



# **SAFEGUARDING ADULTS MULTI – AGENCY PROCEDURES**

**(Interim)**

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# Multi-Agency Safeguarding Adults Procedures

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## 1. Introduction

The safeguarding of adults at risk of abuse is one of the most important tasks facing society. Awareness of adult abuse has continued to receive growing attention from the public, the media, voluntary and statutory agencies over recent years. However there is still much for agencies responsible for commissioning and providing services to adults at risk to do.

These procedures are governed by a set of key principles and themes, so as to ensure that people who are subject to abuse, neglect and exploitation, experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently.

These procedures have been revised on an interim basis in order to reflect the new requirements of the Care Act 2014. The key changes introduced by the Care Act 2014 and its associated Care and Support Statutory Guidance 2014 ('the Guidance') which will impact on the safeguarding policy and process in Bath and North East Somerset are: -

- (i) Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person. It applies equally to adults with care and support needs and their carers (Clause 1.2 and 1.3 of the Guidance).
- (ii) The safeguarding duties now apply to any adult who: -
  - Has needs for care and support (whether or not the local authority is meeting any of those needs); and
  - is experiencing, or is at risk of, abuse or neglect; and
  - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect. (Clause 14.1 of the Guidance)
- (iii) Under Section 42 of the Care Act, local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what, if any, action is need to help and protect the adult at risk.
- (iv) The decision to carry out a Section 42 Enquiry under the Care Act 2015 does not depend on the person's eligibility, but should be taken wherever there is reasonable cause to think that the person is experiencing, or is at risk of, abuse or neglect (Clause 6.55 of the Guidance)

- (v) 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 (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them (Clause 14.43 of the Guidance)
  
- (vi) The Care Act 2014 allows local authorities to continue to delegate some of its functions. However, the Guidance states that the duty for local authorities to decide to make Section 42 enquiries or cause them to be made cannot be delegated. However, a local authority can still have arrangements whereby NHS or others are asked to undertake the enquiries where necessary (Clause 18.19 of the Guidance).
  
- (vii) A decision has been taken in Bath and North East Somerset to include referrals for cases of self-neglect from 1<sup>st</sup> April 2015. The definition of self-neglect includes a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

It is very important that this revision to the procedures is read in conjunction with the new joint Multi-agency Safeguarding Adults Policy 2015.

It is important to note that in October 2011 new arrangements for the provision of health and social care services in Bath and North East Somerset were established. Sirona Care and Health ('Sirona'), a Community Interest Company, was formed which is responsible for the delivery of the community healthcare and adult social care services. These procedures will apply equally to Sirona and staff employed by Avon and Wiltshire Mental Health Partnership Trust ('AWP'). Whilst the Care Act does require some changes to these procedures the majority of the arrangements that exist will remain in place for an interim period.

For those who do not meet the criteria, but who nevertheless appear to be at high risk, there are alternative sources of referral and support. In such cases support may be found in local care management procedures or other local processes.

It is important to remember that just because someone is old, frail or has a disability, this does not mean they are inevitably 'at risk'. For example, a person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the ability of the adult at risk to protect themselves from the experience of, or the risk of, abuse or neglect, is related to how able they are to make and exercise their own informed choices free from duress, pressure or

undue influence of any sort.. However, it is also important to note that people with capacity can be equally as affected as those who lack capacity.

Although the responsibility for the co-ordination of Safeguarding Adults arrangements lies with local authorities, the implementation of these procedures is a collaborative responsibility and effective work must be based on a multi-agency approach.

The key principles which govern this procedure and set out in the Guidance are: -

- Empowerment: People being supported and encouraged to make their own decisions and giving informed consent. Prevention: It is better to take action before harm occurs.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in greatest need.
- Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Safeguarding Adults is a dynamic process that must be undertaken *with* people and not *to* people. The following key themes run throughout the Safeguarding Adults process:-

- *Wellbeing*: The key principle in the Care Act 2015 is the concept of wellbeing. Local authorities and its partners have a duty to promote wellbeing when carrying out any of their care and support functions, or making a decision, in respect of a person. It applies equally to adults with care and support needs and to carers. It is a broad concept and is described as applying to the following areas: -
  - Personal dignity (including treatment of the individual with respect);
  - physical and mental health and emotional wellbeing
  - protection from abuse and neglect
  - control by the individual over day to day life (including over care and support provided and the way it is provided);
  - participation in work, education, training or recreation;
  - social and economic wellbeing;
  - domestic, family and personal;
  - suitability of living accommodation; and
  - the individual's contribution to society.
- *User outcomes*: at the beginning and at every stage of the process what the individual wants to achieve must be identified and revisited. To what extent

these wants/wishes have been met must be reviewed regularly throughout and at the end of the safeguarding process regardless of the stage at which it is concluded.

- *Risk assessment and management:* these are central to the Safeguarding Adults procedures both in terms of enabling the person to be as safe as possible, but also in assisting the judgement of a proportionate response to the concern. Assessments of risk should be carried out with the individual at each stage of the process so that adjustments can be made in response to changes in the levels and nature of risk. Risks to others must also be considered.
- *Mental capacity:* the Mental Capacity Act 2005 (MCA 2005) requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. Individuals must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process. Unwise decisions do not necessarily indicate lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests. It is important that an individual's mental capacity is considered at each stage of the Safeguarding Adults process.
- *Safeguarding planning:* in response to identified risks a protection plan can be developed and implemented at any time in the Safeguarding Adults procedures. This multi-agency plan aims to:-
  - prevent further abuse or neglect
  - keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected and the agencies supporting them
  - support the individual to continue in the risky situation as safely as possible if that is their choice and they have the capacity to make that decision
  - support the person to recover from the experience of abuse or neglect
- *Information sharing:* this is key to delivering better and more efficient services that are co-ordinated around the needs of the individual. It is essential to enable early intervention and preventative work for safeguarding, for promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless, it is important to understand that most people want to be confident that their personal information is kept safe and secure and that practitioners maintain their privacy, while sharing appropriate information to deliver better services.
- *Recording:* good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is

vital to individuals' care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

- *Feedback*: at each stage of the Safeguarding Adults procedures it is important to ensure feedback is given to the adult at risk, people who have raised a concern and partners. People who have raised a concern are entitled to be given appropriate information regarding the status of the concern they have raised. The extent of this feedback will depend on various things e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an investigation. At the very least it should be possible to inform those who have raised a concern on whether their concern has led to an investigation. Partners in provider organisations require feedback to allow them to continue to provide appropriate support and make staffing decisions.
- *Closing*: the Safeguarding Adults procedures may be closed at any stage, for example if it is agreed that an investigation is not needed

Finally, it is equally important that these procedures are managed and administered in such a way as to comply with all the articles of the Human Rights Act (HRA) 1998 (in particular Articles 5 and 8) <http://www.equalityhumanrights.com/human-rights/what-are-human-rights/the-human-rights-act/index.html>

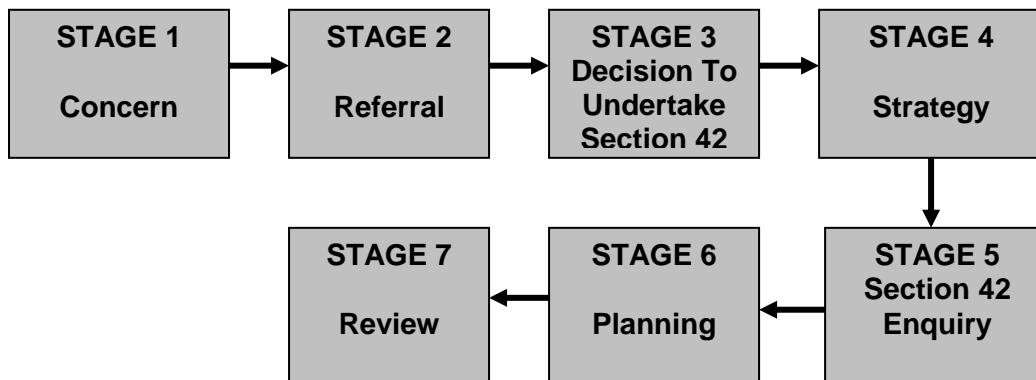
These are:-

Article 5 - Everyone has the right to liberty and security of person, subject only to lawful arrest or detention under certain circumstances, such as arrest on reasonable suspicion of a crime or imprisonment in fulfilment of a sentence.

