14. Safeguarding

This chapter provides guidance on sections 42-47 and 68 of the Care Act 2014.

This chapter covers:

- What is adult safeguarding and why it matters;
- What are abuse and neglect?
  - recognising the different types and patterns of and the circumstances in which they may take place;
  - criminal offences and adult safeguarding;
- What is the local authority’s safeguarding role?
- Adult safeguarding procedures including multi-agency working;
- Carrying out safeguarding enquiries;
- Safeguarding and advocacy;
- The role of Safeguarding Adults Boards;
- Safeguarding Adults Reviews;
- Sharing information;
- Roles responsibilities and training of local authorities, NHS and the police;
- Protecting property for adults being cared for away from home.

What is adult safeguarding and why it matters

14.1. Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect. The Care Act requires that each local authority must:

- make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect (see paragraphs 14.36 to 14.75). An enquiry should establish whether any action needs to be taken to stop prevent abuse or neglect, and if so, by whom;
- set up a Safeguarding Adults Board (SAB) (see paragraphs 14.100 to 14.121);
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has ‘substantial difficulty’ in being involved in the process and where there is no
other appropriate adult to help them (see paragraphs 14.76 to 14.99);

- cooperate with each of its relevant partners (as set out in section 6 of the Care Act) in order to protect adults experiencing or at risk of abuse or neglect.

14.2. These duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support. Where someone is over 18 but still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team. Where appropriate, they should involve the local authority’s children’s safeguarding colleagues as well as any relevant partners (e.g. police or NHS) or other persons relevant to the case. The level of needs is not relevant, and the adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply.

14.3. The aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.

- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.

- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

14.4. In order to achieve these aims, it is necessary:

- To ensure that the roles and responsibilities of individuals and organisations are clearly laid out.

- To create a strong multi-agency framework for safeguarding.

- To enable access to mainstream community safety measures.

- To clarify the interface between safeguarding and quality of service provision.

### Six key principles underpin all adult safeguarding work

- **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent.
  
  “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- **Prevention** – It is better to take action before harm occurs.
  
  “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
  
  “I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed.”
• **Protection** – Support and representation for those in greatest need.
  
  “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”

• **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
  
  “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”

• **Accountability** – Accountability and transparency in delivering safeguarding.
  
  “I understand the role of everyone involved in my life.”

**What are abuse and neglect?**

14.5. This section considers the different types and patterns of abuse and neglect and the different circumstances in which abuse or neglect may take place. This chapter also contains a number of case studies demonstrating different types of abuse and neglect, and the action taken to help the adult stay or become safe.

14.6. Abuse and neglect can take many forms. Local authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case. Abuse includes:

- **Physical abuse** – including hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;
- **Sexual abuse** – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;

The importance of responding quickly and appropriately to hate crime:

Andrew has a learning disability and goes to college, accompanied by a support worker.

Travelling home on the bus one afternoon, a teenager started swearing at Andrew, saying he shouldn’t be allowed out in the community. Humiliated in front of the other passengers, he felt upset and angry about the incident.

Following a call from his support worker, the council investigated the situation starting by meeting with Andrew, who agreed to it contacting the police. The police watched CCTV footage and confirmed that, while Andrew wasn’t physically assaulted, he did suffer verbal abuse and intimidation which amounted to hate crime.

Although they couldn’t identify the teenager, the police recorded the event as a disability crime for future reference, and they meet with Andrew to report their findings. Andrew has also had some counselling to help him regain confidence using public transport.
• **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks;

• **Exploitation** – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain;

• **Financial or material abuse** – including theft, fraud, exploitation, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

• **Neglect and acts of omission** – including ignoring medical 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;

• **Discriminatory abuse** – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment; and

• **Institutional abuse** – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, for example. This may range from isolated incidents to continuing ill-treatment.

14.7. Abuse or neglect may be deliberate, or the result of negligence or ignorance. **Unintentional abuse or neglect** arises, for example, because pressures have built up and/or because of difficult or challenging behaviour which is not being properly addressed.

14.8. The intent of the abuse or neglect is likely to inform the type of response. For example, it is important to recognise unintentional abuse or neglect and this may include considering the impact of stress on a carer’s ability to care for another person. Depending on the circumstances the appropriate response where unintentional abuse takes place could be a support package for a carer, but in another circumstance in which safeguarding concerns arise from harm suffered as a result of abuse which was intended to cause harm then it would be necessary to consider whether to refer the matter to the police to consider whether a criminal investigation would be required or appropriate.

### A family mediation approach:

A young woman with a learning disability was living with her father. He had physically assaulted her in fits of anger several times.

Her social worker and psychologist worked together and with her and her father, separately and together. They developed a plan for her to live independently. The father attended anger management sessions. They both did some relationship/family therapy.

This was not formally recorded as safeguarding by the council as it didn’t involve a chaired and recorded strategy meeting, “investigation” and case conference. However, it can legitimately be described as safeguarding; the work with the woman achieved good outcomes and she was effectively safeguarded.
14.9. Anyone can carry out abuse or neglect, including, for example, partners, other family members, neighbours, friends, acquaintances, and local residents, organised gangs, paid staff or professionals, volunteers and strangers. For example a stranger may carry out targeted fraud or an internet scam but more often, the person responsible for the abuse is in a position of trust and power.\(^{106}\)

14.10. Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents to identify patterns of harm, just as regulators do in understanding quality of care at home, in hospitals and care homes. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as institutional abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

14.11. Patterns of abuse vary and include:

- **serial abusing** 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 jewelry has been left lying around.

14.12. Abuse can happen anywhere: for example, in someone’s own home, in a public place, in hospital, in a care home or in college. It can happen when someone lives alone or with others. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

14.13. The nature of the intervention and who is best placed to lead will be, in part, determined by the circumstances. For example, where there is poor, abusive, neglectful care or practice then a clinical response may be more appropriate.

14.14. Early sharing of information is the key to providing effective help where there are emerging concerns. Fears of sharing information must not stand in the way of promoting and protecting the well-being of adults at risk of abuse and neglect. To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB;

- and no professional should assume that someone else will pass on information which they think may be critical to the safety and well-being of an adult at risk of abuse or neglect. If a professional has concerns about an adult’s welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority.

14.15. Anyone can witness or become aware of abuse and neglect, from a worried neighbour, a concerned bank cashier, a benefits officer or a nurse on a ward. They must all understand what to do, and where to go locally to get help and advice about what to do if they suspect someone is
being abused or neglected. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves. This will include:

- knowing about different types of abuse and neglect;
- supporting people to keep safe;
- knowing who to tell about suspected abuse or neglect; and,
- supporting people to think about risk when exercising choice and control.

**Managing financial risk:**

An acquaintance of a young man with learning disabilities was fraudulently using his bank card. The young man attended a safeguarding meeting with an advocate so that decisions could be made alongside him about how the risks might be reduced. The person already had the support of an appointee at the council in managing his finances. However he retained his own bank account. He wanted to maintain some degree of financial autonomy.

The advocate supported the young man in working out and then sharing with the meeting the steps he would take if he became aware again of fraudulent use of the card (calling the bank, cancelling the card, calling the police) and steps he was taking to monitor his account. It would have been easy for professionals to take a restrictive viewpoint about his vulnerability and arrange for all his money to be deposited with the appointee so that he would have to come into the office to collect his money. With appropriate support and advice he is empowered to protect himself and to retain some autonomy.

