or therapy available to the adult at risk
- Changes to the way services will be provided
- How best to support the adult at risk through any action he/she takes in seeking justice or redress
- Monitoring and review arrangements, irrespective of whether services are being provided. These should include details and timescales for reviewing the Safeguarding Protection Plan
- Decisions on who should be kept informed about future action

Consideration should be given to how the protection plan will be recorded and implemented, to include any concerns about person(s) who may have caused harm having access to the plan. For example, how safeguarding adults issues are recorded in documents likely to be held in a service user's own home.

Safeguarding Review

Purpose of the Review

Review of protection plans, interim measures and actions completed should be reviewed at regular intervals throughout the S42 enquiry. This does not need to be a formal review but if a more complex case requires it, a more formal review can be undertaken.

The purpose of the review is to ensure that the actions agreed in the safeguarding protection plan have been implemented, the risk is being managed and to decide

whether further actions are required. In some circumstances, more than one review meeting will be required within the safeguarding procedures.

Who should attend?

The Safeguarding Co-ordinator will need to determine the appropriate invitees for the review. This may need to include an appropriate representative of any organisation that has a specific role in:

- **Assessing risk**
- **Developing or carrying out the safeguarding protection plan**

Invitations should include the adult at risk. Where the adult at risk lacks the mental capacity to decide about attendance, a decision will be required in the “best interests” as to whether they should be invited and should attend. The adult at risk is entitled to be supported by an appropriate person(s), such as a family member; friend; advocate or personal assistant (according to their wishes, or decided in their “best interests”, where they lack the mental capacity to do so for themselves). The adult at risk may also choose not to attend and have their views reported by a representative or in writing. When an [IMCA](#) has been appointed, they will be invited to attend.

Actions required during the Review

The review will:

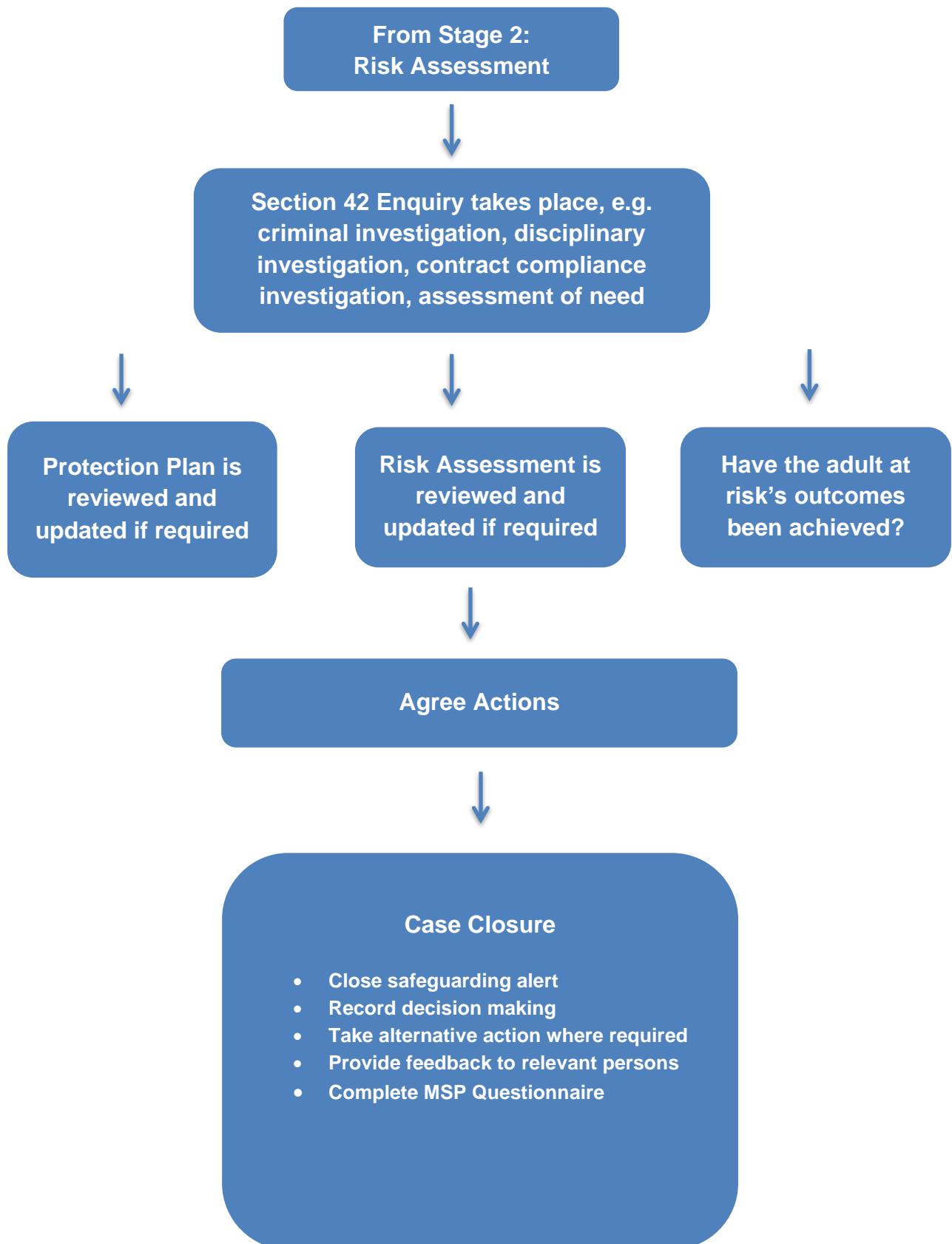
- ✓ **Record the feedback of the adult at risk or their personal representative about the protection plan and/or matters of importance to them**
- ✓ **Re-evaluate the risk of harm**
- ✓ **Ensure all required actions have been or are being taken**
- ✓ **Decide in consultation with the adult at risk and/or their personal representative what changes, if any, need to be made to the protection plan to decrease the risk or to make the plan fit more closely with their wishes**
- ✓ **Make decisions about what changes/additions are needed to the care plan**
- ✓ **Decide whether to exit the safeguarding procedures**
- ✓ **Decide whether there is need for a further review and if so, set a date**

Closing the Enquiry

Prior to closing an Enquiry, the Safeguarding Co-ordinator should ensure that:

- The Enquiry has been completed, and a conclusion about whether or not the allegation was substantiated; partially substantiated; unsubstantiated or inconclusive
- The reasons for closing the case are recorded
- All decisions have been recorded in writing, with evidence to support the decisions clearly documented
- All written reports have been completed
- Agencies who are involved in the protection plan are aware of their responsibility to re-refer the adult at risk, should circumstances change or risks increase significantly
- The adult at risk themselves, have been informed of the outcome (and their carers/family if appropriate)
- A record is made that the enquiry has been formally signed off and noted as closed on the Local Authority database
- All individuals who have been involved in the enquiry are notified as appropriate, of the outcomes and conclusions of the investigation
- If appropriate, information about organisations that assist victims of crime should be made available to the adult of risk
- If an adult at risk or a vulnerable witness wishes to seek justice or redress through the Criminal Justice system, consideration should be given to contacting the local Court Witness Service
- The initial Referrer should receive feedback with the permission of the adult at risk and given reassurance that the concerns expressed have been thoroughly investigated