Article 8 - a right to respect for one's "private and family life, his home and his [correspondence](#)"

What this means is that both the procedures and the outcome must be the least restrictive, proportionate and enable risk where appropriate. In addition, any actions falling under these procedures should be consistent with current legislation as it relates to social care, health, housing and education.

## 2. The Safeguarding Adults Procedural Flowchart



The Flowchart above sets out the key stages in the process and is designed to enable anyone reading this document to understand them and read it in conjunction with what follows.

There is a more detailed flowchart in Appendix 1. This sets out timescales by which each stage needs to be completed.

## 3. The Procedures

The following procedures are primarily intended for people working (paid and/or unpaid) with adults at risk of abuse, but anyone may use the information to help them when supporting adults at risk from abuse or harm.

### **3.1 Raising a Concern – What to Do and Who to Tell (Stage 1)**

#### **3.1.1 Definition of a Concern**

A concern (“Concern”) is a report made to Sirona or AWP. It is a Concern raised about an adult who is experiencing, or is at risk of, abuse or neglect.

The Concern may arise as a result of a disclosure, an incident, or other signs or indicators that abuse has taken place, is occurring or may take place. Sirona and AWP are commissioned by Bath and North East Somerset Council to receive and coordinate the response to the initial Concerns. The telephone number on which to raise a concern is 01225 396000.

If a Concern is made directly to a member of staff working for AWP, the member of staff in AWP receiving the Concern must contact Sirona on the above number to confirm the details of the Concern and to ensure that the contact has been recorded.

#### **3.1.2 Purpose of this stage**

The purpose at the Concern stage is to take any immediate action to keep the adult at risk as safe as possible, and to report the matter to the relevant agencies.



### **3.1.3 Timescale for this stage**

The Concern should be made on the same day, but no later than 24 hours after the incident of abuse or the concern becomes known, and any action to make the adult at risk of abuse as safe as possible has been taken.

### **3.1.3 Procedure at this stage**

Any person, including a staff member, a volunteer or a member of the public, may raise a Concern about a person who they believe has care and support needs; is experiencing, or is at risk of abuse or neglect; and as a result is less able to protect themselves.

The Concern could arise from:-

- The adult at risk telling someone that they have been abused or harmed.
- A complaint or expression of concern about an adult at risk by another member of staff, a volunteer, another service user, a carer, a member of the public or relative
- A person witnessing an incident in which the abuse of an adult at risk has taken place.
- A person becoming concerned about a change in the behaviour of the adult at risk which may be related to abuse.
- A member of staff becoming concerned about the care practices within their service which harms an adult at risk, or places an adult at risk of abuse or neglect.

Where the Concern has come to light the person raising the Concern must consider the following and act accordingly:-

- If the adult is at immediate risk or has suffered visible harm then the emergency services should be called.
- Where a criminal act is suspected this should be reported to Avon and Somerset Police in the first instance.
- It is vital that no potential forensic or any other evidence is contaminated at this stage. The adult at risk of abuse should not be questioned or repeatedly asked to describe what has happened to them. They can be asked to describe what has happened, but this should only be done once and then recorded as carefully as possible.
- The alleged abuser must not be informed of the detail of the allegations that have been made. This also applies if action is considered necessary in relation to the alleged abuser to safeguard the adult at risk or others at potential risk e.g. suspension from employment.
- Whether there are other adults at risk or children at risk.

Any person who becomes concerned about the abuse or potential abuse of an adult at risk should contact Sirona as quickly as possible on 01225 396000. This is the centralised point of access to Bath and North East Somerset's health and social care services. This can be done during office hours which are 8.30am to 5.00pm on Monday to Thursday, and 8.30am to 4.30pm on Fridays.

If abuse or potential abuse is identified outside of office hours the Emergency Duty Team should be contacted and they will record the Concern. Their number is: **01454 615165**

NB: Members of staff and volunteers should first consider discussing their concerns with their Line Manager, but this is not a necessity.

### Good Practice

<b>People who are told a Concern should respond by:</b>
<ul style="list-style-type: none"> <li>• Remaining calm and not showing shock or disbelief</li> <li>• Listening carefully to what is being said</li> <li>• Not asking detailed or probing questions</li> <li>• Demonstrating a sympathetic approach by acknowledging regret and concern that what has been reported has happened</li> <li>• Ensuring that any emergency action has been taken</li> <li>• Confirming that the information will be taken seriously</li> <li>• Giving the person information about what will happen next</li> <li>• Informing the person that they will receive feedback as to the result of the concerns they have raised and from whom</li> <li>• Giving the person contact details so that they can report any further issues or ask any questions that may arise.</li> </ul>

### Contact information for relevant agencies

Adult Care Services office hours	Sirona Care and Health	<b>01225 396000</b>
Children Services office hours for when a child is also at risk	B&NES Council	<b>01225 396313</b>
Adult and Children Services out of office hours	Emergency Duty Team	<b>01454 615165</b>

**Remember that in an emergency situation call 999 and ask for the Police or Ambulance Service, or 101 for the Police in a non-emergency, as appropriate.**

When receiving details of the Concern, the member of staff in Sirona or AWP must try to ascertain as much information about the Concern as possible. Wherever possible this should include:-

- The name, date of birth, address and telephone number of the adult at risk
- Brief details of the alleged abuse or concern
- Brief details on the needs of the adult at risk
- Whether there are any concerns or doubts about the mental capacity of the adult at risk
- Whether the adult at risk may have 'substantial difficulty' in being involved in any safeguarding work, and therefore may require the support of an appropriate person or advocate
- Whether the police are aware of the allegation, and whether a police investigation is underway
- Whether consent has been obtained for the referral. *NB. If consent has not been obtained this, and wherever possible the reasons for this, should be noted. However, lack of consent does not mean the matter cannot proceed as a Referral, and this should be considered in Stage 3 below*
- Whether there are other adults at risk or children at risk. If they are consideration must be given to immediately informing the Police and Children's Services
- The action taken to make safe the adult at risk of abuse

## **3.2 Safeguarding Adults Referral (Stage 2)**

### **3.2.1 Definition of a Safeguarding Adults Referral**

A Concern will become a Safeguarding Adults Referral when the Team Manager believes the criteria as defined in 1 above may have been met, namely when a person: -

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (Clause 14.1 of the Guidance)

### **3.2.2 Purpose of this Stage**

The purpose of this stage is to start the process of gathering some initial information from all relevant agencies on the concern received at the Concern stage in order to enable a representative from B&NES Council to make a decision on whether an Enquiry needs to be undertaken..