**Listening to the adults views:**

An older man was living with his son and family. Concerns were raised by the District Nurse as he spent all his time alone in his room and the family were very boisterous and had sometimes been threatening to both the man and the nurse.

Professionals met several times over a six week period to plan what would be best for him, concluding that residential care should be offered. The gentleman was told of the plan but flatly refused to consider accepting it. He was clear, whatever the professionals’ views, that he was happier remaining with his family.

**The Mental Capacity Act (2005)**

14.18. Professionals and other staff need to understand and always work in line with the Mental Capacity Act. They should use their professional judgment and balance many
competing views. They will need considerable guidance and support from their employers if they are to help individuals manage risk in ways that put them in control of decision-making.

14.19. Regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently with difficult and sensitive situations.

14.20. Mental capacity is frequently raised in relation to adult safeguarding. The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals, particularly where it appears someone has capacity for making decisions that nevertheless results in them being abused or neglected.\(^\text{107}\)

14.21. The Mental Capacity Act 2005 created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult’s care and support.

14.22. These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Criminal offences and adult safeguarding

14.23. Adults at risk of abuse and neglect are entitled to the protection of the law in the same way as all. Behaviour which amounts to abuse and neglect, for example assault and physical, sexual or psychological abuse, theft and fraud and certain forms of discrimination may also constitute specific criminal offences. If a local authority, other agency or individual believes that a criminal offence may have been committed then it must refer it to the police urgently.

14.24. Adults with care and support needs are potentially less likely to be able to protect themselves from the risk of abuse or neglect. This can include such adults who have capacity to make their own decision. Statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

Causing enquiries to be made

David has a learning disability and lives in a care home, where they advise him on managing his weekly personal allowance.

When at the bank, a carer noticed that David’s balance was less than it should be and the statement included unusual transactions.

The staff member contacted the local authority, and it immediately began an enquiry. The local authority met with David and asked for his permission to contact the police. By looking at CCTV footage of the cash machine, the police identified a staff member from the care home taking money from David’s account. The support worker was prosecuted, dismissed from his post and barred from working in regulated services.

\(^\text{107}\) http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@disabled/documents/digitalasset/dg_186484.pdf
14.25. Whether or not a criminal act is committed does not depend on the consent of the victim. Criminal investigation by the police takes priority over all other enquiries but not over the adult’s well-being. Close cooperation and coordination among the relevant agencies is critical to ensure safety and well-being is promoted during any criminal investigation process.

The local authority’s safeguarding role

Multi-agency working and cooperation

14.26. Local authorities must cooperate with each of their relevant partners, and those partners must cooperate with the local authority, in order to protect adults with care and support needs experiencing or at risk of abuse or neglect.

14.27. Relevant partners of a local authority include any other local authority with which they agree it would be appropriate to co-operate (e.g. neighbouring councils with who they provide joint shared services) and the following agencies or bodies who operate within the local authority’s area including:

- NHS England;
- Clinical Commissioning Groups;
- NHS trusts and NHS Foundation Trusts;
- job centres;
- the Police;
- prisons;
- probation services.

14.28. The six principles that underpin adult safeguarding (see above) apply to all sectors and settings including care and support services, social work, healthcare, welfare, housing providers and the police. The principles should inform the ways in which professionals and other staff work with people at risk of abuse or neglect. The principles can also help Safeguarding Adults Boards (SABs), and organisations more widely, by using them to examine and improve their local arrangements.

14.29. Agencies should stress the need for preventing abuse and neglect wherever possible. Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from families and friends that they become extremely vulnerable to abuse and neglect. Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures. Multi-agency safeguarding hubs can have a valuable role to play in early identification and de-escalation of risk. Policies and strategies for safeguarding adults at risk of abuse and neglect should include measures to minimise the circumstances, including isolation, which make people vulnerable to abuse.

14.30. Workers need to be vigilant to adult safeguarding concerns in all walks of life: in health and social care, welfare, policing, banking, and trading standards, leisure services, faith groups, and housing. Findings from Serious Case Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, death or serious harm might have been prevented. The following examples illustrate that someone who you may not think of has a role to play in identifying adults at risk.
Safeguarding is everyone's business. A Serious Case Review in Bury found that a housing caseworker played a central role, in working with all parties in a housing dispute over noise, in seeking advice from colleagues in other statutory and independent sector agencies and in co-ordinating important meetings with colleagues. The caseworker had an anti-social behaviour brief and her interaction with all the tenants was focused but flexible. She showed good awareness of individual differences. There were several people whom she correctly identified as adults at risk of abuse and she actively sought advice from colleagues in partner agencies who knew them better than her. She worked persistently over a long period of time as the Individual Management Review (IMR) writer put it “in an efficient and professional manner to resolve problems”, and she succeeded.

Potential abuse might initially be identified by a number of agencies including regulators or local authority housing authorities who have a duty of care to respond and report to the local authority, where appropriate. All those in contact with those vulnerable to abuse or neglect need to be vigilant.

14.31. 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.

14.32. The employer should investigate any concern unless there is compelling reason why it is inappropriate or unsafe to do this (for example, serious conflict of interest on the part of the employer), or unless it considers a criminal offence may have occurred in which case it must urgently report it to the police.

14.33. An example of a conflict of interest where it is better for an external person to be appointed to investigate may be the case of a family-run business where institutional abuse is alleged, or where the manager or owner of the service is implicated. The circumstances where an external person would be required should be set out in the local multi-agency procedures. All those carrying out such enquiries should have received appropriate training.

14.34. There should be a clear understanding between partners at a local level when other agencies such as the local authority, Care Quality Commission or NHS Clinical Commissioning Group (CCG) need to be notified or involved and what role they have. The focus should be on promoting the well-being of those who are at risk of being abused or neglected. It may be that additional training or supervision will be the appropriate response, but this needs to be monitored. It is not useful for commissioners of care or other professionals to attempt to improve services by using safeguarding procedures as a threat to intimidate providers. CQC and commissioners have alternative means of raising standards of service, including support for staff training, contract compliance and, in the case of CQC, enforcement powers.

14.35. Commissioners should encourage an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult at risk. A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal. If someone is dismissed or leaves

employment because they have abused an adult, they must be referred to the Disclosure and Barring Service.\(^\text{109}\)

## Carrying out enquiries

14.36. Local authorities must make enquiries, or ensure others do so, if it reasonably suspects an adult who has care and support needs and is, or is at risk of, being abused or neglected and unable to protect themself against the abuse or neglect or risk of it because of those needs. 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.

Mr. X had a family friend and his girlfriend living with him in his one bedroom flat, they had originally moved in temporarily. They were behaving in a threatening and aggressive manner, borrowing money and not paying it back, not contributing to the running of the house and taking advantage of Mr. X. They were alleged to have tormented him for example sleeping in his room, painting his toe nails when asleep, and putting underpants on his head.

This had been happening over a period of time and Mr. X had not wanted to do anything about it as part of previous safeguarding enquiries. Over time the social worker built up a rapport with Mr. X to gain his trust and confidence. Mr. X wanted to have the family friend and his girlfriend removed. Housing services were not able to support with eviction as they were not tenants of the property; it is for Mr X to agree to remove unwanted guests he has invited into his home. Mr. X did not want police involvement.