Stage 3: Section 42 Enquiry Flow Chart

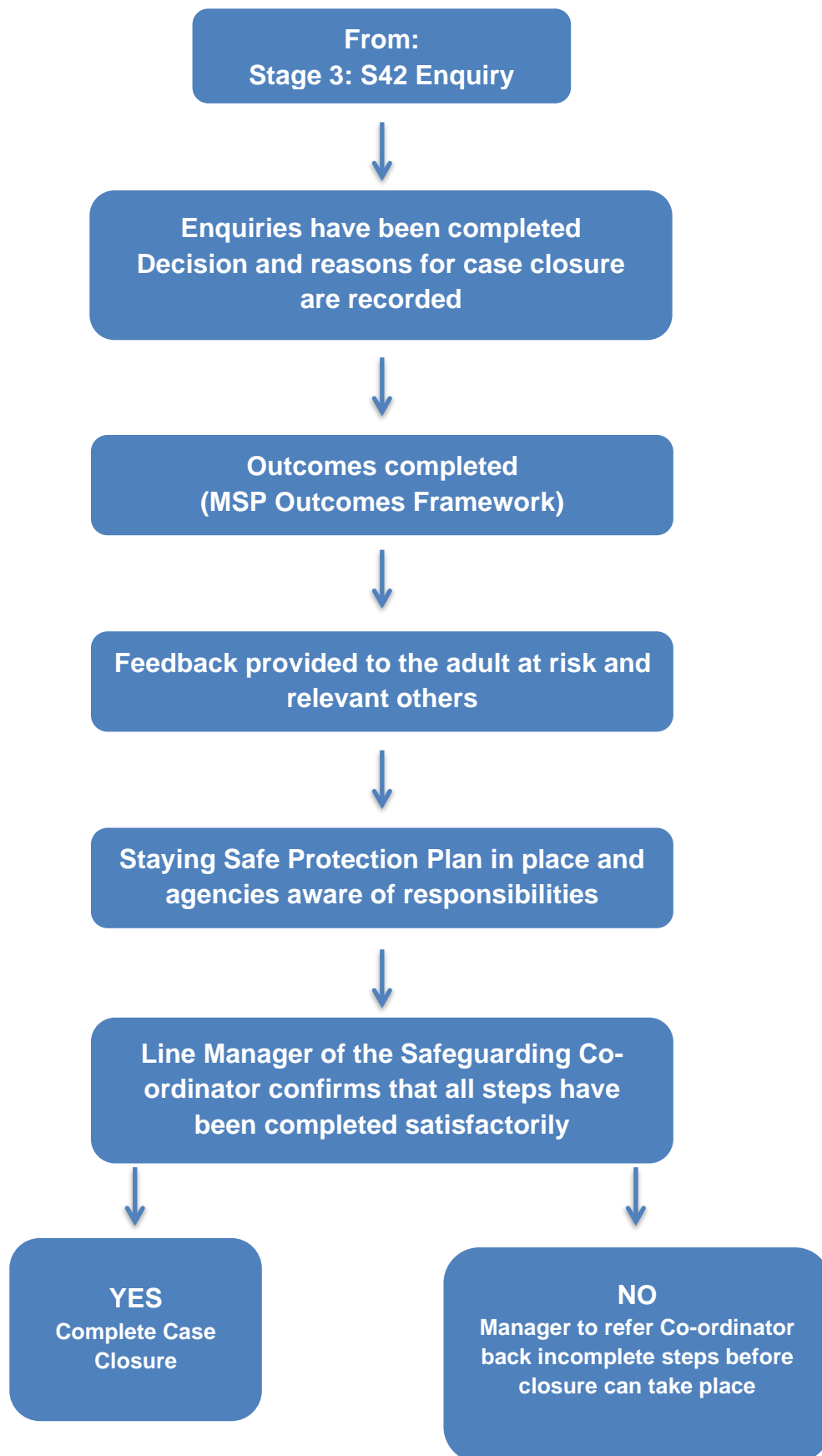


5.6 Stage 4: Case Closure

Prior to closing an enquiry, the Safeguarding Co-ordinator should ensure that:

- The Section 42 Enquiry has been completed and a conclusion about whether or not the allegation was substantiated, partially substantiated, unsubstantiated, or inconclusive;
- All decisions have been recorded in writing, with evidence to support the decisions clearly documented;
- All written reports have been completed;
- The reasons for closing the case are recorded;
- A record is made that the investigation has been formally signed off and noted as closed on the local authority database;
- Making Safeguarding Personal (MSP) outcomes, and whether they have been achieved, are recorded (**see section 11.0**);
- The adult at risk themselves, has been informed of the outcome (and their carers/family if appropriate);
- If appropriate, information about organisations that assist victims of crime should be made available to the adult at risk;
- If an adult at risk or a vulnerable witness wishes to seek justice or redress through the Criminal Justice System, consideration should be given to contacting the local Court Witness Service;
- All individuals who have been involved in the investigation are notified, as appropriate, of the outcomes and conclusions of the investigation;
- The initial referrer should receive feedback with the permission of the adult at risk and be given reassurance that the concerns expressed have been thoroughly investigated;
- Agencies who are involved in the protection plan are aware of their responsibility to re-refer the adult at risk, should circumstances change or risks increase significantly.

Stage 4: Case Closure Flow Chart



5.7 Recording feedback

The Safeguarding Co-ordinator will need to ensure that:

- All actions are completed or are in progress;
- All records are completed in a timely manner;
- Case records contain all relevant information and completed forms;
- The adult at risk knows that the process is concluded and where/who to contact if they have any future concerns about abuse;
- All those involved with the person know how to re-refer if there are renewed or additional concerns;
- Where identified a referral has been made to the appropriate professional body and/or the Disclosure and Barring Service;
- The referrer is notified of completion;
- All relevant partner organisations are informed about the closure;
- The necessary monitoring forms and all data monitoring systems are completed.

Feedback must routinely be sought from the adult at risk about their experience of the process and whether they are satisfied with the measures that have been put in place and if they feel safer.

The case may remain open to care management or care programme approach systems, in which case the situation will be reviewed and monitored through those processes. This will include monitoring and review of the protection plan as necessary. Any decisions and actions are recorded with the names of responsible individuals/organisations identified.

All those involved in the review and the care plan have a copy of the review notes, including the adult at risk or their personal representative, if the adult at risk has given them permission

Agreement is reached about feedback arrangements in accordance with the adult at risk's wishes (or best interests, if they do not have mental capacity) if they do not attend the review. This feedback should be provided as soon as possible after the review meeting.

There is a range of **standard template letters at Appendices 5 to 14** that will assist with the feedback process. The letter templates should be used in each adult safeguarding case in order to acknowledge receipt of the concern, keep people informed and provide concluding information where appropriate.

5.8 Safeguarding Adult Reviews

Halton Safeguarding Adults Board (HSAB) oversees and leads adult safeguarding across the locality and has a range of statutory duties that contribute to the prevention of abuse and neglect. This includes the duty to conduct any Safeguarding Adult Reviews (SARs) in accordance with Section 44 of the Care Act. SARs are reviews that examine the way agencies and individuals have acted when they have been involved with an 'adult at risk'.

There are three broad circumstances under which the Care Act statutory guidance considers a SAR may take place. The guidance makes a distinction between those circumstances where the SAB **must** and **may** arrange a SAR.

See the HBC [Safeguarding Adults Review Policy](#) (on the ASC Policy Library – HBC staff only) for more information and guidance.

The SAB **must** arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

- There is reasonable cause for concern about the SAB, members of it or other persons with relevant functions who worked together to safeguard the adult; **and, either**
- The adult has died and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died); **or**
- The adult is still alive and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

A SAB **may** also arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs). SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases. In cases where there is learning but the case does not meet the thresholds for a full SAR the Independent Chair may recommend a step down review in the form of an Individual Management Review.

Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to:

- **Identifying the lessons to be learnt from the adult's case; and**
- **Applying those lessons to future cases.**

The purpose of a Safeguarding Adult Review is to:

- ✓ **Determine what might have been done differently to prevent the harm or death;**
- ✓ **Identify lessons and apply these to future cases to prevent similar harm again;**
- ✓ **Review the effectiveness of multi-agency safeguarding arrangements and procedures;**
- ✓ **Inform and improve future practice and partnership working;**
- ✓ **Improve practice by acting on learning (developing best practice);**
- ✓ **Highlight any good practice identified.**

5.9 Multi-Agency Review

A Multi-Agency Review (MAR) can be commissioned jointly by Halton Safeguarding Adults Board (HSAB) and Cheshire & Merseyside Integrated Care Board (ICB). Cheshire & Merseyside ICB is responsible for the commissioning of health care for the population of Halton.

A Multi-Agency Review is similar to a Safeguarding Adults Review in that it is a process of critical and reflective learning, designed to lead to improved outcomes for people who use services.

The main purpose of a MAR is to:

- Establish whether there are lessons to be learned from a particular case about the ways in which agencies and professionals work together to safeguard adults at risk;
- To consider all the issues raised in the case and make specific recommendations for future actions.