### **3.2.3 Timescale for this Stage**

The timescale for the completion of this stage is a maximum of two (2) working days from the date of the Concern.

### 3.2.4 Procedures at this stage

The person receiving details of the Concern will immediately pass the details to the relevant Team Manager.

The Team Manager's responsibilities are as follows:-

- To ensure that the Safeguarding Adults Referral is logged on the relevant system
- To ensure sufficient information has been gathered at Stage 1.
- If the referral is for an adult at risk for whom there is a current safeguarding referral open the Team Manager should establish whether it is related to the open referral and has the same perpetrator. If it does, the information should be passed to the relevant Social Worker immediately. If it is not related to the open referral and/or has a different perpetrator then the matter should be opened as a new referral
- For any care provided in a regulated setting e.g. care home, care agency, or hospital the Team Manager must inform the Non-Acute and Social Care Team in the Council and the Safeguarding Lead Nurse for Bath and North East Somerset Clinical Commissioning Group ('BANES CCG') as relevant
- If the person is receiving a service within the area of Bath and North East Somerset Council which is funded by another Local Authority or NHS organisation, then the Team Manager will ensure that the relevant funding authority is identified and informed
- To identify the relevant Manager of the team that has responsibility for the care management of the adult at risk (if the person is already known) or the Manager of the team which covers the area in which the person resides
- To notify the relevant Manager that the referral has been received and might need to be allocated

In addition the Team Manager receiving the Referral should consider all information available and will:-

- Assess the ongoing risks to the adult at risk and take immediate action to ensure the safety of the adult at risk as far as is possible
- Contact the Police for advice and information if a crime has been committed or is alleged to have taken place
- Establish whether there are any child protection concerns and report them accordingly to the Police and/or Children's Services
- Ensure other adults at risk who may be at risk are safeguarded
- Ensure any forensic evidence is preserved (usually this will mean ensuring it is not removed or tampered with)
- Ensure a record is made of any discussions or action taken at this stage
- Establish, as far as possible whether the person is likely to or may have 'substantial difficulty' in being involved, and where there is no appropriate person to support them, then arrangements must be made by the Team Manager, for an independent advocate to represent them for the purpose of facilitating their involvement.

NB: Section 7 of the Guidance provides some clarity on who can be appointed as an appropriate person. There are three key considerations in making this decision: -

- It cannot be someone who is already providing the adult at risk with care and treatment in a professional or paid capacity;
- the adult at risk must agree to having the person to support them; and
- the appropriate person' is expected to support and represent the adult at risk and to facilitate their involvement.

It would clearly not be appropriate to appoint a person who is implicated in any enquiry of abuse or neglect.

If at the outset it is unclear whether the adult at risk has someone who can act as an appropriate person for them, then an advocate can be appointed. If at a later stage it becomes apparent there is someone who can act as the appropriate person, then a decision must be made, in consultation with the adult at risk, about whether the advocate should continue; whether the advocate should hand over the role to the appropriate person; or whether they will offer joint support.

All of the above needs to be carried out without the person alleged to be responsible for the abuse or neglect being informed. However, if the concerns relate to a regulated service i.e. a care home, hospital, domiciliary care agency etc. Sirona Care and Health or AWP will consider informing the Manager of that service, or if they are implicated, a senior Manager within that organisation. This may be necessary to ensure the safety of the adult or other adults at risk.

### **3.3 The Decision on whether to progress to a Section 42 Enquiry - (Stage 3)**

#### **3.3.1 Definition of the Decision**

This is the point at which a representative from B&NES Council ("the Chair") must decide whether the adult at risk meets the criteria set out in Section 1 above, namely that he/she: -

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect. (Clause 14.1 of the Guidance); and
- the Chair from the local authority thinks it necessary to undertake a Section 42 Enquiry to assist it in deciding what, if any, action is needed to help and protect the adult (Clause 14.77 of the Guidance)

### **3.3.2 Purpose of this Stage**

The purpose of this stage is to make the Decision detailed in 3.3.1 and thereby enter the next stage of the process.

### **3.3.3 Timescale for this Stage**

The timescale for this stage to be completed is no later than two (2) working days from the date of the Concern.

### **3.3.4 Procedures for this Stage**

The Chair will decide whether the matter has met the criteria to proceed to a Section 42 Enquiry and the Strategy stage (Stage 4) of these procedures. This decision will be based on the criteria set out in 3.3.1 above.

Once the Chair has made a Decision the Team Manager from Sirona or AWP must act in accordance with the relevant Operating Protocol for 'Safeguarding Adults 'Decisions'' dated 1<sup>st</sup> April 2015 ('the Protocol') for Sirona or AWP, whichever is relevant.

In addition to the what is set out in the Protocol, Sirona or AWP, whichever is the relevant organisation to the Referral, will also undertake the following, in cases where an Enquiry will be undertaken: -

- if they have not done so already, clearly establish as quickly as possible, whether the adult at risk is likely to have 'substantial difficulty' in being involved. If they have no other appropriate person to support them, then the Team Manager must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.
- Inform the person who has raised the Concern that the matter will be investigated under these procedures and explain the next steps. NB. The extent of the feedback may be limited by confidentiality
- If the concern relates to a regulated service i.e. domiciliary care agency, care home or hospital inform the Non-Acute and Social Care Team of the Council or the Safeguarding Lead Nurse of BANES CCG will be informed within 24 hours that the matter will be investigated under these procedures
- If the concern relates to a service regulated by the Care Quality Commission they must ensure that they are informed the matter will be investigated under these procedures
- If the person is receiving a service arranged by another Local Authority or NHS organisation, then the relevant person in that organisation must be informed that the matter will be investigated under these procedures
- Where a service user is known to AWP and the Referral has been received by Sirona Care and Health, the relevant Team Manager in Sirona will ensure the information on the Referral is passed to AWP and they will decide whether the criteria set out above for Stage 3 is met and whether the matter will be investigated using these procedures

In addition, in cases in which a Section 42 Enquiry will not be undertaken, then Sirona or AWP, whichever is the relevant organisation to the Referral, will also undertake the following: -

- Inform the person who raised the Concern that no further action is to be taken under these procedures and give the reason/s for this decision. This should be confirmed in writing. NB: The extent of the feedback may be limited by confidentiality
- If the concern relates to a regulated service i.e. domiciliary care agency, care home or hospital inform the Non-Acute and Social Care Team of the Council and/or the Safeguarding Lead Nurse of BANES CCG will be informed within 24 hours of the information on the Safeguarding Adults Referral, but that it has been closed at this stage
- If the person is receiving a service within the area of the Council which is funded by another Local Authority or NHS organisation, then the relevant person in that organisation must be informed of the Referral.

### **3.4 Strategy (Stage 4)**

#### **3.4.1 Definition of a Strategy Discussion or Meeting**

The Strategy Discussion or Meeting is multi-agency. It involves relevant individuals sharing information about the Referral and agreeing how to proceed with a Section 42 Enquiry. If it is agreed to progress with a Section 42 Enquiry, then those individuals will plan how it will be undertaken, taking into consideration all the known facts.