The social worker worked with Mr. X to offer alternatives, for example a place of safety, and gained information from the police as to how they might be able to help. Mr. X and the social worker agreed a plan to remove the family friend and his girlfriend’s belongings during a period that they had planned to go away. The social worker worked with the police to assure that this was within the law, worked with the Council to store the belongings in Council storage, worked with housing services to change the locks, and made arrangements for the family friend and his girlfriend to contact the social worker to pick up their belongings.

The social worker offered options of a place of safety when Mr. X became anxious and although he refused that option it remained available throughout. It can be very difficult to remove people from a property when they have settled there and where there are family connections which mean that an adult at risk is unwilling to go to the police or take enforcement action themselves. In this case Mr. X was being financially and emotionally abused by a family friend, and the social worker used an innovative approach to support Mr. X to achieve the outcomes he wanted.

14.37. An enquiry could range from a conversation with the individual who is the subject of the concern to a much more formal multi-agency arrangement.

14.38. The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to protect them from any actual or risk of abuse or neglect. If the local authority decides that another organisation should take
action, for example a provider, then the local authority should be clear about timescales and the need to know the outcomes of the enquiry.

14.39. What happens as a result of an enquiry should reflect the individual’s wishes wherever possible, and be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.

14.40. If a crime is suspected then police should be informed and the police will then be under a duty to investigate. This may be in circumstances when the individual does not want this.

14.41. As far as possible, the adult about whom there is a concern should always be involved from the beginning of the enquiry. If the individual needs an independent advocate then the local authority must arrange for one where appropriate.

Adult safeguarding procedures

14.42. Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the individual is minimised. It is likely that many enquiries will require the input and supervision of a social worker, particularly the more complex situations. For example, where abuse or neglect is suspected within a family or informal relationship it is likely that a social worker will be the most appropriate lead. Personal and family relationships within community settings can prove to be both difficult and complex to assess and intervene in. The dynamics of personal relationships can be extremely difficult to judge and rebalance. For example, an adult may make a choice to be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.

Working with families:

Mrs. A had repeatedly refused support, stating that she was happy for her family to help her ‘until she got back on her feet.’ One of her daughters had stated that she was exhausted with the care and demands of her mother and she also claimed to the social worker that she was not supported by her two sisters.

The social worker had spent a significant number of hours on the phone over a long period of time to all members of the family, fielding their various concerns, and at differing points where it appeared the home situation was breaking down.

During the most recent contact the social worker was becoming so concerned at the level of the daughter’s anxiety that she felt the situation may erupt.

A network meeting was held at short notice, the meeting took almost two hours and the agreement was for a staggered package of care with the daughters to ensure that Mrs. A’s needs were met and that all of her daughters had free time. All parties agreed to trial period to be reviewed.

Shortly after one of the daughters contacted the social worker to say that the family continued to discuss the meeting and that they felt it had been a positive experience. Mrs. A was in agreement, and during this conversation she took herself to the shower, attended to her personal care, dressed herself and returned to the lounge. The daughter reported extreme surprise because she had been dealing with this element of her mother’s ‘care needs’ for nearly two years. It appeared that the process had empowered Mrs. A to undertake these activities herself.
14.43. In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding local inter-agency policies and procedures.

14.44. In any organisation that comes into contact with adults at risk, there should be adult safeguarding policies and procedures. These should reflect this statutory guidance and are for use locally to support the reduction or removal of risk, and securing any support to help the individual recover. Procedures may include:

- a statement of roles and responsibility, authority and accountability sufficiently specific to ensure that all staff and volunteers understand their role and limitations;
- a statement of the procedures for dealing with allegations of abuse, including those for dealing with emergencies by ensuring immediate safety, the processes for initially assessing abuse and deciding when intervention is appropriate, and the arrangements for reporting to the police, urgently when necessary;
- a full list of points of referral indicating how to access support and advice at all times, whether in normal working hours or outside them, with a comprehensive list of contact addresses and telephone numbers, including relevant national and local voluntary bodies;
- how to record allegations of abuse, any enquiry and all subsequent action;
- a list of sources of expert advice;
- a full description of channels of inter-agency communication and procedures for decision making;
- a list of all services which might offer access to support or redress; and,
- how professional disagreements are resolved especially with regard to whether decisions should be made, enquiries undertaken etc.

14.45. Procedures should be reviewed annually and routinely updated to incorporate lessons from recent cases. The procedures should also include the provisions of the law – criminal, civil and statutory – relevant to adult safeguarding. This should include local or agency specific information about obtaining legal advice and access to appropriate remedies.

Record-keeping

14.46. 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. In the case of providers registered with CQC, these should be available to service commissioners and the CQC so they can take the necessary action.

14.47. Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

- 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 people safe under the service’s duty to protect people from harm?
- what information is not necessary?
- what may be a breach of an adult’s legal rights?
14.48. Records should be kept in such a way that they have the potential to create statistical information both for local use and national data collections.

14.49. All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those 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. Although the local authority has the lead role in making enquiries, the early involvement of the police is likely to have benefits in some cases.

14.50. In particular:

- early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage, they need to become involved;
- a higher standard of proof is required in criminal proceedings (“beyond reasonable doubt”) than in disciplinary or regulatory proceedings (where the test is the balance of probabilities) and so early contact with police may assist in obtaining and securing evidence and witness statements;
- early involvement of the police will help ensure that forensic evidence is not lost or contaminated;
- police officers need to have considerable skill in investigating and interviewing people with a range of disabilities and communication issues if early involvement is to prevent the adult being interviewed unnecessarily on subsequent occasions;
- police investigations should proceed alongside those considering possible health and social care issues but they may take priority;
- guidance should include reference to support relating to criminal justice issues which is available locally from such organisations as Victim Support and court preparation schemes; and,
- some witnesses will need protection.

Making safeguarding personal

14.51. It is important that local authorities take a broad community approach to establishing safeguarding arrangements. This includes the establishment of a Safeguarding Adult Board, agreeing inter-agency procedures, publishing a strategic plan, and increasing public awareness and vigilance.

14.52. However, it is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We are all individuals with different preferences, histories, circumstances and life-styles. It is therefore unhelpful to attempt a prescriptive process that can be followed in every case for concern. Nevertheless there are key steps and considerations that local authorities and their partners should include in local policies and procedures to ensure that everyone knows what to do and where to go if they suspect or are made aware of abuse or neglect. Paragraphs 14.168 goes into more detail about what such guidelines should cover.
Procedures for responding in individual cases

When should an enquiry take place?

14.53. Local authorities must make enquiries, or require another agency to do so, whenever abuse or neglect are suspected in relation to an adult with care and support needs. The scope of that enquiry, who leads it and its nature, will be dependent on the particular circumstances. It will usually start with the individual who is the subject of the concern, and next steps will to some extent depend on their wishes. Everyone involved in an enquiry must focus on improving the individual’s well-being and work together to that shared aim.

Objectives of an enquiry

14.54. The objectives of an enquiry into abuse or neglect are to:

- establish facts;
- ascertain the individual’s views and wishes and seek consent;
- assess the needs of the adult for protection, support and redress; and,
- make decisions as to what follow-up action should be taken with regard to the person responsible, or the organisation, for the abuse or neglect.