Safeguarding Adults in Halton: Good Practice Guidance

6.0 Good Practice Guidance

6.1 Decision making levels of seriousness and intervention

In order to assess whether a safeguarding concern should proceed to a Section 42 Enquiry, safeguarding duties apply to an adult who:

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

Types of harm are not always obvious and care should be taken to assess the safeguarding concern in the context of signs and signals of abuse. Actual or likelihood of harm may impact upon the person in one or more areas of their life:

- Exercising choice and control;
- Health and wellbeing, including mental and emotional as well as physical health and wellbeing;
- Personal dignity and respect;
- Quality of life;
- Freedom from discrimination;
- Make a positive contribution;
- Economic wellbeing;
- Freedom from harm, abuse and neglect, taking wider issues of housing and community safety into account.

The seriousness or extent of the abuse or neglect is often not clear when the safeguarding concern is raised. Some incidents may not have caused immediate harm, but if they were to recur it is highly likely that there would be harm to the adult at risk, other adults at risk or children.

If there are no well managed measures in place to prevent another incident, a situation which has a high likelihood of potential serious harm, should cross the threshold for use of safeguarding procedures. Whether abuse is intentional or not is irrelevant, what is important is the harm done and whether the abuse might be repeated.

Safeguarding concerns come from a variety of sources and involve a range of situations. These may include difficulties between individual adults, tensions between an adult and their carer(s), failures in a service to provide care or treatment to an acceptable standard, individual cruelty, negligence or neglect. This may be intentional or unintentional and may include deliberate attempts to exploit vulnerable individuals in society. Such variations require a proportionate response.

Safeguarding procedures must be used not only to react to harm which has occurred, but to prevent harm where there are clear indicators of vulnerability and risk. A safeguarding concern may initially appear innocuous; however, assumptions should not be made. Careful assessment of past information may indicate that although harm has not occurred on this occasion, it is highly likely to in the future, therefore, a multi-agency response under safeguarding procedures is the best course of action.

The decision should be based on a risk assessment which takes into account the information gathered from the adult (wherever possible) and from partner agencies. The decision should be made by a manager or senior practitioner in the lead agency for safeguarding adults and their decision must be evidenced by the assessment of risk and seriousness shared by the practitioner.

Due to the need for a timely and proportionate response, information gathered to inform the decision cannot be as detailed as that gathered subsequently, in a formal safeguarding adult Section 42 Enquiry. Formulating good processes for inter-agency discussions will help draw out timely multi-agency information.

It should be noted that the stages of the safeguarding adult procedures can be followed in the way that is most appropriate to the circumstances of the adult, in discussion with the adult and other partner agencies (on a 'need to know' basis), using other routes and resources following an initial assessment of risk and seriousness.

- **Managers/Senior Practitioners should not feel constrained by the need to follow the process rigidly;**
- **Managers/Senior Practitioners will want to consider with partner agencies, other routes and resources to ensure proportionate responses;**
- **If a number of agencies are involved and the matter is complex, then a safeguarding strategy meeting may well be helpful, even if subsequent routes to respond are identified;**
- **If urgent action is needed to assess and manage risk, then key agencies should liaise via telephone with strategy discussions and action plans recorded and disseminated;**
- **The process can be stopped at any point, for example, if the person at risk wants no further action, the allegation is unsubstantiated, or no significant harm appears to have been caused and the concern can be managed. All decisions should however be recorded;**
- **All decisions should be recorded and shared with the person at risk (where appropriate) and key partner agencies;**
- **If the adult at risk dies during the enquiry, it may still need to be completed.**

6.2 Impact of the alleged abuse on the person

This requires a careful person-centred assessment in consultation with the adult at risk and, if appropriate, the people close to them (so long as this does not increase the risks to the adult).

Impact can vary from serious injury or the possibility of death, to emotional distress which damages the person's quality of life. Consideration of hindering factors needs to be taken into account as part of the assessment of actual or likely impact.

The preferred course of action of the person at risk needs to be considered in the light of possible impact on other persons at risk, children, the community or others. If the adult has been assessed as not having the capacity to make a particular decision in respect of their safety, protection and support needs, then it has to be decided what course of action is currently in their best interest and what course of action would be in the public interest.

Reference must be made to the Mental Capacity Act, its Code of Practice and the role of the Independent Mental Capacity Advocate.

6.3 Factors to be considered

- Does the alleged abuse involve actual (or potential) harm or exploitation of a person at risk or children?
- What impact is the alleged abuse having on the person's quality of life?
- Is the impact immediately obvious?
- Is there potential that it will emerge at a later date?
- Does the person appear to be having difficulty remembering the cause of the incident or event, but is showing general anxiety or fearfulness?
- Is the person having difficulty articulating their feelings?
- If there is alleged actual or likelihood of abuse, what helps or hinders the person in protecting themselves?
- Is this person reliant on the assistance of others to meet their basic needs?
- Have they the capacity to assess risk or decide on courses of action to take to protect themselves?
- Are they able to act on the assessment of risk or courses of action in the situation they are in?
- Are they under duress? Duress increases vulnerability in all cases, particularly so if those exerting duress are in control of the person's life (e.g. controlling access to services, delivering care, living at the same address). The misuse of power and control is particularly relevant and common practice in situations of domestic abuse.
- Does the person have family or friends who will speak up on their behalf? If they are isolated, vulnerability to harm or abuse is increased.

Domestic Abuse Act 2021

The definition of “domestic abuse” in the Domestic Abuse Act 2021 is:

Behaviour of a person (A) towards another Person (B) is “domestic abuse” if:

- **A and B are each aged 16 over and are personally connected to each other; and**
- **The behaviour is abusive**

Behaviour is “abusive” if it consists of any of the following:

- **Physical or sexual abuse**
- **Violent or threatening behaviour**
- **Controlling or coercive behaviour**
- **Economic abuse**
- **Psychological, emotional or other abuse**

It does not matter whether the behaviour consists of a single incident or a course of conduct.

Domestic abuse can affect anybody, regardless of their gender or sexual orientation and it occurs across all of society, regardless of age, race, religion, wealth or geography.

In an average week Cheshire Police will respond to 55 domestic related crimes originating in Halton. Halton has the highest number of domestic related crimes per 10,000 population of 50.38 compared to 36.15 in other areas of Cheshire.

Clare’s Law

Clare’s Law, or the Domestic Violence Disclosure Scheme, was introduced in 2014 and is a scheme revealing partner’s abusive pasts.

It has two functions:

Right to Ask – this enables someone to ask the police about a partner’s previous history of domestic violence or violent acts; and

Right to Know – police can proactively disclose information in prescribed circumstances

Every request under Clare’s Law is thoroughly checked by a panel made up of police, probation services and other agencies to ensure information is only passed

See the HBC [MARAC policy](#) (on the ASC Policy Library – HBC staff only) for more information and guidance.

on where it is lawful, proportionate and necessary. Trained police officers and advisers are then on hand to support victims through the difficult and sometimes dangerous transitional period.

There is also legislation in the form of the [Stalking Protection Act 2019](#) has seen the introduction of Stalking Protection Orders – a civil order that police can apply for that will enable them to tackle so called ‘stranger stalking’ sooner and more effectively.

Hindering factors such as those above can also be made worse/exacerbated by other things, for example, if the person has experienced previous abuse (domestic, institutional or other), which has diminished their ability to protect themselves, or if the person alleged to have caused harm is addicted to substances or gambling.

Stalking and Harassment

Stalking is defined as:

“two or more incidents (causing distress, fear or alarm) of obscene or threatening unwanted letters or phone calls, waiting or loitering around home or workplace, following or watching”

See the HBC [MARAC Policy](#) (on the ASC Policy library – HBC staff only) for more information and guidance.

The [Protection from Harassment Act 1997](#) was introduced because there was limited legal protection for victims who were upset and frightened by a series of disturbing incidents which fell short of being illegal. ‘Stalking’ was not specifically mentioned in the Act at that time, but it was designed to, and does cover many forms of harassment, including stalking and cyber stalking.

By November 2012, the Government introduced two new laws – specific to stalking offences which fall under the Harassment Act 1997. This new legislation not only gives the police greater powers of entry to a stalker’s property, so that evidence can be gained to corroborate a victim’s case but also supports a victim who is experiencing lesser or more serious stalking behaviour.