#### **3.4.2 Purpose of this Stage**

The purpose of this stage is to establish on an urgent basis:-

- The adult's needs for care and support;
- The adult's wellbeing, with particular regard to the risk of abuse or neglect;
- The adult's ability to protect themselves or the ability of their networks to increase the support they offer;
- The impact on the adult, their wishes;
- The possible impact on important relationships;
- Potential of action and increasing risk to the adult;
- The risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect;
- The responsibility of the person or organisation that has caused the abuse or neglect; and
- Research evidence to support any intervention.
- Measures to stop or minimise, as far as possible, the risk of harm to the adult at risk
- The legal context and the powers available in relation to any Enquiry that will take place

- Whether to proceed further with the Enquiry, and if so the extent and detail of it. This must be proportionate to the views and wishes and desired outcomes of the adult at risk, as well as the degree of risk that is involved. If an Enquiry is to take place the Chair must specify which agency or agencies will carry it out and which agency will have the lead investigation role.
- The immediate evidence for the abuse or concern
- Multi-agency actions, where appropriate, for the immediate safeguarding of the adult at risk
- A decision on the extent of the Section 42 Enquiry, its purpose, and which agencies will be involved
- The appointment of a Coordinator and a Safeguarding Adults Lead Worker ('SALW') for the case

### **3.4.3 Timescale for this Stage**

The timescale for the completion of this stage is five (5) working days from the date of the Concern.

### **3.4.4 Procedures at this Stage**

#### **3.4.4.1 Roles and Responsibilities of Co-ordinator and SALW during this Stage**

The Co-ordinator will be the relevant Manager for the team in either Sirona Care and Health or AWP who is identified as having responsibility for either the care management or care co-ordination of the adult at risk of abuse.

The role of the Co-ordinator at this stage is to:-

- Liaise with the relevant Safeguarding Adults Team Manager ('the Chair') of the Council regarding the next steps
- Identify and appoint a suitably qualified and experienced person to be the SALW
- Review the steps taken to protect the adult at risk, or minimise any further risk of harm to them as far as possible
- Provide support to the SALW to enable them to undertake their role
- Ensure that all operational aspects of the safeguarding work are implemented, and to raise any concerns with their implementation with the Chair as soon as they are apparent

Prior to and during the Strategy Meeting or Discussion the Co-ordinator or the SALW will, if not already undertaken:-

- Check through the records held about the adult at risk and see whether previous safeguarding concerns have been raised
- Consider who the person alleged to be responsible for the abuse or neglect is and whether they have been implicated in other abusive incidents



- Meet and provide support to the adult at risk, unless to do so would place them at increased risk of harm. This will include ascertaining their views and wishes, their outcome/s they wish to achieve and to represent them at the Strategy Meeting or Discussion
- To decide whether the adult at risk is likely to have 'substantial difficulty' in being involved, and if so, and there is no other appropriate person to support them, they must make arrangements for an independent advocate to represent them for the purpose of facilitating their involvement. The Chair must be informed of this decision, and it must be recorded on the Strategy Discussion form.
- Ascertain and provide initial information regarding the health and social care needs of the adult at risk, including any communication needs and potential issues regarding their capacity to make decisions
- Obtain details of any care package provided to the adult at risk
- Obtain evidence on the level of risk that exists and any protective measures that have been put in place to reduce it
- Obtain information on any existing or previous referrals to safeguarding adults and their outcome
- Liaise with all relevant parties and ensure they are prepared to present relevant information to the Strategy Meeting i.e. details of the incident, service provided etc
- If necessary to ascertain an opinion on the legal context and any relevant legislation that may be relevant to the allegations or concerns

The Co-ordinator or SALW will prepare a brief summary for the Strategy Discussion or the Strategy Meeting detailing the above information.

#### **3.4.4.2 Decision on whether to undertake a Strategy Discussion or a Meeting**

The Co-ordinator or SALW must agree with the Chair one of the following options:-

##### **3.4.4.2.1 Strategy Discussion**

This option can be used when all of the following have occurred:-

- It has been possible to make the adult at risk, and potentially other adults at risk, safe from harm;
- the Police have confirmed that the threshold for a criminal investigation has not been reached;
- the concerns are less complex and do not involve many individuals or agencies; and
- an agreement can be reached on how a Section 42 Enquiry will be undertaken, and by whom e.g. an investigation by an employer; an NHS Trust undertaking an investigation as part of their Serious Incident Requiring Investigation process (SIRI) etc.

**OR**

#### **3.4.4.2 Strategy Meeting**

This option must be used when one of the following is applicable:-

- the threshold for a criminal investigation has been reached or may have been reached
- it has not been possible to make the adult at risk safe from harm, or to minimise the degree of risk to them to a satisfactory level
- there have been Safeguarding Referrals relating to more than one adult at risk
- the allegations or concerns relate to a member of staff employed by Sirona Care and Health, AWP, BANES CCG or the Council.
- there are a large number of agencies involved in the case co-ordination and information sharing would be easier to undertake using this method

**NB: At this stage, only one of these options can be used**

#### **3.4.4.3 The procedure when using the option of Strategy Discussion:**

The Chair will have decided whether to hold a multi-agency Strategy Discussion or Meeting. If the decision is for a Discussion the Coordinator will ensure that:-

- A Strategy Discussion Form is completed
- The Terms of Reference (see below for more detail) for the Section 42 Enquiry are clearly set out including who will undertake it, and the timescale in which it will be completed. This must be proportionate to the views and wishes and desired outcomes of the adult at risk as well as the degree of risk that is involved. A number of different agencies may be involved in the Enquiry and these will be specified
- Each agency that is required to participate in the Section 42 Enquiry will be informed of the expectation that they will produce a Summary Report of the progress and/or outcome of it for the Safeguarding Planning Meeting
- The adult at risk will be informed of the outcome of the Strategy Discussion by the Co-ordinator or Safeguarding Adults Lead Worker, and state how they will be involved in, and supported through, the investigation
- Where the adult at risk consents, or where the adult at risk lacks capacity and it is deemed to be in their best interests, feedback is provided to their relatives, support staff and other relevant professionals
- If the adult at risk has 'substantial difficulty' and there is no one appropriate to support them, then the Co-ordinator or SALW must immediately arrange for an independent advocate to represent them for the purpose of facilitating their involvement. A record must be made in

the Strategy Discussion form if the person requires support, who will provide it and how.

- If the adult at risk lacks capacity the following must be undertaken by the Co-ordinator or SALW: -
    - Identify any decisions that need to be made by the adult at risk as early as possible
    - Setting out how their capacity will be assessed in relation to each and any decision and who by
    - to make an immediate referral for an Independent Mental Capacity Advocate ('IMCA')NB: To assist in this decision consideration should be given to the Practice Guidance on the Involvement of Independent Mental Capacity Advocates in safeguarding adults (Social Care Institute of Excellence (2012) <http://www.scie.org.uk/publications/guides/guide32/whetherinstruct.asp>)
  
  - Where necessary, a Safeguarding Adults Action Plan is produced naming the Co-ordinator and SALW, and stating the timescales in which the actions will be completed. This must also specify the safeguarding measures agreed with the adult at risk, or if they lack capacity to make decisions in this regard, those considered to be in their best interests, and who has responsibility for their implementation. This will include any ongoing support the adult at risk may need
- [NB: The Safeguarding Adults Action Plan will be used throughout this process until it is determined whether a Safeguarding Plan is required. Therefore, please note that during the Enquiry Stage (Stage 5) the Safeguarding Adults Action Plan will also include measures to safeguard the adult at risk of abuse]**
- A date for the Safeguarding Planning Meeting is specified in the Strategy Discussion Form. This will be no more than 30 working days from the date of the Concern being received
  
  - Agreement is reached between the Chair and the Co-ordinator or SALW regarding who will be invited to the Safeguarding Planning Meeting. This must include a discussion about inviting the adult at risk and/or other relatives, representatives where appropriate. This will include facilitation, access, ensuring any communication needs are met and offering them support from a person of their choice i.e. family member, friend, advocate etc.
  