14.55. The first priority should always be to ensure the safety and well-being of the adult at risk and, when the adult has capacity to make their own decisions, to aim for any action to be in line with their wishes as far as appropriate. The safeguarding process should be experienced as empowering and supportive – not as controlling and disempowering. Practitioners must always seek the consent of the individual before taking action or sharing personal information. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but the best interests of the individual or others at risk demand action. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person/agency.

What should an enquiry take into account?

14.56. Where an adult has capacity to make decisions about their safeguarding plans, and where no one else is at risk, then their wishes are very important. They may seek highly interventionist help, such as the barring of a person from their home, or they may wish to be helped in less interventionist ways, through the identification of options with time to choose between them.

14.57. Where an adult lacks capacity to make decisions about their safeguarding plans, then a range of options should be identified, which help the adult stay as much in control of their life as possible. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to risks.
Taking the time to maximise the involvement of the individual:

Mrs. T has been suffering with extreme depression and is an inpatient within a local mental health unit. Extended family members have heard that she has made a will and the main beneficiary is a “lodger” who pays Mrs. T a nominal, small rent. The family members are also concerned about the “state of the house”. They raised a safeguarding alert citing financial/material abuse and neglect at the hands of the “lodger”.

There was some discussion of these concerns with Mrs. T on the ward. However there was concern about her capacity to consider the issues fully in her present condition. She was not able to discuss her Will or talk about the relationship between her and the lodger. Mrs. T was not well enough to participate in assessing the concerns raised or in making any decisions. She did not however indicate any negative feelings towards the lodger. She agreed for social services to visit the house to consider if there would be any need for assistance once she was discharged home. It was decided to go back to Mrs. T when her condition had improved to revisit the concerns rather than initiating a full safeguarding response immediately.

A visit to the house by the care coordinator took place, and no concerns regarding the neglect outlined by extended family were noted.

After two to three weeks Mrs. T was able to discuss in detail the arrangements she had with the “lodger” and her views about recent contact with extended family members. She talked fondly of the lodger. She felt the contribution he made to the household budget was adequate, that he was good company and that he provided day to day practical support.

The safeguarding adult’s process was explained to Mrs. T and she did not want any further action taken in this regard. She was supported to speak with her family who were informed of the outcome. The family accepted this and the case was closed.

14.58. Any intervention in family or personal relationships needs to be carefully considered. While abusive relationships are never in the best interests of an adult, interventions which remove all contact with family members may also be experienced as abusive interventions and risk breaching the adult’s right to family life if not justified or appropriate. Safeguarding needs to recognise that the right to safety needs to be balanced with other rights, such as rights to liberty and autonomy, and rights to family life. Action might be primarily supportive or therapeutic, or it might involve the application of sanctions, suspension, regulatory activity or criminal prosecution, disciplinary action or de-registration from a professional body.

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

- the individual’s needs for care and support;
- the individual’s risk of abuse or neglect;
• the individual’s ability to protect themselves;
• the impact on the individual, their wishes;
• the possible impact on important relationships;
• potential of action increasing risk to individual; and,
• the risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect.

Who can carry out an enquiry?

14.60. Although the local authority is the lead agency for making enquiries, it may ask others to undertake them. The specific circumstances will often determine the right person to begin an enquiry. In many cases a professional who already knows the individual will be the best person. They may be a social worker, a housing support worker, or health worker such as a community nurse. 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.

14.61. Staff must be trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance. These are best written down in shared policy documents that can be easily understood and are used by all the key organisations.

14.62. All staff must keep accurate records, clearly stating what the facts are and what are the known opinions of professionals and others. It is vital that the views of the adult who is the subject of the concerns are sought and recorded.

Safeguarding plans

14.63. Once the facts have been established, a further discussion of the needs and wishes of the adult who has been abused or is at risk may need to take place. This could be a focused safeguarding assessment relating to safety and protection needs, or may require fuller assessments by health and social care agencies (e.g. a needs assessment under the Care Act). This will entail joint discussion, decision and planning with the adult at risk for their future safety and well-being. This applies if it is concluded that the allegation is true or otherwise, as many enquiries may be inconclusive.

14.64. In deciding what action to take, there should be the presumption that the majority of people can make choices which involve taking risks. Of course their capacity to make decisions about arrangements for enquiries or managing the abusive situation should be taken into account.

Mrs. B gave control of her finances and bank cards to her milkman. She was isolated and had no family. Social services involved police and bank statements were obtained that did not show any unaccounted monies etc. However, the milkman relinquished this control which was then taken over by social services. This reduced the risk to Mrs. B without damaging her friendship with the milkman.

14.65. In order to make sound decisions, the adult’s emotional, physical, intellectual and mental capacity in relation to self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed. ¹¹⁰

14.66. The adult’s capacity or ability to make decisions is the key to what happens next, since if someone has the capacity to make decisions in this area of their life and declines assistance this can limit the intervention that organisations can make. The focus should therefore be, on harm reduction. It should not however limit the action that may be required to protect others who are at risk of harm. The potential for ‘undue influence’ will need to be considered if relevant. If the adult suspected of being abused or neglected is thought to be refusing intervention on the grounds of duress then action must be taken.

Decision-making

14.67. Once enquiries are completed, the outcome should be notified to the local authority which should then determine with the adult who has been the subject of concern what, if any, further action is necessary and acceptable. One outcome of the enquiry may be the formulation of agreed action for the adult at risk to be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

14.68. In relation to the adult who has suffered abuse this should set out:

- what steps are to be taken to assure their safety in future;
- the provision of any support, treatment or therapy including advocacy;
- any modifications needed in the way services are provided (e.g. same gender care or placement);
- how best to support the individual through any action they take to seek justice or redress; and,
- any on-going risk management strategy as appropriate.

Person alleged to be responsible for abuse or neglect

14.69. When a complaint or allegation has been made against a member of staff, including people employed by the adult at risk, they should be made aware of their rights under employment legislation and any internal disciplinary procedures.

14.70. Where the person who is alleged to have carried out the abuse themselves has care and support needs and are unable to understand the significance of questions put to them or their replies, they should be assured of their right to the support of an ‘appropriate’ adult if they are questioned by the police under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require the support of an ‘appropriate’ adult.

Safeguarding requires skilled working with sensitive and complex situations:

Susan is suffering from a mental illness and lives at home with her mother, the main carer. Last year, police were called to a domestic dispute in which Susan attacked her mother, who decided not to press charges. At this time, Susan was in denial about her illness and refused to ask for outside support. Other family members, concerned that both Susan and her mother were at risk, contacted the police. They referred the family to the council and it began its enquiries. Susan and her mother were supported throughout this process including meetings at home, where they could both be safely involved. Following the enquiry, a protection plan was agreed including respite care and an additional support worker for Susan. Over time, she built a relationship with the support worker, who continues to give support on a regular basis.
14.71. Under the Mental Capacity Act, people who lack capacity and are alleged to be responsible for abuse, should be entitled to the help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place. This safeguard was introduced to ensure that people in this situation have support and help. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under section 68 of the Care Act.

14.72. Allegations of criminal behaviour should always be reported to the police. Agencies such as care providers, housing providers, and the NHS should agree procedures to cover the following situations:

- action pending the outcome of the police and the employer’s investigations;
- action following a decision to prosecute an individual;
- action following a decision not to prosecute;
- action pending trial; and,
- responses to both acquittal and conviction.