The biggest legislative change has been in stalking which causes serious alarm or distress. A person is guilty of an offence if it is perceived that they are using threatening words, show abusive behaviour or act in a threatening manner.

Harassment might include such things as:

- Antisocial behaviour
- Bullying at school or in the workplace
- Cyber stalking on the internet
- Sending abusive text messages
- Sending unwanted gifts

Stalking is an aggravated form of harassment and includes things like:

- Persistently following someone
- Repeatedly going uninvited to their home

- Monitoring someone's use of the internet, email or other form of electronic communication
- Loitering somewhere frequented by the person
- Interfering with their property
- Watching or spying on someone
- Identity theft

Cyber Stalking

"The offence of stalking or harassment using the internet and electronic means"

Common forms of cyber stalking include sending repeated unwanted messages, ordering goods and services on the victim's behalf, publishing private information of a damaging or embarrassing nature, spreading false information, identity theft, encouraging others to harass the victim and launching attacks against the victim's computer.

Harassment can take place on the internet and through the misuse of email or social networking messages. This can include the use of social networking sites and chat rooms.

Types of Stalker:

The rejected – who pursue ex-partners, in the hope of reconciliation, for vengeance or both

Intimacy Seekers – who stalk someone they believe that they love and who they think will reciprocate

Incompetent suitors – who inappropriately intrude on someone, usually seeking a date or brief sexual encounter

The resentful – who pursue victims to take out revenge

The predatory – whose stalking forms part of sexual offending

It is important that stalking behaviour is identified early and acted upon but this relies upon the victim to trust their instincts and recognise when someone's behaviour is being intrusive or threatening and is causing them to live in fear. But most importantly, the victim needs to act quickly by contacting the police so that action can be taken against their stalker. If there is a pattern of harassing behaviour, police officers will always seek to apprehend the stalker and hold them to account for their actions.

It is not necessary to warn the stalker in the first instance or give them words of advice. Harassment is a crime which is best tackled through prosecution. Cheshire Constabulary will seek to support victims throughout this process, with multi-agency partners.

(Source: [Cheshire Constabulary Website](#))

Domestic Violence Protection Notices and Domestic Violence Protection Orders

Officers have a duty to take or initiate steps to make a victim as safe as possible. Officers should consider Domestic Violence Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) at an early stage, following a domestic abuse incident as part of this duty. These notices and orders may be used following a domestic incident to provide short-term protection to the victim, when arrest has not been made but action is required, or when an arrest takes place but the investigation is in progress.

The process is designed to give breathing space to victims by granting a temporary respite from their abuser and allowing referral to support services without interference. The point at which victims seek help to leave their abuser can be when they are most at risk. The DVPN/DVPO process can be pursued without the victim's active support, or even against their wishes, if this is considered necessary to protect them from violence or threat of violence. The victim does not have to attend court. This can help removing responsibility from the victim for taking action against their abuser.

It is a two stage process involving the police and the magistrates court. Once the police have served a DVPN on the suspect, an application must be made to the magistrates court for the DVPO within 48 hours of the DVPN being served. Breach of either the notice or order carries a power of arrest.

Domestic violence protection notices and domestic violence protection orders

6.4 Poor practice and abuse or neglect

The difference between poor practice and neglect is much contested. If a person is totally dependent on assistance from others to meet their basic needs, continual 'poor practice' can lead to serious harm or death.

Useful pointers in deciding if poor practice has occurred, which does not require a safeguarding adults' response, are to ascertain if the concern:

- Is a "one off" incident to one individual;
- Resulted in no harm;
- Indicated a need for a defined action.

Incidents which indicate that poor practice is affecting more than one adult, that poor practice is recurring and is not a 'one-off', must result in safeguarding adults procedures being initiated as these incidents can be indicators of more wide spread 'institutional abuse'.

Sometimes a 'one-off' incident is an indication of a lowering of standards by health or care providers. Early indications of poor practice must be raised as a provider-led concern, but they can be addressed using other systems, for example:

- Quality Assurance processes;
- Care Management/Care Programme Approach processes;
- Complaint Investigations;
- Human Resources systems;
- Care Quality Commission responses.

All of these will ensure that the issue is properly assessed, investigated, recorded, resolved and monitored. Commissioners need to collate records of poor practice concerns and keep the managers and safeguarding adults leads informed of any escalating concerns about individual agencies.

6.5 Abuse of an adult by another adult in a care setting

The significance of harm caused to the person, rather than the relationship to the person who has abused them, is the most important factor. If both adults are in a health or social care setting, the frequency and risk of harm can be increased and compounded by the emotional distress of living with an abusive person.

Multi-agency safeguarding procedures will not be needed if it does not appear that any harm has occurred, that the incident was an isolated one and that risk assessment and management plans, have been amended and monitored to ensure the incident is not repeated. A care management/care co-ordination review of the success of the risk management plan should be undertaken after an appropriate period of time.

6.6 Multi-Agency Risk Assessment and Management

The Multi-Agency Risk Assessment and Management (MARAM) process is designed to assist practitioners seeking to support individuals at risk, to be able to continue to live independently by providing support to manage, reduce and mitigate risks.

See the HBC [MARAM Policy](#) (on the ASC Policy library – HBC staff only) for more information and guidance.

The MARAM does this by drawing together practitioners to develop solutions to problems in case management, that have become fixed. The MARAM is developed for adults at risk who are considered to have the mental capacity to make choices that we believe, places them at risk. If the adult is assessed as having capacity to understand the consequences of refusing services/engaging in risky behaviours then holding a MARAM meeting should be considered.

Some of the commonly occurring issues identified in cases, where professionals might hold a MARAM meeting include:

- ❖ **Alcohol/drug dependence**
- ❖ **Mental health**
- ❖ **Non-compliant or challenging behaviour**
- ❖ **Complexities around Medical Intervention, Medication and Diagnosis**
- ❖ **Self-neglect/Self-harm/hoarding**

- ❖ **Refusal of access to an adult with care and support needs**
- ❖ **Fear of statutory bodies**
- ❖ **Homelessness/inappropriate environment**
- ❖ **Domestic Abuse combined with other complexities**

In determining whether it is appropriate to call a MARAM meeting, consideration should be given to all other measures/steps that already have been taken to identify and manage risk. This process is not intended to replace other multi-agency arrangements, however, in some cases it may be helpful to use MARAM alongside these processes. Where partner agencies have already provided information to other processes, this information should be considered prior to convening a further risk management meeting. Examples of some other processes that can be considered are:

- ❖ **Safeguarding Enquiry**
- ❖ **MDT Meeting**
- ❖ **MARAC**

The full MARAM Guidance document is included in Appendix 16.

6.7 Decisions in health care settings

“Safeguarding adults is an integral part of patient care. Duties to safeguard patients are required by professional regulators, service regulators and supported in law” (Safeguarding Adults; the role of the Health Practitioner, Department of Health, 2011)

The six safeguarding principles (Empowerment; Prevention; Proportionality; Protection; Partnership; Accountability) apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles can also help SABs and organisations more widely, by using them to examine and improve their local arrangements.

Local authorities must co-operate with each of their relevant partners, and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults. Relevant partners of a local authority include:

- Any other local authority with whom they agree it would be appropriate to cooperate with;
- NHS England;
- Integrated Care Boards;
- NHS Trusts and NHS Foundation Trusts;
- Department for Work and Pensions;

- Police;
- Prisons;
- Probation Services.

After a safeguarding concern is received from a health provider or commissioner, the procedures are used as with any other safeguarding concern, i.e. the risks are assessed and a decision is made by IASU, as the operational lead on safeguarding adults and the same criteria of significant harm should be applied.

Where a safeguarding enquiry is undertaken in a health setting, the local authority must be notified as they still hold overall responsibility. The local authority may also cause a health provider to make enquiries on their behalf.

Timescales for referrals made by a health commissioner or provider are the same and all actions relating to the safeguarding adults responses and any other enquiry/investigation – e.g. patient safety incidents, complaints - must be agreed and recorded via a risk assessment.

This will ensure that enquiries are prioritised and, when appropriate, run in parallel. Good communication protocols between adult social care or integrated teams and clinical governance teams must be used to ensure that different processes are clear and understood and all assessment and investigative processes inform each other.