  - If the concerns have occurred in a service setting regulated by the Care Quality Commission ('CQC') or contracted with by the Council or BANES CCG a copy of the completed Strategy Discussion Form must also be sent to CQC, the Council's Non-Acute and Social Care team and/or the Safeguarding Lead Nurse for BANES CCG whichever is applicable

**NB: If the matter is closed following the Strategy Discussion please see 3.4.4.4.9 below.**

### **3.4.4.4 The procedures when using the option of Strategy Meeting**

#### **3.4.4.4.1 Arrangements for the Strategy Meeting**

The Strategy Meeting must be chaired by the Chair.

It is the responsibility of the Co-ordinator to ensure the Strategy Meeting is arranged. Prior to arranging the Strategy Meeting the Co-ordinator or the SALW must contact the Chair and agree with them who will attend.

The Co-ordinator or the SALW, together with the Chair, will give consideration to inviting:-

- The Co-ordinator
- The Safeguarding Adults Lead Worker
- A Minute-taker
- The Case Manager (if the Safeguarding Adults Lead Worker is not the adult at risk's Case Manager). The Case Manager can include the Social Worker, Occupational Therapist, Community Psychiatric Nurse, Probation Officer etc.
- Avon and Somerset Police, if a crime is suspected
- Care Quality Commission representative in the case of regulated services
- Nurse or other health professional if involved or if the referral relates to a matter which requires their knowledge and expertise
- Manager or other senior Manager of the service if the alleged abuse has occurred in a service setting i.e. domiciliary care agency, care home etc. (and if not involved in the allegation)
- The legal advisor from the Council if thought necessary.
- A member of the Council's Non-Acute and Social Care team or B&NES CCG, if the service is commissioned by them
- A member of the Council's Finance team if relevant
- An IMCA (see 3.4.4.3 above)
- In exceptional circumstances, the adult at risk (with due consideration to their capacity, communication needs and the venue) or a representative agreed by them. Where the adult at risk has 'substantial difficulty' in being involved, an appropriate person, or if no such person exists, an independent advocate can be invited. In any event, it is important that the initial views, wishes and desired outcomes of the adult at risk are shared at the meeting in order to assist in facilitating a proportionate response.

NB: This is because the Strategy Meeting is held primarily to agree how to investigate any concerns, and will also be subject to confidentiality which may make their participation very limited. However, the initial views and wishes of the adult at risk must be represented at the meeting wherever possible

This list is not exhaustive and consideration should be given to other agencies relevant to the concerns and who may have a direct involvement or could be involved in the future.

Each agency is responsible for deciding which staff will attend the meeting and this will be at their discretion. However, the agency must ensure that those who represent them are suitably qualified, with relevant expertise and authority.

There is an expectation from the BANES LSAB that if a person is invited to attend then they will make themselves available, or ensure another person from within their organisation with sufficient knowledge of the case, attends on their behalf. They must also understand that their representatives' presence, as recorded on the Minutes, signifies that they agree to ensure that the any actions given to, and agreed by them, will be undertaken.

The meeting should not be delayed due to lack of contact or response from involved agencies.

If a required party does not attend a record should be made at the Strategy Meeting of the attempts to contact them and their reasons for not attending.

#### **3.4.4.4.2 Expectations of attendees at a Strategy Meeting**

Those people attending the Strategy Meeting will be expected to:-

- Gather information on the adult at risk of abuse i.e. needs, care package, concerns, evidence of abuse, risk assessments etc
- Gather historical information which might be relevant to the adult at risk
- Bring details of any previous Safeguarding Referrals and/or safeguarding investigations
- Bring either a summary of their involvement or paperwork to which they can refer

#### **3.4.4.4.3 Matters to be considered at a Strategy Meeting**

The matters outlined in the section 3.4.2 'Purpose of this Stage' above must be considered during the meeting.

In cases in which a criminal act is suspected and a police investigation is required, this will take precedence and the Chair will consider:-

- The support the Police may require from care/case management, health or regulatory staff to assist them e.g. to support the adult at risk at interview, seizure of records etc
- Whether it is possible for joint interviews with police to be conducted with the adult/s at risk and witnesses, to avoid delays and duplication of investigative activities e.g. care provider investigating an allegation of assault by a staff member.

- The actions that can be undertaken by others whilst it is being carried out e.g. support to the adult at risk, suspension of staff etc
- The liaison with the police on the progress of their investigation. This would normally be done by the Co-ordinator and/or the SALW

If a police investigation is not required, or the police investigation has been completed, the Chair will need to consider and specify:-

- Whether a Section 42 Enquiry requires a multi-agency approach e.g. Care Quality Commission, the Non Acute and Social Care team of the Council, the Safeguarding Lead Nurse with BANES CCG etc
- Whether an investigation requires particular expertise e.g. if some or all of the concerns relate to clinical issues, should other qualified health professionals who have received appropriate training be requested to undertake all or part of the Enquiry.
- How a Section 42 Enquiry which involves a number of different agencies will be co-ordinated

#### **3.4.4.4 The Terms of Reference for an Enquiry**

The Chair must set out the Terms of Reference for the Section 42 Enquiry and these will be agreed at the meeting. The objectives of an Section 42 Enquiry are to: -

- establish facts;
- ascertain the adult's views and wishes;
- assess the needs of the adult for protection, support, and redress and how they might be met;
- protect from the abuse or neglect, in accordance with the wishes of the adult;
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- enable the adult to achieve resolution and recovery. (Clause 14.78 of the Guidance)

The Terms of Reference will specify what will be investigated, which agency will have responsibility for each part of the Section 42 Enquiry and the timescales for completion.