14.73. Employers who are also providers or commissioners of care and support have, not only a duty to the adult who has been abused, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.

14.74. With regard to abuse, neglect and misconduct within a professional relationship, some are governed by codes of professional conduct and/or employment contracts which will determine the action that can be taken. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council and the Nursing and Midwifery Council and/or the Disclosure and Barring Service.

14.75. The standard of proof for prosecution is ‘beyond reasonable doubt’. The standard of proof for internal discipline is usually the civil standard of ‘on the balance of probabilities’. This means that when criminal procedures are concluded without action being taken this does not automatically mean that regulatory or disciplinary procedures should cease or not be considered.

Safeguarding and advocacy

14.76. The local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has ‘substantial difficulty’ in being involved in contributing to the process and where there is no other appropriate adult to assist. A person who is engaged professionally to provide care or treatment for the adult in question cannot be an advocate.

14.77. The adult must also consent to being represented and supported by the advocate (or where the adult lacks capacity, the local authority must consider it in that adult’s best interests to be represented and supported by the advocate).

14.78. This duty to provide an independent advocate is separate from the power of the local authority to provide an Independent Mental Capacity Advocate in safeguarding enquiries where someone lacks capacity to fully participate. Both these provisions are in recognition of the importance of providing support and representation for people who have experienced abuse and neglect. The IMCA can support and represent an adult at
risk of abuse and neglect, where necessary and appropriate. The local authority is not required to provide two different advocates. It is not likely to be in the adult’s interest to do this.

14.79. Advocates have two roles. They need to provide support to the adult to assist them in understanding the safeguarding process. The second role is representation, particularly in ensuring that the individual’s voice is heard and the safeguarding process takes account of their views wherever appropriate.

14.80. Effective safeguarding is about seeking to promote an adult’s rights, rather than merely their physical safety and taking action to prevent similar situations occurring again. There is increasing case law on safeguarding from the Court of Protection of which advocates and safeguarding leads should be aware.

14.81. However, if an enquiry needs to start urgently, then it can begin before an advocate is appointed but one must be appointed as soon as possible. In such cases, all agencies should set out how the services of advocates can be accessed, and the role they should take.

14.82. The Care Act sets out four areas where a substantial difficulty might be found such that an independent advocate should be made available.

14.83. The first area to consider is whether or not the individual understands relevant information. Many people can be supported to understand information, if it is presented appropriately and if time is taken to explain it. Some people however may not be able to understand it, for example if they have advanced dementia, or substantial learning difficulties but nevertheless should be involved in all decisions that they do have capacity to make.

14.84. The second area to consider whether or not the individual can retain information. If the adult is unable to retain information long enough to be able to weigh up options within the decision making, then they are likely to have substantial difficulty in understanding the options open to them.

14.85. The third area is if the adult has substantial difficulty using or weighing information. An adult must be able to weigh up information, in order to participate fully and choose between options. For example they need to be able to weigh up the advantages and disadvantages of changing where they live or who they live with. If they are unable to do this, they will have substantial difficulty in coming to a decision.

14.86. And the fourth area involves communicating their views, wishes and feelings whether by talking, writing, signing or any other means. It is critical in this particularly sensitive area that people are supported in what may feel a daunting process which may lead to some very hard and difficult decisions.

A personalised approach to safeguarding through use of an advocate:

Mr. W experienced physical and financial abuse by his son who has alcohol issues. An advocate was involved throughout the safeguarding process, mainly to talk through his concerns. This intervention resulted in this man receiving the support he required, resulting in some positive outcomes.

Mr. W’s experience of the safeguarding adult’s process was overall positive. He said he was kept informed of what was going on throughout the process, was listened to and was offered a lot of support.

Mr. W said a positive outcome from the process was the renewed contact he now has with his daughter that had ceased because of his son’s behaviour.

He concluded by stating he felt much safer following the process and now has a good rapport with local neighbourhood police, an identified housing liaison officer, some telecare equipment, and he had received support to take out an injunction to stop his son visiting.

14.87. An adult with dementia, significant learning disabilities, a brain injury or mental ill health may need an advocate to participate in a safeguarding enquiry. That is usually likely to be an IMCA.

14.88. It is also possible that the person or people that would normally be considered as appropriate to support or represent the views of the individual, such as family or friends, do not themselves have the capacity to support the individual. This is one of the circumstances where an Independent Mental Capacity Advocate should be instructed by the local authority if the individual lacks capacity that would result in them having substantial difficulty in participating.

14.89. But equally an individual who is thought to have been abused or neglected may be so demoralised, frightened, embarrassed or upset that independent support provided under section 68 of the Care Act to help them to be involved will be crucial.

An appropriate person to facilitate the adult’s involvement

14.90. The Care Act requires local authorities to consider whether there is an appropriate person who can facilitate an adult’s involvement in the safeguarding process. The legislation contains three requirements.

14.91. First, it cannot be someone who is already providing care and treatment in a professional capacity or on a paid basis (regardless of who employs or pays them). That means it cannot be, for example, a GP, or a nurse, a key worker or a care and support worker involved in the adult’s care or support.

14.92. Second, the adult who is the subject of the safeguarding enquiry or Safeguarding Adults Review (SAR) has to agree to the person supporting them, if the adult has the capacity to make this decision. Where an adult with capacity does not wish to be supported by a relative, for example, perhaps because they do not wish to discuss the nature of the abuse with them, then the local authority cannot consider the relative to be an appropriate person to act as the adult’s advocate. The adult who is the subject of the enquiry or of the SAR has to agree to the appropriateness of the supporter. If the adult
in question does not have the capacity to consent to being represented or supported by a particular person, then the local authority has to be satisfied that it is in the adult’s best interests to be supported and represented by the proposed person.

14.93. Third, the person is expected to support and represent the adult and to help their involvement in the processes. In some circumstances it is unlikely that they will be able to fulfil this role easily; for example, a family member who lives at a distance and who only has occasional contact with the adult; a spouse who also finds it difficult to understand the local authority processes, or a friend who expresses strong opinions of their own, prior to finding out those of the individual concerned. It is not sufficient to know the adult well; the role is to actively support the adult’s participation in the process.

14.94. Sometimes the local authority will not know at the point of first contact or at an early stage of the enquiry or SAR whether there is someone appropriate to assist the adult in being involved. They may need to arrange initially for an advocate, and find later that there is a more appropriate person in the adult’s own network to act. The advocate can at that stage ‘hand over’ to the appropriate person. Alternatively the local authority may agree with the adult, the appropriate person and the advocate that it would be beneficial and in the adult’s best interest for the advocate to continue their role.

14.95. Equally it is possible that the local authority will consider someone appropriate who may then turn out to have difficulties in supporting the adult’s involvement. The local authority must at that point arrange for another independent advocate.

14.96. There is nothing to prevent an appropriate family member or friend also offering support to an adult subject of an enquiry or SAR even where a safeguarding advocate has been appointed. There may also be some cases where the local authority considers that an adult needs the support of both a family member and an advocate; perhaps because the family member can provide a lot of information but not enough support, or because while there is a close relationship, there may be a conflict of interest with the relative, for example in relation to differences in what each want as the final outcome.

14.97. The local authority may be carrying out two enquiries or a SAR focusing on more than one individual, in the same household or setting. If both people agree, and it is in both their best interests where they lack capacity, to have the same advocate, and if the advocate and the local authority both consider there is no conflict of interest, then the same advocate may support and represent both of them.