The Patient Safety Incident Response Framework (PSIRF), is the new approach to responding to patient safety incidents that occur within the NHS and replaces the previous Serious Incidents Framework (SI Framework) 2015. PSIRF is underpinned by modern patient safety science and updates the way that patient safety incidents are responded to and how patient safety investigations are undertaken.

Organisations are guided by their Patient Safety Incident Response Plan (PSIRP), which determines how they respond to patient safety incidents based on their local safety priorities. Safeguarding incidents in which:

- Babies, children or young people are on a child protection plan; looked after plan or a victim of wilful neglect or domestic abuse
- Adults (over 18 years old) are in receipt of care and support needs from their local authority
- The incident relates to FGM, Prevent (radicalisation to terrorism), modern slavery and human trafficking or domestic abuse

These are all part of the national requirements for a specific type of proportionate response. Organisations are required to refer these to the local authority safeguarding lead and contribute to any inquiry or review.

6.8 Safeguarding Concerns which fall below the threshold

It is vitally important that the person who raised the safeguarding concern is informed as soon as possible that safeguarding adults procedures are not thought to be appropriate. Someone who has raised a concern and believes that action is being

taken, may cease to monitor or take protective action in the belief that others are involved. Those who raise a concern are also keen to learn whether it was appropriate or not and by providing information and feedback, inappropriate referral patterns can be changed.

7.0 No Access Guidance

Many adults with care and support needs are now supported to live in their own homes by a number of homecare or domiciliary services. In most cases regular, timed visits are made to their homes. There are occasions when staff cannot gain access to the adult and it is clear that there have been different responses to this situation. The information below outlines expected practice for staff so that we can ensure that an adult has not suffered harm or been placed at risk.

Many agencies deliver services to adults in their own homes. It is important to have agreed and understood procedures for dealing with occasions when staff cannot gain access to the person.

Access issues should be discussed with the adult when services are being established (and reviewed) so that, if possible, they can agree a plan of steps to be taken in the event of 'no access', for example: if a friend/neighbour has a key then they should be asked to agree that the service can contact them and use the key to gain access if required. Adults receiving a service should be made aware of this, for responding to failed visits.

Service Providers should review annually contact details for relative and other emergency contacts and agreed actions to be taken in the event that a care worker is unable to gain access. Any changes to contact details should be communicated to Halton Borough Council Adult Social Care Services, so that the information held on Carefirst can be updated.

All care plans should contain relevant information about days/times when the adult will/may be out, if this is part of their regular routines, as well as day and evening contact details for their GP, other relevant community health staff, family members and any neighbours/friends who offer support.

If the adult has restricted mobility or other health issues, consideration should be given to discussing the installation of a Key Safe at the property. In Halton, the installation of Key Safes is undertaken by the in-house Warden Service.

Care Workers Response

Every attempt should be made to make contact – it is not sufficient to phone or knock once. If there is no response, where possible and if safe to do so, look through the window and call through the letterbox.

If still no response, speak to neighbours and ask them when the adult was last seen. Look for any indicators such as milk still on the doorstep or newspaper still in the letterbox.

If access to the adult's home is gained (using key from Key Safe either routinely or only when there is no reply) and you cannot locate the adult within the home, then this needs to be reported to the supervisor within your own service and investigated following this No Access guidance.

Supervisor's Response

The actions of the care worker must be fully recorded on the service user's file.

If the adult has a telephone, contact them immediately

Check the file for any notification of hospital appointment/admission, family visit etc. which might explain the 'no access'

Check local hospitals for A&E attendance/inpatient records

Check file for any falls or other physical health issues which may explain why their mobility may be reduced

If there is a 'no access' plan, then make contact with the key holder; otherwise contact the named main contact. Explain why you are calling and ask if they know the adult's whereabouts, but be sensitive and do not raise unnecessary alarm.

If concern remains you must contact Halton Borough Council Adult Social Care Services (via the contact centre) on 0151 907 8306 immediately. You can contact this number between the hours of 9am – 5.30pm Monday – Thursday and (9am – 4.40pm Fridays. For evening and weekends, please contact the Emergency Duty Team on 0345 050 0148

Adult Social Care Response

The Duty Social Worker, or if out of hours, the Emergency Duty Team (EDT) should consider making all relevant checks again and will check Carefirst and any other available files, for any other contacts.

If possible, the Duty Social Worker or EDT worker will check with the adult's GP surgery and/or Community Nursing Service/Hospital to see if they are aware of any reason for no access.

Should concerns remain, the Duty Social Worker or EDT worker will visit the adult's property immediately and risk assess whether this needs to be undertaken with another worker.

If there is still no contact, the Duty Social Worker or EDT worker will discuss with their line manager who will liaise with Senior Management and authorise contact with the Police.

Under [Section 17\(1\)\(e\) of the Police and Criminal Evidence Act 1984](#) a Police Constable may enter and search any premises for the purpose of saving life or limb or preventing serious damage to property. It is for the Police to determine whether to exercise the power and a **social worker has no right of entry. If a social worker needs to gain entry, legal advice should first be sought.** This emphasises the need to gain the adult's consent to their property being entered in an emergency, at the point of establishing the service, thereby avoiding the need to apply to Court. For information, refer to Social Care Institute for Excellence (SCIE) Guidance [‘Gaining access to an adult suspected to be at risk of neglect or abuse’](#) published October 2014.

All actions by the Duty Social Worker, or EDT worker must be recorded in the adult's social care record on the Carefirst system.

Any staff member who has immediate concerns for the life or safety of any adult with care and support needs at any time, should call 999 immediately and request urgent help.

(Adapted from Knowsley Metropolitan Council No Access Guidance: Good Practice Guidance for dealing with No Access for Community/Home Care/Domiciliary Services

8.0 Information Sharing

8.1 Who should be involved

Who is involved in planning will depend on the individual situation and will be determined by the Safeguarding Co-ordinator in consultation with management. Deciding the most appropriate method of involvement for different stakeholders needs careful consideration. For example, commissioning and regulatory bodies need to be involved in discussions relating to the concerns in a service but may not need to know all the details relating to a specific adult.

In consideration the levels of involvement it may not be necessary to conduct a face-to-face meeting with all concerned and separate meetings/contacts discussing aspects of the concerns may be more appropriate.

Information sharing between organisations is essential to safeguard adults at risk of abuse or neglect. Decisions about what information is shared and with whom, will be taken on a case by case basis. Whether information is shared with or without the consent of the adult the information shared should be:

- Necessary for the purpose for which it is being shared;
- Shared only with those who have a need for it;
- Be accurate and up-to-date;
- Be shared in a timely fashion;
- Be shared securely.

There are a number of key partners and individuals that should always be notified of concerns and be involved as appropriate, in the following circumstances:

Safeguarding Concern	Key Partner
A crime is suspected to have been or might be committed	Police
Quality and safety concerns arise about a service registered under the Health and Social Care Act 2008	Care Quality Commission Local Authority Contract & Commissioning Service Local Integrated Care Board – where there is a health funded contract Environmental Health
Quality and safety concerns arise about a NHS Service or an Independent Hospital	Care Quality Commission Local Authority Contract & Commissioning Service Local Integrated Care Board – where there is a health funded contract
There are disciplinary issues	Senior representative of the relevant agency DBS
There has been a sudden or suspicious death	Local Coroner's Office
There are concerns around a health/social care setting involving unsafe equipment or systems of work	Health and Safety Executive (HSE) CQC
The adult at risk is funded by another Local Authority	Another Local Authority Inter-Authority Safeguarding Arrangements
Children are known to or have been found to be present	Local Authority Children's Social Care
There are concerns around the management of the adult's finance or benefits	Appointee and Court Deputy Section Department of Works and Pensions Office of Public Guardian Court of Protection

Local authorities also have a duty to involve the adult in a safeguarding enquiry (Paragraph 7.6 & 7.7 of the Care and Support Statutory Guidance issued under the Care Act 2014). The adult, or representative or advocate, must be involved in the enquiry processes, including planning the enquiry where appropriate and safe to do so.

8.2 Record keeping

Good record keeping is a vital component of professional practice whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised, managers need to look for past incidents, concerns, risks and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over a period of time. In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so that they can take the necessary action.