In completing the Terms of Reference the Chair must ensure the following is considered, and if necessary, completed:-

- Specify how the adult at risk will be involved in the Section 42 Enquiry and the support they will receive throughout. If the adult at risk has 'substantial difficulty' in participating and there is no-one appropriate to support them, then they must have an advocate..
- The completion or review of a comprehensive assessment of the needs and situation of the adult at risk of abuse
- The communication needs of the adult at risk of abuse and arranging any interpreting service necessary

- Whether an assessment of the mental capacity of the adult at risk of abuse is required. If there is a belief that the adult at risk lacks capacity consideration must be given to the following:-
  - Identifying any decisions need to be made by the adult at risk prior to the Safeguarding Planning Meeting
  - Setting out how their capacity will be assessed in relation to each and any decision and who by
- Consideration should also be given to whether to refer the adult at risk for an Independent Mental Capacity Advocate ('IMCA') to support them during the Section 42 Enquiry
- Whether a medical examination or other specialist assessment is needed and who will arrange this e.g. to determine the mental capacity of the adult at risk or the perpetrator
- The interviewing of the adult at risk about the alleged abuse, how this will be conducted, and by whom. NB: Interviews with an adult at risk or vulnerable witnesses should be carried out with the support of appropriate social or health care staff regardless of who has the lead responsibility for the investigation
- Interviewing possible witnesses to any abuse
- Possibly interviewing the person alleged to be responsible for the abuse or neglect
- Deciding whether legal advice needs to be sought
- Gathering of additional information to assist with the formation of the Safeguarding Plan at the Safeguarding Planning Meeting
- Ensuring agencies involved keep the SALW and Co-ordinator informed of progress and outcomes
- How to ensure the safety of the adult at risk of abuse throughout the investigative process
- Informing the adult at risk that their views and feedback will be sought throughout the process
- Considering whether there are other adults or children at risk i.e. in their own home, a care home, day service etc and ensure that an assessment of the level of risk is completed and any actions required to reduce the risk form part of the Safeguarding Plan
- If the adult at risk is not present the SALW will inform them of the outcome, and state how they will be involved in, and supported through, the investigation
- Where the adult at risk consents, or where the adult at risk lacks capacity and it is deemed to be in their best interests, feedback will be provided by the person agreed by the Chair to their relatives
- A Safeguarding Adults Action Plan must be produced, naming the SALW, stating the timescales in which the actions will be completed

**NB:** The Safeguarding Adults Action Plan will be used throughout this process until it is determined that a Safeguarding Plan can be completed. Therefore, during the Section 42 Enquiry this Action Plan will also include measures to safeguard the adult at risk of abuse.

If safeguarding measures are incorporated into the Safeguarding Adults Action Plan the Chair must:-

- Specify which safeguarding measures were agreed by the adult at risk prior to the meeting
- Specify the additional measures on which the adult at risk will be consulted
- If the adult at risk has been assessed as lacking capacity to make decisions in this regard, specify those considered to be in their best interests
- Specify who has responsibility for the implementation of each safeguarding action and when each will be reviewed

#### **3.4.4.4.5 Matters to be considered following the establishment of the Terms of Reference**

Prior to appointing an agency to undertake the whole or a specific part of a Section 42 Enquiry, the Chair must consider whether it is appropriate for that agency to do so. If concerns exist about the ability of the agency to undertake an investigation as part of a Section 42 Enquiry or it is considered that there is a significant conflict of interest, the Chair must seek to agree alternative arrangements at the Strategy Meeting. If it is not possible to reach an agreement at the Strategy Meeting the Chair must raise the issue and make a decision on the matter with a relevant Senior Manager within B&NES Council within five (5) days of the Strategy Meeting.

Each agency is responsible for undertaking the actions agreed and ensuring the Terms of Reference are fulfilled. If there is a difficulty the agency will contact the Coordinator who in-turn will discuss this with the Chair. Each agency involved in the Section 42 Enquiry will be informed of the expectation that they will produce a Summary Report of the progress and/or outcome for the Safeguarding Planning Meeting.

If the matter proceeds to an investigation a date, time and venue for the Safeguarding Planning Meeting must be agreed. This will be thirty (30) working days from the date the Concern was received.

The Co-ordinator and/or SALW will agree with the Chair who will be invited to the Safeguarding Planning Meeting.

If the adult at risk is not present, they must be invited to the Safeguarding Adults Planning Meeting with due consideration given to their capacity, communication needs and the venue, or invite a representative agreed by them. If the person has 'substantial difficulty' in participating and has an advocate or lacks capacity and has an IMCA, then they will both be invited to the meeting.

At the Strategy Meeting the agenda will follow the approved format and Minutes will be taken.



#### **3.4.4.4.6 Cases in which the person alleged to be responsible for the abuse or neglect is also an adult at risk**

In cases in which the person alleged to be responsible for the abuse or neglect is in receipt of health or social care services the Chair must consider the following: -

- How their needs will be addressed during the investigation
- Identify who will be responsible for ensuring there is an assessment or review and a care plan for them
- What support they will receive during the investigation.
- If the person is to be interviewed by the Police, identify and arrange an “appropriate adult” and give consideration to any communication needs.
- If the person has ‘substantial difficulty’ in being involved, and they have no one appropriate to support them, then a referral must be made for an advocate. If the person lacks capacity then they are entitled to the help of an IMCA to support and represent them in the enquiries that are taking place.

#### **3.4.4.4.7 Cases in which the person alleged to be responsible for the abuse or neglect is employed by an organisation which the Council or the BANES Clinical Commissioning Group have a contract with**

In cases in which the person alleged to be responsible for the abuse or neglect is a commissioned/contracted provider of services the Chair must consider whether:-

- To recommend to the lead commissioner that referrals to that service should be suspended or restrictions put in place
- To put in place actions to safeguard other adults at risk e.g. care management reviews; reviews by health professional i.e. of nursing care etc
- A referral needs to be made for a large-scale investigation
- Any other regulatory, commissioning or professional body needs to be immediately informed of the concerns

#### **3.4.4.4.8 Actions following a Strategy Discussion or Meeting when it is agreed an Enquiry will take place**

Where the safeguarding process remains open following either a Strategy Discussion or Strategy Meeting, the following actions must be completed:-

- In the case of a Strategy Discussion, a Strategy Discussion Form must be completed detailing the Terms of Reference for the Section 42 Enquiry
- The Co-ordinator has responsibility for ensuring the operational aspects of the Safeguarding Adults Action Plan are completed
- The SALW has the responsibility for ensuring the actions allocated to them and maintaining an overview of the implementation of the Safeguarding Adults Action Plan

- Feedback will be provided to the adult at risk on the outcome and reasons for it by the Coordinator or SALW
- The Co-ordinator or SALW will produce the Safeguarding Adults Action Plan and pass to the Chair for agreement. The Co-ordinator will ensure this is distributed within three (3) working days of the Strategy Discussion or Meeting
- The Chair will approve the Minutes of the Strategy Discussion or Meeting and the Co-ordinator will be responsible for ensuring they are distributed within ten (10) working days of the date of the Strategy Discussion or Meeting
- The Strategy Discussion Form or Minutes of a Strategy Meeting will only be distributed to the professionals involved and not to the adult at risk or relatives
- The Co-ordinator will ensure that feedback is provided to the person who originally raised the Concern, without disclosing sensitive information, to confirm that the concern has been taken seriously and whether action is being taken or not

**NB:** If the adult at risk has been assessed as lacking capacity to make decisions on options for the Safeguarding Plan, the matter must remain open in order to enable an assessment of capacity on the options to be undertaken, and a best interests decision to be made. A Safeguarding Planning Meeting must be arranged.