14.98. For example if the adults who are subjects of the enquiries have had similar experiences and want similar outcomes then it may make sense for one advocate to support both. But where for example one wishes for quite a different outcome or resolution, there may be a conflict of interest and two advocates will be needed. If any of the people – the people who are the subjects of the concern, the local authority or the independent advocate – consider that it would be better to have different advocates, then separate advocates should be provided.

14.99. Some enquiries will be very short. This may be because there is actually no abuse or neglect, or because there is no ongoing risk of harm through abuse or neglect (e.g. one-off incidents), or because the adult has the capacity to make the decision not to take the matter further. In some cases where a crime is identified it is not always for the adult to decide whether or
not an investigation proceeds. It is a factor but the police are under wider duties to investigate crime and to protect the public at large.

Safeguarding Adults Boards

14.100. Each local authority must set up a Safeguarding Adults Board (SAB). A Safeguarding Adults Board has three functions:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve these objectives. The plan must be developed with local community involvement, and the SAB must consult the Local Healthwatch organisation.

- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any ongoing reviews.

- It must conduct any Safeguarding Adults Review.

14.101. Adult safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities must collaborate and work together with its relevant partners as set out in the co-operation duties in the Care Act and, in doing so, must also always consider the wishes and feelings of the adult on whose behalf they are working.

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

14.103. The objective of a SAB is to help and protect adults who have needs for care and support, who are experiencing or are at risk of abuse or neglect, and as a result of their needs are unable to protect themselves from abuse or neglect. This is whether or not the adult is having their needs met or they meet the local authority’s eligibility criteria for care and support services.

14.104. Each Safeguarding Adults Board should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults at risk of abuse or neglect;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults at risk of abuse and neglect which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of people who use care and support, families and carer representatives;
- develop procedures for identifying circumstances giving grounds for concern and directing referrals to a central point;
- formulate guidance about the arrangements for managing adult
safeguarding, and dealing with complaints, grievances and professional and administrative malpractice;

- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- balance the requirements of confidentiality with the consideration that, to protect adults at risk of abuse or neglect, it may be necessary to share information on a ‘need-to-know basis’;
- identify mechanisms for monitoring and reviewing the implementation and impact of policy;
- carry out safeguarding adult reviews;
- produce an Annual Report and an Annual Business Plan; and,
- promote multi-agency training.

14.105. Members of a SAB should consider what assistance they can provide in supporting the SAB in its work. This might be through payment to the local authority or to a joint fund established by the local authority. Members might also support the work of the SAB by providing administrative help, premises to meet or hold training sessions.

14.106. A SAB can cover more than one geographical area. It may also be set up as a joint Board that covers children’s safeguarding. Local SABs decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act.

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

Camden effectively includes people who use care and support and carers in the work of the Safeguarding Adults Partnership Board (SAPB). One of the SAPB’s sub-groups is the Safeguarding Engagement Group (SEG) which is chaired by a person who uses care and support (supported by one of the LA’s engagement officers), and draws membership from different service user groups, carers, and voluntary/ community associations.

The sub-group also runs large and small public meetings and events to raise awareness in the community and hear from residents what concerns them.

14.108. The information about how the SAB works should be easily accessible to partner organisations and to the general public. The following organisations must be represented on the Board:

- the local authority which set it up;
- the NHS Clinical Commissioning Group(s) in the local authority’s area; and
- the chief officer of police in the local authority’s area.

14.109. As is common current practice, SABs are expected to involve a much wider range of organisations and individuals. Examples of other members that SABs may wish to include are:

- ambulance and fire services;
- representatives of providers of health and social care services;
- representatives of housing providers, housing support providers, probation and prison services;
• members of user, advocacy and carer groups;
• Local Healthwatch;
• Care Quality Commission;
• Representatives of children’s safeguarding;
• Pension Service and Job Centre Plus;
• Community safety partnerships; and
• Public health.

14.110. This is not a definitive list, but SABs need to assure themselves that the Board has the involvement of all partners necessary to effectively carry out its duties.

Membership of Safeguarding Adults Boards

14.111. As with the Chair of the SAB and its core statutory members, all members of the SAB must have the necessary skills and experience to ensure that the SAB is an effective way of improving adult safeguarding arrangements in its area. Social workers’ ability to understand the individual within complex social networks and other systems makes social work input a vital component in SAB arrangements. Members who attend in a professional and managerial capacity should be:

• able to present issues clearly in writing and in person;
• experienced in the work of their organisation;
• knowledgeable about the local area and population;
• able to explain their organisation’s priorities;
• have a thorough understanding of abuse and neglect and its impact; and,
• understand the pressures facing front line practitioners.

14.112. Although it is not a requirement, the local authority should consider appointing a chair to the Safeguarding Adult Board who is not an employee or a member of an agency that is a member of the SAB. The chair should be in a position to constructively challenge and hold to account the main partner agencies of the SAB whilst also acting as a spokesperson for the SAB. It provides reassurance that the Board has some independence from the local authority and other partners.

14.113. The SAB must develop clear policies and processes that have been agreed with other interested parties, and that reflect the local service arrangements, roles and responsibilities. It will promote multi-agency training that ensures a common understanding of abuse and neglect and agree how to work together. Policies will state what organisations and individuals are expected to do where they suspect abuse or neglect. The SAB should also consider any specialist training that is required. A key part of the SAB’s role will be to develop preventative strategies and aiming to reduce instances of abuse and neglect in its area.

SAB strategic plans and annual reporting

14.114. The SAB must publish a strategic plan every year. This plan must set out how it will protect and help adults in its area and what actions each member of the SAB will take to deliver the plan better.

14.115. When it is preparing the plan, the SAB must consult the Local Healthwatch and involve the local community. The local community has a role to play in the recognition and prevention of abuse and
neglect but active and on-going work with the community is needed to tap into this source of support.

14.116. SABs must understand the many and potentially different concerns of the various groups that make up its local community. These might include such things as scams targeted at older householders, bullying and harassment of disabled people, hate crime directed at those with mental health problems, cyber bullying and the sexual exploitation or forced marriage of people who may lack the capacity to understand that they have the right to say no.

14.117. The SAB must produce an annual report. This annual report must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan.

14.118. Specifically, the annual report must provide information about any Safeguarding Adults Reviews (SARS) that the SAB has arranged which are ongoing or have reported in the year. The report must state what the SAB has done to act on the findings of the SARS or, where it has decided not to act on a finding, why not.

14.119. The annual report on the plan should set out how the SAB is monitoring progress against its policies and intentions to deliver. The SAB should consider the following in coming to its conclusions:

- community awareness of adult abuse and neglect and how to respond;
- what individuals who have experienced the process say;
- what front line practitioners say about implementing policies and procedures;
- feedback from Local Healthwatch, people who use care and support and carers, community groups, advocates, service providers and other partners;
- how successful adult safeguarding is at linking with other parts of the system, for example children's safeguarding, domestic violence, community safety;
- the effectiveness of training carried out in this area and analysis of future need; and,
- how well agencies are co-operating and collaborating.