Staff should be given clear direction as to what information should be recorded and in what format. Things to consider are:

- What information do staff need to know in order to provide a high quality response to the adult concerned?
- What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decisions to share (or not) information with a third party?

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people then this should be included in any information that is passed on to service providers or other people who need to know.

In order to carry out its functions, SABs will need access to information that a wide number of people or organisations may hold. A SAB may request a person to supply information to it or to another person. The person who receives the request must provide the information to the SAB if the request is made of a person who is likely to have relevant information and then either:

- The information requested relates to the person to whom the request is made and their functions or activities; or
- The information requested has already been supplied to another person subject to a SAB request for information.

8.3 Confidentiality and Data Protection / General Data Protection Regulation

Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the Caldicott Review 2013 ensuring that:

- Information will only be shared on a 'need to know' basis when it is in the best interests of the adult;
- Confidentiality must not be confused with secrecy;
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement;
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (for example, because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.

The Data Protection Act applies to personal information and ensures that it is handled properly and securely. Information on how the Council complies with Data Protection legislation is available via the following link: [Data Protection](#)

Halton Borough Council holds and processes a significant amount of personal information in order to provide its services. The Privacy Notice for Adult Social Care is available via the link above. It explains how information is collected, used and shared.

8.4 Guidance for staff

Safe practice:

- Your behaviour should be open and transparent;
- You must adopt high standards of personal conduct;
- Your behaviour in or out of the setting must not compromise your position within the setting;
- Avoid being alone with a person behind a closed, windowless door;
- Never give your personal mobile number or personal email address to a child or their parent/carer;

- Be aware of the dangers of Facebook, Twitter etc.

Challenging and reporting worrying behaviour and/or practice by others:

- Self-report if you think you got it wrong or may be misinterpreted;
- Voice your concerns, suspicions or uneasiness as soon as possible;
- Pinpoint what practice is concerning you and why;
- Don't think 'What if I'm wrong?' think 'What if I'm right?'

Information to be recorded:

- Names of people involved, including the person at risk of harm and the person alleged to have caused harm;
- What you heard;
- What you saw;
- Date and time
- Sign and print name;
- Pass it on to Designated Safeguarding person for action, secure storage, monitoring and reviewing. However, you must ensure you tell them of your concerns as soon as possible without delay, even if you haven't yet written it down.

The importance of information sharing:

- People get the services they need, when they need them;
- To prevent significant harm arising to people;
- Ensure effective, coordinated, cooperative and collaborative practice across agencies.

Confidential information:

- Confidential information is information that is sensitive, not already in the public domain or shared in confidence;
- This information can be shared if authorised to be shared by the person who provides it or to whom it relates;
- Can be shared – even if not authorised by the person – if there is evidence of reasonable belief that they are suffering, or at risk of suffering, significant harm, lack the capacity to give informed consent for the sharing of information and it has been deemed in their Best Interests to do so;
- Whether to share or not – you **MUST** record the reasons for your decision.

8.5 Co-operation of partner organisations

All public organisations should work together and co-operate where needed, in order to ensure a focus on the care and support and health needs of their local population.

Co-operation between partners should be a general principle for all those concerned and all should understand the reasons why co-operation is important for those

people involved. The Care Act sets out 5 aims of co-operation between partners which are relevant to care and support:

- Promoting the wellbeing of adults needing care and support and of carers;
- Improving the quality of care and support for adults and support for carers;
- Smoothing the transition from children's to adults' services;
- Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect;
- Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

8.6 Who must co-operate?



The local authority must cooperate with each of its relevant partners, and the partners must also co-operate with the local authority, in relation to relevant functions. The Care Act specifies the 'relevant partners' who have a reciprocal responsibility to co-operate. These are:

- Other local authorities within the area;
- Any other local authority which would be appropriate to co-operate with in a particular set of circumstances;
- NHS bodies in the authority's area (including the primary care, ICBs, hospital trusts and NHS England, where it commissions health care locally);
- Local offices of the Department for Work and Pensions, such as Job Centre Plus;
- Police services in the local authority areas and prisons and probation services in the local area.

In addition, there may be other persons or bodies with whom a local authority should co-operate if it considers this appropriate when exercising care and support functions, in particular independent or private sector organisations. Examples include, but are not limited to care and support providers, independent hospitals and private registered providers of social housing, the Care Quality Commission and regulators of health and social care professionals. In these cases, the local authority should consider what degree of co-operation is required and what mechanisms it may have in place to ensure mutual co-operation.

8.7 Requesting information from Cheshire Police

In respect of requests for information from the police in connection with a Section 42 Enquiry, there are two different templates for completion by social care depending on the urgency of the request:

<p>Urgent – information required within 48 hours</p>	 Pan-Cheshire Social Care Template Urge
<p>Non-urgent – information <u>not</u> required within 48 hours</p>	 Police Check Form 1 - vetting non urgen

Please also see Appendix 18 Cheshire Police Adult at Risk Policy.

9.0 Safeguarding concerns within NHS services

Cheshire & Merseyside ICB, as with all other NHS bodies, has a statutory duty to ensure that they make arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with, and to protect adults at risk of abuse.

See the Cheshire & Merseyside ICB Safeguarding Children and Adult Policy for more information and guidance.

All adults, children and young people have the right to live their lives free from abuse and neglect. Cheshire & Merseyside ICB has particular responsibilities to safeguard patients who may be unable to protect themselves.

The agreed principle of Cheshire & Merseyside ICB is to ensure that safeguarding is everybody’s business and that all staff address emerging issues and respond and act to raise safeguarding awareness. Safeguarding is a consideration in all commissioning intentions, services commissioned and contractual arrangements. It forms an integral part of the quality and patient safety agendas.

Safeguarding is central to the quality of care (NHS Outcomes Framework). Particularly:

Domain 4: Ensuring people have a positive experience of care

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Cheshire & Merseyside ICB will safeguard and promote the welfare of children, young people and adults at risk through:

- Ensuring that there is a commitment throughout the organisation from top to bottom to safeguarding
- Ensure that the health contribution to safeguarding and promoting the welfare of children, young people and adults at risk is discharged effectively and monitored appropriately across the whole local health economy through commissioning arrangements

- Ensure that there are clear lines of accountability for safeguarding and clear organisational structures to work within
- Supporting a culture that promotes and enables safeguarding issues to be addressed and decisions, actions and outcomes properly recorded

Adult at risk in the context of health may therefore be a person who:

- Is frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long-term illness/condition
- Misuses substances or alcohol
- Is a carer for a family member/friend and so may be at risk because of a caring role
- Is unable to demonstrate the capacity to make a relevant decision and is in need of care and support

It is important to remember that a person is not inevitably 'at risk' just because of age, frailty or disability. In the context of safeguarding adults, the vulnerability of the person is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort and to protect themselves from abuse, neglect and exploitation.

Sharing Information

Sharing information about individuals between partners within the Adult Safeguarding Board and Local Safeguarding Children's Partnership is essential if adults and children at risk are able to be kept safe or to ensure they receive appropriate support. The sharing of information between agencies where there is concern is essential. This will improve integrated working and use of resources and most importantly improve the quality of safeguarding process and investigations.

What to do if you suspect a child or an adult is at risk of harm or abuse

All staff, volunteers, should know what to do if they suspect a child or an adult is at risk of harm or is being abused. The following steps must be followed:

- Discuss with your line manager, or appropriate designated nurse or a member of the HBC Integrated Adult Safeguarding Unit as soon as possible
- Record your observations and discussions in detail according to record keeping policy and practice guidance, retain all original notes as these may be disclosed in future at court proceedings
- You may decide to or are asked to make a referral to children or adult social care by following the Halton pathway and procedures
- You may be asked by children or adult services to participate in further discussions in order to assess the risks and to protect the child or adult.

10.0 Legal context

The following references set out the areas of the **Care Act** which are all relevant to safeguarding adults:

Section 1: The Local Authority has an overriding duty to promote individual well-being which also covers the protection from abuse or neglect.

Section 2: Outlines the duty to reduce dependency on state intervention through preventing, delaying and reducing needs for care and support which includes preventing needs that arise from experiencing, or being at risk of abuse and neglect.