#### **3.4.4.4.9 Closure at the Strategy Discussion or Meeting**

If the Chair decides at the Strategy Discussion or Meeting that there will not be any further Section 42 Enquiry and closes the case, the Co-ordinator, in agreement with the Chair must ensure the following:-

- In the case of a Strategy Discussion, a Strategy Discussion Form must be completed specifying the reason for not proceeding with any further Enquiry
- In the case of a Strategy Meeting the Chair must specify the reason/s for not proceeding with any further Section 42 Enquiry
- An outcome for the Safeguarding Adults procedures will be agreed and recorded
- Where necessary, produce a Safeguarding Adults Action Plan, naming the Coordinator and SALW, and stating the timescales in which the actions will be completed. These actions must be monitored through the Care Management process or the Care Programme Approach ('CPA')
- Consider the implementation of a Safeguarding Plan. If necessary the Chair must do the following:-
  - Specify which safeguarding measures were agreed by the adult at risk prior to the meeting
  - Specify the additional measures on which the adult at risk will be consulted, and will also involve, where relevant, the adult at risk's advocate or IMCA. *NB: if there are additional measures on which the adult at risk needs to be consulted, the matter will require a*

*Safeguarding Planning Meeting. However, if the adult at risk agrees to the Safeguarding Plan in full following the Strategy Meeting, then the SALW or Co-ordinator must inform the Chair and agree the outcome in relation to 'The Result of Action Taken'. A note will be added in the Minutes of the Strategy Meeting and the matter closed*

- Specify who has responsibility for the implementation of each safeguarding action and when each will be reviewed
- The Co-ordinator or SALW will agree any Action Plan and the Safeguarding Plan with the Chair and ensure that it is distributed within three (3) working days of the Strategy Meeting/Discussion
- The Co-ordinator will agree the Strategy Discussion Form or Minutes of the Strategy Meeting with the Chair and ensure they are distributed within ten (10) working days of the Strategy Discussion or Meeting
- The Strategy Discussion Form or Minutes of a Strategy Meeting will only be distributed to the professionals involved and not to the service user or relatives
- The Co-ordinator will ensure that feedback is provided to the person who originally raised the Concern, without disclosing sensitive information, to confirm that the concern has been taken seriously and whether action is being taken or not
- The Co-ordinator must ensure feedback is provided to the adult at risk of the decision and/or their advocate, or where the adult at risk lacks capacity and it is deemed to be in their best interests, feedback to their relatives, support staff and other relevant professionals

**3.4.4.4.10** The Chair must determine both the Outcome of the case and the result of the action taken. Please refer to clauses 3.6.4.4 and 3.6.4.5 below in this regard.

**3.4.4.4.11 Agreement of the content of the Strategy Discussion Form or Minutes**

- Where a Safeguarding Adults Planning Meeting has been arranged, an opportunity will be provided at that meeting for amendments to the Discussion Form or Minutes to be recorded.
- Where the case is closed at the Strategy Discussion or Meeting any proposed amendments to the Strategy Discussion Form or Minutes must be notified to the Chair within five (5) working days from the date they are issued. If they are agreed by the Chair, the Chair will inform the Co-ordinator who will arrange for the distribution of the amended Minutes
- When a case is closed at either a Strategy Discussion or Meeting the Co-ordinator must ensure feedback is provided to the adult at risk of the decision, or where the adult at risk lacks capacity and it is deemed to be in their best interests, feedback to their relatives, support staff and other relevant professionals by the Safeguarding Adults Lead Worker or Coordinator

## **3.5 The Safeguarding Adults Section 42 Enquiry (Stage 5)**

### **3.5.1 Definition of the Section 42 Enquiry**

The Section 42 Enquiry is the process of gathering and analysing information and evidence to determine whether:-

- abuse has taken place; and/or
- there is ongoing risk of harm to the adult at risk

### **3.5.2 Purpose of this Stage**

The purpose of the Stage is to:-

- establish facts;
  - ascertain the adult's views and wishes;
  - assess the needs of the adult for protection, support, and redress and how they might be met;
  - protect from the abuse or neglect, in accordance with the wishes of the adult;
  - make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect;
  - enable the adult to achieve resolution and recovery. (Clause 14.78 of the Guidance);
- 
- to determine who was responsible and/or culpable and what action should be recommended in relation to them;
  - identify any lessons to be learnt for the future, including recommending changes to existing practices or service delivery or sanctions to be recommended; and
  - where relevant, to gather and consider professional opinion

### **3.5.3 Timescale for this Stage**

The Section 42 Enquiry should be completed within twenty (20) working days from the date of the Concern being received unless a different timescale is determined at the Strategy Meeting.

### **3.5.4 Procedures at this Stage**

The Terms of Reference for the Section 42 Enquiry specified at the Strategy Discussion or Meeting must be followed.

#### **3.5.4.1 The role of the Co-ordinator at this Stage**

The role of the Co-ordinator at this Stage is to:-

- Provide support and supervision to the SALW to enable them to undertake their role and responsibilities
- Ensure that the Section 42 Enquiry is coordinated and undertaken in a thorough manner
- Ensure that the safety of the adult at risk is maintained in accordance with the Safeguarding Adults Action Plan
- To review the content of the Safeguarding Investigation Report prior to its submission to the Chair
- Review the risk assessment that has been undertaken
- Make decisions regarding the timing of the Section 42 Enquiry based on the perceived level of risk
- Ensure that appropriate measures have been taken to reassure and support carers and others, as appropriate, and to keep them informed
- Ensure that the results of any risk assessment are circulated to all agencies involved. They should also provide information about whether there is the suspicion or possibility of ongoing risk of abuse or neglect

#### **3.5.4.2 The role of the Safeguarding Adults Lead Worker**

The role of the SALW at this Stage is to:-

- Co-ordinate the completion of the actions specified in the Terms of Reference
- Undertake their actions agreed in the Safeguarding Adults Action Plan and Terms of Reference
- Ensure any protective measures agreed upon by the adult at risk of abuse are put into place
- Provide support and advice to the adult at risk, and if relevant, the person supporting them or their advocate, and ensure they are kept updated of progress. This will include enabling them to attend meetings where they choose to do so; ensuring their wishes and feelings and the outcomes they wish to achieve are clearly established; and ensuring they understand the potential options available to them
- To liaise with other agencies involved, either directly in the care and support of the adult at risk, or other agencies relevant to the investigation e.g. children's services, mental health services, Police etc
- If the person alleged to be responsible for the abuse or neglect is in receipt of a care package, to liaise with their social worker and ensure their service user is supported by them
- When necessary, ensure that an assessment/s of mental capacity is/are completed
- Undertake and review any assessment of risk for and with the adult at risk
- Make comprehensive records of work carried out
- Monitor records of ongoing support and care of the adult(s) concerned
- Report promptly to the Co-ordinator any information that could change what was agreed in the Terms of Reference

- To keep the Co-ordinator informed of progress and any difficulties they encounter in undertaking their role
- Liaise with the allocated Chair of the Safeguarding Meetings when necessary
- Complete a Safeguarding Investigation Report for submission to the Chair at least three days prior to the Safeguarding Planning Meeting (see below regarding the content of this Report)

#### **3.5.4.3 The role of the appointed representative from any agency who is to undertake all or part of an investigation, other than the SALW**

The role of the appointed representative from the agency specified in the Terms of Reference to undertake all or part of an Section 42 Enquiry is to:-

- Undertake their Section 42 Enquiry in accordance with the Terms of Reference
- Liaise when necessary with other agencies involved
- Seek the agreement of the Chair if it is necessary to significantly deviate from the Terms of Reference
- At least three (3) working days prior to the date of the Safeguarding Planning Meeting provide a Summary Report to the SALW and Chair. It must include the following information:-
  - Name, address and date of birth of the adult at risk
  - The reason for their Section 42 Enquiry
  - A summary of the details of their Section 42 Enquiry
  - A chronology of previous safeguarding referrals or concerns
  - The outcome, conclusions and any recommendations from their Section 42 Enquiry
  - Any recommendations for consideration in the Safeguarding Plan for the adult at risk
  - The report should be signed and dated
- If any agency has not been able to complete their part of the Section 42 Enquiry by the date of the Safeguarding Planning Meeting, an interim Report must be completed, setting out the progress made, the reasons for the delay and an estimate for the completion