14.120. The report is meant to be a document that can be read and understood by anyone. It is therefore critical that the report is in plain English and free from jargon and acronyms as far as possible. Most SABs are likely to publish reports on their websites. SABs should consider making the report available in a variety of formats including easy read. SABs will need to establish ways of publicising the report.

14.121. Every SAB must send a copy of its report to:

- the Chief Executive and leader of the local authority;
- the local policing body;
- the Local Healthwatch;
- the Chair of the Health and Wellbeing Board.

Safeguarding Adults Reviews (SARs)

14.122. SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

14.123. SABs must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. SABs are free to arrange
for a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

14.124. The adult who is the subject of the SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

14.125. SARs should reflect the six safeguarding principles. SABs should agree Terms of Reference for any SAR they arrange and these should be published and openly available. In addition, the SAB and the Chair of the SAR should always come to a decision as to whether the information should be anonymised or not.

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

14.127. It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty and sharing to obtain maximum benefit from them. If individuals and their organisations are fearful of SARs their response will be defensive and their participation guarded and partial.

14.128. The process for undertaking SARs should be determined locally according to the specific circumstances of individual circumstances. We do not believe a one-size-fits-all approach is an appropriate response. The focus must be on what needs to happen to achieve understanding, remedial action and, very often, answers for families and friends of people who have died or been seriously abused or neglected. The recommendations and action plans from a SAR need to be followed through by the SAB.

14.129. When the SAB has decided to arrange a SAR it should appoint one or more suitable individuals to lead the SAR. The SAB should have evidence that those who are appointed are sufficiently skilled and experienced in adult safeguarding matters. The lead reviewer(s) will chair the SAR. The lead reviewer(s) should be independent of the SAB and the organisations involved in the case.

14.130. The SAB should ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult.

14.131. The SAB should aim for completion of a SAR within six months of initiating it. If this is not possible (for example, because of potential prejudice to related court proceedings) every effort should be made while the SAR is in progress to (i) capture points from the case about improvements needed; and (ii) take corrective action.

Findings from SARs

14.132. The SAB should include the findings from any SAR in its Annual Report and what actions it has taken / intends to take in relation to those findings. Where the SAB decides not to implement an action from the findings it must state the reason for that decision in the Annual Report.
14.133. SAR reports should:
- provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence;
- be written in plain English;
- contain findings of practical value to organisations and professionals.

One approach to Safeguarding Adults Reviews:

SCIE’s Learning Together model is a method for conducting case reviews and serious case reviews of multi-agency safeguarding practice. The model adapts thinking from accident investigation in the aviation, engineering and health settings to help us understand multi-agency work with children, vulnerable adults and families.

One of the principles behind a Learning Together review is to use scrutiny of one case to provide a better understanding of multi-agency practice more widely. This is sometimes referred to using a case as a ‘window on the system’ (Vincent, 2004). This means that we take one case as a starting point for exploring the strengths and weaknesses in the system as a whole.

Learning Together takes a collaborative approach to case reviews, involving professionals and managers throughout the process. This is important in order to get a rich understanding of the working context of different professionals, and what helps and hinders their practice. Learning Together as a mindset is helpful to Boards and individual organisations when it comes to thinking about how to most effectively take forward the learning generated by a case review process.

Information

14.134. In order to carry out its functions SABs will need access to information that a wide number of partners may hold. Some of these partners will be statutory, such as the NHS and the police. Others will not be, such as private health and care providers.

14.135. SABs are responsible for commissioning SARs. The purpose of SARs is to identify and apply lessons learnt from cases where there is reasonable cause for concern about how the SAB, its members or other relevant organisations worked together in any particular case, so as to prevent risks of abuse or neglect arising in the future.

14.136. In the past, there have been instances where the withholding of information has prevented organisations being fully able to understand what “went wrong” and so has hindered them identifying, to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring.

14.137. An SAB may request a person to supply information to it or to another person. The person who receives the request **must** provide the information provided if:
- the request is made in order to enable or assist the SAB to do its job;
- 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 passed on to another person subject to this requirement.
Information for staff, people who use care and support, carers and the general public

14.138. All commissioners or providers of services in the public, voluntary or private sectors should disseminate information about the multi-agency policy and procedures. Staff should be made aware through internal guidelines of what to do when they suspect or encounter abuse of adults in vulnerable situations. This should be incorporated in staff manuals or handbooks detailing terms and conditions of appointment and other employment procedures so that individual staff members will be aware of their responsibilities in relation to safeguarding adults.

14.139. This information should emphasise that all those who express concern will be treated seriously and will receive a positive response from managers.

14.140. Information in a range of media should be produced in different, user friendly formats for people with care and support needs and their carers. These should explain clearly what abuse is and also how to express concern and make a complaint. People with care and support needs and carers should be informed that their concern or complaint will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They should be reassured that they will receive help and support in taking action on their own behalf. They should also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish. They should be advised of rights to legal aid in certain circumstances and to victim support and compensation. The involvement of adults at risk in developing such communication is sensible.

Camden has developed a leaflet for carers about the harm they can experience when caring for a loved one and the harm they may inadvertently perpetrate. This was developed in partnership with carers’ organisations and carers themselves, and remains a partnership owned publication.

Confidentiality

14.141. Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information based on the best interests of the adult at risk of abuse or neglect.

14.142. The most recent discussion of all aspects of an individual’s identifiable information and how this is to be protected is to be found in the report of the Caldicott Committee Report on the review of patient-identifiable information. That report recognises that confidential information may need to be disclosed in the best interests of the individual and discusses in what circumstances this may be appropriate and what safeguards need to be observed. The principles can be summarised as:

- 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; and,
- 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 vulnerable people may be at risk.
14.143. 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.

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

14.145. In certain circumstances it will be necessary to exchange or disclose personal information which will need to be in accordance with the Data Protection Act 1998 where this applies.

14.146. The Home Office and the Office of the Data Protection Commissioner (formerly Registrar) have issued general guidance on the preparation and use of information sharing protocols.

The Caldicott principles

14.147. The Information Governance Review – To Share or Not to Share?

- **Justify the purpose(s).** Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

- **Don’t use personal confidential data unless it is absolutely necessary.** Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for adults to be identified should be considered at each stage of satisfying the purpose(s).

- **Use the minimum necessary personal confidential data.** Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

- **Access to personal confidential data should be on a strict need-to-know basis.** Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

- **Everyone with access to personal confidential data should be aware of their responsibilities.** Action should be taken to ensure that all those handling personal confidential data are made fully aware of their responsibilities and obligations to respect individuals’ confidentiality.

- **Comply with the law.** Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

- **The duty to share information can be as important as the duty to protect confidentiality.** Health and social care professionals and other staff should have the confidence to share information in
the best interests of adults within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Local roles and responsibilities

14.148. Roles and responsibilities\(^{113}\) should be clear and collaboration should take place at all the following levels:

- Operational;
- Supervisory line management;
- Senior management staff;
- Corporate / cross authority;
- Chief officers / chief executives; and,
- Local authority members.

Front line

14.149. Operational front line staff are responsible for identifying and responding to allegations of abuse. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what should be an initial response to suspicion or allegation of abuse or neglect.

14.150. There should be clear arrangements in place about what each agency should contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The local authority is responsible for ensuring effective co-ordination at this level.

Line managers’ supervision

14.151. Skilled and knowledgeable supervision focused on outcomes for individuals is critical in safeguarding work. Managers have a central role in enduring high standards of practice and that practitioners are properly equipped and supported. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff.