Section 4: The promotion of independence is supported by the duty to provide information and advice which includes information around staying safe and who to contact if people are concerned about not being able to maintain their own safety.

Section 6: Outlines organisations general duties of cooperation, which includes the duty upon all organisations to work together to safeguard adults who are experiencing, or at risk of abuse and neglect.

Section 11: The refusal of a needs assessment allows the Local Authority to discharge its duty of assessment if an adult refuses their right to a S9 needs assessment. However the Local Authority will be under a specific duty to undertake an assessment (when an adult is refusing) if there is reasonable belief that the adult is under coercion, or the adult is experiencing, or at risk of abuse or neglect.

Section 42: Duty of enquiry by Local Authority applies when there is a reasonable belief that an adult in its area (a) with care and support needs (b) is experiencing, or at risk of experiencing abuse and neglect (c) and is unable to safeguard themselves as a result of their care and support needs. When these conditions are satisfied the Local Authority *must* make, or cause whatever enquiries it deems necessary to determine what actions (if any) are necessary to safeguard the adult. The Local Authority cannot delegate its duty under S42 and when it causes an enquiry to be made by an external partner, it *must* satisfy itself that the enquiry has been concluded effectively and determine if it needs to undertake any further enquiries under S42 of the Care Act 2014. ***NB the eligibility for a safeguarding adult enquiry is determined by the conditions set out in S42 of the Care Act 2014 and it is UNLAWFUL to decline an enquiry on the grounds that someone is not receiving, or eligible for on-going paid support.***

Section 43: Requires the Local Authority to establish a Safeguarding Adults Board (SAB) whose main objective is to protect adults from experiencing, or being at risk of abuse and neglect. The three main duties of the SAB are to produce an annual strategic plan, publish an annual report and undertake a safeguarding adults review under certain circumstances.

Section 44: The SAB *must* commission a safeguarding adults review when an adult with needs for care and support (a) dies and abuse or neglect is suspected (b) is

alive but it is believed the adult experienced significant abuse or neglect. All partners must cooperate to ensure lessons can be identified to improve local multi agency safeguarding work.

Section 45: Enables the SAB to request specific information from an individual that is necessary to support the Board to meet its primary objectives of protecting adults from abuse or neglect.

Section 47: Outlines the circumstances under which a Local Authority is under a duty to safeguard an individual's property when they are being cared for (temporarily or permanently) away from their home.

Section 68: Places a duty on the Local Authority to provide an advocate to support an adult who would experience significant difficulties participating in a S42 enquiry, or a safeguarding adults review under S44. This Local Authority is not under a duty to provide an advocate if they believe there is an appropriate independent person to support the adult.

Section 81: Places a duty of Candour on organisations to provide information when the person's safety is affected during the course of being provided a service by their organisation.

Another piece of legislation that is highly relevant to safeguarding adults is the **Mental Capacity Act 2005**, which provides a statutory framework to enable social care (and allied disciplines) to intervene in the lives of a person (aged 16+), where it can be demonstrated that, in relation to a specific decision that needs to be taken, the person lacks mental capacity to make that decision and therefore a decision needs to be made by a third party in the person's best interests. From April 2009, the Mental Capacity Act 2005 has made it unlawful to deprive of his/her liberty, any adult person lacking mental capacity that is living in a care home or staying in a hospital. This can only be lawful if a Deprivation of Liberty Standard Authorisation (DoLS) is in place or a decision has been made to this effect by the Court of Protection. DoLS does not apply to people outside of care homes and hospitals, however, following the Supreme Court decision in **Cheshire West and Chester Council v P (2014)** people's care arrangements in the community can still amount to a deprivation of their liberty, such as in their own homes, supported living and extra care. In this circumstance, the deprivation of liberty can only be authorised by the Court of Protection.

See the HBC Deprivation of Liberty Safeguards Policy (on the [Halton Safeguarding Adults Board](#) website) for more information and guidance.

11.0 Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcomes focus to safeguarding work and a range of responses to support people to improve or resolve their circumstances.

The MSP programme emphasises that safeguarding adults should be person centred and outcomes focused.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people;
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion';
- An approach that enables practitioners, families, teams and SABs to know what difference has been made.

The Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) appointed the Institute of Public Care (IPC) at Oxford Brookes University and Research in Practice for Adults (RiPfA) to develop an outcomes framework that will provide a means of promoting and measuring practice that supports an outcomes focus and person led approach to safeguarding.

See Appendix 15: Making Safeguarding Personal Questionnaire for the MSP outcomes framework question set.

12.0 Modern Day Slavery

Modern Day Slavery, is by its nature a largely hidden crime. The Government recently estimated that between 10,000 and 13,000 people are currently being subjected to some form of modern slavery in the UK.

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

Trafficking

Involving the transportation, recruitment, receipt or harbouring of people for purposes of exploitation (sexual, forced labour, slavery or organ removal) using immoral means, including violence, threats, deception, coercion, abduction or bribery. Trafficking is not to be confused with smuggling, which is initiated with the wilful agreement of a person actively seeking to move without detection, so does not involve coercion or threats.

Sexual Exploitation

Including sexual abuse, forced prostitution and the production of child pornography

Forced Labour

With victims being forced to work long hours for little or no pay, in poor conditions and under threat of violence to them and/or their families

Domestic Servitude

Where a victim is forced to work in a private household, usually performing domestic chores and childcare duties

Child Slavery

In addition to forced child labour, this can involve child trafficking, forced marriage and child domestic servitude

Criminal Exploitation

The exploitation of a person to commit a crime or combination of crimes, such as shoplifting, cannabis cultivation, drug trafficking and other similar activities

National Referral Mechanism

The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. An individual may have been a victim of human trafficking and/or slavery, servitude and forced or compulsory labour. Victims may not be aware that they are being trafficked or exploited, and may have consented to elements of their exploitation, or accepted their situation. If you think that modern slavery has taken place, the case should be referred to the NRM so that the Single Competent Authority (SCA) can fully consider the case. You do not need to be certain that someone is a victim.

Consent

Consent is required for an adult to be referred to the NRM. For an adult to provide their informed consent, you must explain:

- What the NRM is
- What support is available through it
- What the possible outcomes are for an individual being referred

You should also make clear that information may be shared or sought by the SCA from other public authorities, such as the Police and Local Authorities, to gather further evidence on an NRM referral.

If an adult does not consent to enter the NRM, a Duty to Notify referral should be completed instead.

First Responder Organisation

The Local Authority is classed as a First Responder organisation. First responder organisations have the following responsibilities:

- Identify potential victims of modern slavery and recognise the indicators of modern slavery
- Gather information in order to understand what has happened to them

- Refer victims into the NRM via the online process or via the archived paper referral form in exceptional circumstances
- Provide a point of contact for the SCA to assist with the Reasonable and Conclusive Grounds decision and to request a reconsideration where a first responder believes it is appropriate to do so

Each local authority, as a First Responder organisation is required to have a point of contact for suspected cases of Modern Day Slavery. In Halton, our contact is the **Principal Manager of Housing Solutions Team Tel: 0151 511 8581**

Safeguarding in relation to Modern Day Slavery

The Integrated Adult Safeguarding Unit would only become involved in a suspected case of Modern Day Slavery if the victim was also an adult at risk with care and support needs as defined by the Care Act 2014. Please refer to the Modern Slavery Toolkit **Appendix 17** for further information and resources when dealing with suspected victims of modern slavery or trafficking.

13.0 Useful contacts

Cheshire Police

Emergency ☎ 999

Non-emergency ☎ 101

Cheshire Constabulary, Public Protection Unit, Runcorn Police Station, Halton Lea, Runcorn, WA7 2HG

✉ Vulnerability.Hub@cheshire.police.uk

🌐 <https://www.cheshire.police.uk/>

Halton Borough Council Adult Social Care

☎ 0151 907 8306

Halton Direct Link – Runcorn Shopping City, Concourse Level, Rutland House, Runcorn Shopping City, Runcorn, WA7 2ES

Halton Direct Link – Widnes, 7 Brook Street, Widnes, Cheshire, WA8 6NB

Emergency Duty Team (for social services and operates when day offices are closed):

☎ 0345 050 0148

✉ EDT@halton.gov.uk (any email should be accompanied by a phone call)

Care Quality Commission

Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

☎ 03000 616 161

Fax: 03000 616 171

✉ enquiries@cqc.org.uk

🌐 [Care Quality Commission](#)

Mersey Care NHS Foundation Trust

V7 Building, Kings Business Park, Prescot, L34 1PJ

🌐 [Mersey Care NHS Foundation Trust](#)

Warrington and Halton Hospitals NHS Foundation Trust

Halton General Hospital, Hospital Way, Runcorn, WA7 2DA

☎ 01928 714 567

Out of hours ☎ 01925 635 911

🌐 [Warrington & Halton Hospitals NHS Foundation Trust](#)

St Helens & Knowsley Teaching Hospital NHS Trust

Whiston Hospital, Warrington Road, Prescot, Liverpool, L35 5DR

☎ 0151 426 1600

🌐 [St Helens & Knowsley Teaching Hospital NHS Trust](#)

Cheshire & Merseyside Integrated Care Board

☎ 01925 303 030

✉ hccg.hccgtalk2us@nhs.net

🌐 [Cheshire & Merseyside Integrated Care Board](#)

Bridgewater Community Healthcare NHS Foundation Trust

Spencer House, Dewhurst Road, Birchwood, Warrington, Cheshire, WA3 7PG

Secure ✉: alwch.adultsafeguarding@nhs.net

🌐 [Bridgewater Community Healthcare NHS Foundation Trust](#)

Domestic abuse support services

24 hour National Domestic Violence Freephone Helpline ☎ 0808 2000 247

Halton's Domestic Abuse Helpline (for people who are being or know someone who is being abused) ☎ 0300 11 11 247

Sexual abuse support services

Halton Rape and Sexual Assault Support Centre & Halton Independent Sexual Violence Advocate ☎ 01928 477 980

 [Rape and Sexual Abuse Support Centre](#)

Trading Standards

☎ 0303 333 4300

✉ trading.standards@halton.gov.uk

 [Halton Trading Standards](#)

Cheshire Fire and Rescue

 www.cheshirefire.gov.uk

North West Ambulance Service

 www.nwas.nhs.uk

SHAP Advocacy Services

☎ 01744 454 056

 www.shap.org.uk

Independent Mental Capacity Advocate (IMCA)

Healthwatch Halton Advocacy HUB, Suite 5, Foundry House, Widnes Business Park, Waterside Lane, Widnes WA8 8GT

✉ advocacy@weareecs.co.uk

 [Independent Mental Capacity Advocate](#)

Citizens Advice Bureau (Halton)

☎ 08082 787 956

🌐 [Halton Citizens Advice](#)

Healthwatch Halton

☎ 0300 777 6543

✉ enquiries@healthwatchhalton.co.uk

🌐 www.healthwatchhalton.co.uk

Cheshire Coroner's office

☎ 01925 444216 (Administration Office)

☎ 01606 363 892 (Coroner's Officers)

✉ coroners@cheshire.police.uk

Whiston Coroner's Officer

☎ 0151 777 3480

✉ coronersreferrals@sefton.gov.uk

Action on Elder Abuse

A free helpline offering information, emotional support and confidentiality for anyone worried about an older person being abused, neglected or financially exploited.

☎ 080 8808 8141

✉ enquiries@elderabuse.org.uk

🌐 [Action on Elder Abuse](#)

Protect (formerly Public Concern at Work)

They provide confidential advice for individuals who have witnessed wrongdoing in their work place but are unsure how to raise their concerns. Their aim is to stop harm by encouraging safe whistleblowing.

☎ 020 3117 2520

✉ whistle@protect-advice.org.uk

🌐 www.protect-advice.org.uk

Respond



Respond is a national charity which challenged vulnerability and abuse in the lives of people with learning disabilities.





☎ 0207 383 0700





✉ admin@respond.org.uk





🌐 www.respond.org.uk


Appendices

Appendix no. and file attachment	Name	Date of last update
<p>1</p>  <p>Quick Guide for Providers.docx</p>	<p>Quick Guide for Providers of Services</p> <p>Guidance for providers on what to do in the event of a safeguarding concern.</p>	July 2019
<p>2</p>  <p>Appendix 2 Provider Led Concer</p>	<p>Provider-Led Concern Form Guidance</p>	March 2020
<p>3</p>  <p>Appendix 3 Provider Led Enquiry</p>	<p>Provider-Led Enquiry Report Template</p>	March 2020
<p>4</p>  <p>Safeguarding Thresholds ASC Final .</p>	<p>Safeguarding Thresholds</p>	August 2024

Appendix no. and file attachment	Name	Date of last update
<p style="text-align: center;">5</p>  <p>Letter Template (ACL1).docx</p>	<p>Limited Information Acknowledgement and Concluding Letter (ACL1)</p> <p><i>Send to all referrers who do not have a right to information/feedback and who don't come under categories covered by other standard letters i.e. use for general public, neighbours, friends, staff, other HBC employees who do not have direct responsibility for the service user who is the subject of the referral.</i></p>	<p>July 2019</p>
<p style="text-align: center;">6</p>  <p>Letter Template (AL1).docx</p>	<p>Acknowledgement Letter (AL1)</p> <p><i>Use only for the referrer of the safeguarding concern.</i></p>	<p>July 2019</p>
<p style="text-align: center;">7</p>  <p>Strategy Meeting Agenda template.doc</p>	<p>Strategy Meeting Agenda Template</p>	<p>July 2019</p>
<p style="text-align: center;">8</p>  <p>Sign In Sheet.docx</p>	<p>Sign In Sheet</p>	<p>July 2019</p>

Appendix no. and file attachment	Name	Date of last update
<p style="text-align: center;">9</p>  <p style="text-align: center;">Strategy Meeting Minutes template.docx</p>	<p style="text-align: center;">Strategy Meeting Minutes Template</p>	<p style="text-align: center;">July 2019</p>
<p style="text-align: center;">10</p>  <p style="text-align: center;">Confidentiality and Conduct statement.docx</p>	<p style="text-align: center;">Confidentiality and Conduct Statement</p>	<p style="text-align: center;">July 2019</p>
<p style="text-align: center;">11</p>  <p style="text-align: center;">Letter Template (IL1).docx</p>	<p style="text-align: center;">Interim Letter (IL1)</p> <p><i>Send to those who have a right to know something of the outcome of concern and safeguarding process e.g. adult at risk, family carers [dependent on capacity of S/U to consent to share], advocate, Elected Members where the enquiry timescale has exceeded 4 weeks and is not yet concluded.</i></p>	<p style="text-align: center;">July 2019</p>
<p style="text-align: center;">12</p>  <p style="text-align: center;">Letter Template (CL1_ER).docx</p>	<p style="text-align: center;">Concluding Letter – Easy-Read (CL1_ER)</p> <p><i>Use this when an easy-read version of the concluding letter is required.</i></p>	<p style="text-align: center;">July 2019</p>

Appendix no. and file attachment	Name	Date of last update
<p>13</p>  <p>Letter Template (CL2).docx</p>	<p>Concluding Letter (CL2)</p> <p><i>Use only for providers from whom we commission the service that is the subject of the concern (including HBC provider services) to inform them that the case is now concluded.</i></p>	<p>July 2019</p>
<p>14</p>  <p>Safeguarding Staying Safe Protect</p>	<p>Safeguarding Staying Safe Protection Plan Review Minutes Template</p>	<p>July 2019</p>
<p>15</p>  <p>Making Safeguarding Perso</p>	<p>Making Safeguarding Personal Questionnaire</p> <p>MSP outcomes framework question set.</p>	<p>July 2019</p>
<p>16</p>  <p>MARAM policy Final.docx</p>	<p>MARAM Guidance</p>	<p>September 2023</p>

Appendix no. and file attachment	Name	Date of last update
<p style="text-align: center;">17</p>  <p style="text-align: center;">Modern Slavery Toolkit Final.docx</p>	<p style="text-align: center;">Modern Slavery Toolkit</p>	<p style="text-align: center;">May 2023</p>
<p style="text-align: center;">18</p>  <p style="text-align: center;">Appendix 18 Cheshire Police Adults</p>	<p style="text-align: center;">Cheshire Police Adult At Risk Policy</p>	<p style="text-align: center;">January 2023</p>