14.152. Managers need to develop good working relationships with their counterparts in other agencies to improve cooperation locally and swiftly address any differences or difficulties that arise between front line staff.

Senior managers

14.153. Each agency should identify a senior manager to take a lead role in the organisation and in inter-agency arrangements, including the Safeguarding Adults Board. In order for the Board to be an effective decision-making body providing leadership and accountability, members need to be sufficiently senior and have the authority to commit resources and make strategic decisions. To achieve effective working relationships, based on trust and transparency, the members will need to understand the contexts and restraints within which their counterparts work.

Corporate/cross authority roles

14.154. To ensure effective partnership working, each organisation must recognise and accept its role and functions in relation to adult safeguarding. These should be set out in the SAB’s strategic plan as well as its own communication channels.

---

\(^{113}\) [http://www.tcsv.org.uk/uploadedFiles/TheCollege/_CollegeLibrary/Policy/RolesFunctionsAdviceNote.pdf](http://www.tcsv.org.uk/uploadedFiles/TheCollege/_CollegeLibrary/Policy/RolesFunctionsAdviceNote.pdf)
Chief Officers and Chief Executives

14.155. As chief officer for the leading agency, the Director of Adult Social Services has a particularly important role to play in adult safeguarding.

14.156. However, all officers, including the Chief Executive of the local authority, should support and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and respond to national developments.

14.157. Chief Officers should receive regular briefings of case law from the Court of Protection and the High Court. They should have access to legal advice on when proposed interventions – such as a removal of a person against their or the family’s wishes from the home, or the proposed stopping of contact between family members – require applications to the Court of Protection. They should have protocols for mediation and family group conferences and for various forms of dispute resolution.

Local authority member level

14.158. Local authority members need to have a good understanding of the range of abuse and neglect issues that can affect adults in vulnerable situations and of the importance of balancing safeguarding with empowerment. Local authority members need to understand proportionate interventions, the dangers of risk adverse practice and the importance of upholding human rights. Some Safeguarding Adults Boards include elected members and this is one way of increasing awareness of members and ownership at a political level. Managers must ensure that members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community.

14.159. In addition, Local Authority Health Scrutiny Functions (for example the Council’s Health Overview and Scrutiny Committee) can play a valuable role in assuring local safeguarding measures, and ensuring that SABs are accountable to local communities. Similarly, Local Health and Wellbeing Boards provide leadership to the local health and wellbeing system; ensure strong partnership working between local government and the local NHS; and ensure that the needs and views of local communities are represented. HWBs can therefore play a key role in assurance and accountability of SABs and local safeguarding measures.

Providers of services

14.160. All service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the SABs in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority.

Voluntary organisations

14.161. Voluntary organisations need to work with the SAB to agree how their role fits alongside the statutory agencies and how they should work together. This will be of particular importance where they are offering independent advocacy, advice, and support or counseling services in safeguarding situations. This will include telephone or online services. Additionally, many voluntary organisations also provide care and support services, including personal care. All voluntary organisations that work with adults at risk of
abuse or neglect need to have safeguarding procedures and lead officers.

Regulated professionals

14.162. Staff governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.\(^{114}\)

Recruitment and training for staff and volunteers

14.163. The SAB should ensure that relevant partners should provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements. This should include:

- basic mandatory induction training with respect to awareness that abuse can take place and duty to report;
- more detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency;
- specialist training for investigators, and managers; and,
- training for elected members and others e.g. Healthwatch members.

14.164. Training should take place at all levels in an organisation and within specified time scales. To ensure that procedures are carried out consistently no staff group should be excluded. Training should include issues relating to staff safety within a Health and Safety framework and also include volunteers. In a context of personalisation, Boards should seek assurances that directly employed staff (e.g. Personal Assistants) have access to training and advice on safeguarding.

14.165. Training is a continuing responsibility and should be provided as a rolling programme.\(^{115}\)

Rigorous recruitment practices relevant to safeguarding

14.166. There are three levels of a Disclosure and Barring Service (DBS) check. Each contains different information and the eligibility for each check is set out in law. They are:

- **Standard check:** This allows employers to access the criminal record history of people working, or seeking to work, in certain positions, especially those that involve working with children or adults in specific situations. A standard check discloses details of an individual’s convictions, cautions, reprimands and warnings recorded on police systems and includes both ‘spent’ and ‘unspent’ convictions.

- **Enhanced checks:** This discloses the same information provided on a Standard certificate, together with any local police information that the police believe is relevant and ought to be disclosed.

- **Enhanced with barred list checks:** This check includes the same level of disclosure as the enhanced check, plus a check of the appropriate barred lists. An individual may only be checked against the children’s and adults’ barred lists if their job falls within the definition of

---

\(^{114}\) [http://www.tcsvw.org.uk/professional-capabilities-framework/](http://www.tcsvw.org.uk/professional-capabilities-framework/)

\(^{115}\) [https://safe.bournemouth.ac.uk/](https://safe.bournemouth.ac.uk/)

14.167. Skills for Care has produced a recruitment and retention toolkit for the adult care and support sector. ‘Finders Keepers’ is designed to help care providers, particularly smaller organisations, to improve the way they recruit staff and keep them on board.

Internal guidelines for all staff

14.168. Provider agencies should produce for their staff a set of internal guidelines which relate clearly to the multiagency policy and which set out the responsibilities of all staff to operate within it. These should include guidance on:

- identifying adults who are particularly at risk;
- recognising risk from different sources and in different situations and recognising abusive behaviour from other service users, colleagues, and family members;
- routes for making a referral and channels of communication within and beyond the agency;
- assurances of protection for whistle blowers;
- working within best practice as specified in contracts;
- working within and co-operating with regulatory mechanisms; and,
- working within agreed operational guidelines to maintain best practice in relation to:
  - challenging behaviour;
  - personal and intimate care;
  - control and restraint;
  - gender identity and sexual orientation;
  - medication;
  - handling of people’s money; and,
  - risk assessment and management.

14.169. Internal guidelines should also explain the rights of staff and how employers will respond where abuse is alleged against them within either a criminal or disciplinary context.

Protecting property of adults being cared for away from home

14.170. Local authorities must take all reasonable steps to protect the moveable property of a person adult with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves. Local authorities must act where it believes that if it does not take action there is a risk of moveable property being lost or damaged.

14.171. For example, protecting property may include arranging for pets to be looked after when securing premises for someone who is having their care and support needs provided away from home in a care home or hospital, and who has not been able to make other arrangements for the care of their home or pets.

14.172. In order to protect property in these circumstances the local authority may enter the property with the adult’s consent. They may also deal with the adult’s movable property in order to protect it from damage. If the adult lacks the capacity to consent to the local authority entering the property, consent should be sought from a person authorised.
under the Mental Capacity Act 2005 to give consent on the adult’s behalf.

14.173. If a third party tries to stop an authorised entry into the home then they will be committing an offence, unless they can give a good reason. Committing such an offence could lead to the person being fined. If, by carrying out its duties, the local authority incurs expenses it can recover the money back from the adult. If a local authority intends to enter an empty home then it must give written authorisation to an officer of the council and that person must be able to produce it if asked for.

14.174. Local authorities can recover any reasonable expenses they incur in protecting property under this duty from the adult whose property they are protecting.