#### **3.5.4.4 Completing a Safeguarding Investigation Report**

The SALW will adhere to the following when completing the overall Safeguarding Investigation Report:-

- The Safeguarding Investigation Report will be completed by the SALW. The SALW will complete the Safeguarding Investigation Report in the agreed format
- It must be submitted to the Chair at least three (3) working days prior to the Safeguarding Planning Meeting

- The SALW may consult with other relevant parties in order to inform the Safeguarding Investigation Report, but the names, job title, agency, and role of these parties must be recorded
- The Safeguarding Investigation Report will be available to inform the Safeguarding Planning Meeting and will be marked 'Strictly Confidential'. It must include information on the following points: -
  - A Summary of the initial concern and of the incident or concern which triggered the referral
  - A summary of the adult at risk's views and wishes and desired outcomes, with reference to the support they received, where relevant, from an appropriate person, an advocate or IMCA
  - A chronology and outline of any previous related safeguarding referrals, incidents or allegations
  - A pen picture of the adult at risk and his or her circumstances including their view of their situation and strengths
  - Any significant or relevant health needs of the adult at risk
  - An assessment of the adult at risk's capacity in relation to consent and other legal issues
  - An overview of the adult at risk's network and social supports
  - Any issue/s of discrimination identified
  - Information about the person alleged to be responsible for the abuse
  - A brief account of the process of the Section 42 Enquiry/ies and the input of other agencies, with brief reference to the work of the agency/ies involved
  - An evaluation of the evidence gathered as part of their investigation
  - An assessment of how serious the abuse has been and whether there is a risk of it escalating or being repeated
  - Recommendations about future action to support the person and/or manage any ongoing risk and the views on the options of the adult at risk with reference to the support they received, where relevant, from an appropriate person, an advocate or IMCA
  - The opinion of the SALW and their conclusions on future risks, prevention and action. This will include an opinion about any support to the adult at risk that increases their ability to keep him or herself safe. The adult at risk's right to choice and control over their lives will be considered and the most supportive mechanism/s to facilitate this will be put in place

## **3.6 Safeguarding Planning Meeting (Stage 6)**

### **3.6.1 Definition of a Safeguarding Planning Meeting**

A Safeguarding Planning Meeting is a multi-agency meeting held to discuss the outcome of the Section 42 Enquiry and to put in place, where necessary, a Safeguarding Plan. It is essential that the adult at risk is invited to the Safeguarding

Planning Meeting. If they choose to attend consideration must be given prior to the meeting to the support they may require.

### **3.6.2 Purpose of this Stage**

The purpose of the Safeguarding Planning Meeting is, in a multi-agency context, to:-

- Establish the facts and put these on record after full consideration, discussion and joint decision making about the findings of the Section 42 Enquiry/ies, and the circumstances surrounding the alleged abuse
- Consider in detail the adult at risks views and wishes, their desired outcomes, and their views of the options available to them to reduce the risk they face, with reference to the support they received, where relevant, from an appropriate person, an advocate or IMCA
- Decide whether abuse has taken place or whether there is a serious potential for future abuse and record the reasons for these decisions
- Produce a Safeguarding Plan detailing the actions necessary to safeguard the adult at risk of abuse, who is responsible for carrying them out and by when
- Identify and support sanctions or other interventions to be taken in relation to the perpetrator.
- Specify actions to be recommended in relation to the service or provider agency
- Ensure that full consideration is given to the possibility that other adults at risk may be at risk of abuse and agreeing action to reduce or eliminate that risk
- Agree appropriate feedback to people, agencies and services on a 'need to know basis'. This must include the person who raised the original Concern
- Ensure that, where ongoing concerns exist which cannot be substantiated by evidence, appropriate monitoring systems are established
- Specify the arrangements for monitoring the implementation of the Safeguarding Plan

### **3.6.3 Timescale for this Stage**

The Safeguarding Planning Meeting should take place within thirty (30) working days of the Safeguarding Adults Concern.

### **3.6.4 Procedures to be followed at this Stage**

#### **3.6.4.1 Action prior to the Safeguarding Planning Meeting**

The following actions should be taken before the Safeguarding Planning Meeting:-

- The Co-ordinator and/or the SALW must ensure the arrangements for the meeting are known to all the attendees and to ensure that a Minute-taker is available



- The Co-ordinator and/or SALW will, in discussion with the Chair, consider if there are people to be invited in addition to those who attended the Strategy Meeting, for instance a social worker involved with the perpetrator, children's services etc
- The adult at risk of abuse must be invited to attend appropriate parts of the Safeguarding Planning Meeting and the SALW will ensure work is undertaken with the adult at risk prior to the meeting to prepare them for it. This will include informing them of the purpose of the meeting; putting in place any support they may require, including support from an advocate, relative, partner or other representative of their choosing; and informing the Chair of any communication needs the adult at risk may have.
- If the adult at risk declines to attend the meeting then, with their consent, consideration should be given by the SALW to an appropriate person', their advocate or IMCA, where relevant, attending on their behalf, or ensuring their views are represented in a format agreed with them beforehand. The reason for the non-attendance of the adult at risk should also be recorded in the Minutes
- Where it has been established that the adult at risk has 'substantial difficulty to make the decisions required in relation to keeping themselves safe prior to the meeting, the person who is supporting them or their advocate must be invited to the meeting
- Where it has been established that the adult at risk lacks capacity to make the decisions required in relation to keeping themselves safe prior to the meeting, their IMCA must be invited. Please see 3.4.4.3 above for guidance on the involvement of the IMCA service and their role
- The Co-ordinator and/or SALW must discuss with the Chair whether to invite the person alleged to be responsible for the abuse or neglect. The person alleged to be responsible for the abuse or neglect should only be invited to the meeting in exceptional circumstances. Where this is deemed appropriate the person alleged to be responsible for the abuse or neglect would only be invited to those parts of the meeting which concern actions to be taken in relation to them. If the person alleged to be responsible for the abuse or neglect is another service user, then a separate meeting may be convened to address their needs. In addition, the adult at risk of abuse must be consulted and their views and wishes taken into account
- The Co-ordinator must ensure that representatives of organisations who attend the Safeguarding Planning Meeting have the authority to agree to actions relating to their organisation. They must also understand that their presence as recorded on the Minutes signifies that they agreed to undertake any actions delegated to their organisation in the Safeguarding Plan

#### **3.6.4.2 Matters to be considered during the Safeguarding Planning Meeting**

The Chair will ensure that the Safeguarding Planning Meeting:-

- Reviews the Safeguarding Adults Action Plan

- Considers the Safeguarding Investigation Report from the SALW, which will include feedback on their part in any investigation
- Considers the Summary Reports from other agencies who have undertaken all or part of the investigation
- Considers the views and wishes of the adult at risk, their desired outcomes, and their views regarding the options available to them to reduce any future risk of abuse
- Consider if the adult at risk of abuse has either substantial difficulty, or has been assessed as lacking capacity to make decisions regarding the proposed safeguarding measures, and if so, how these will be determined. This will require the involvement of the appropriate person supporting them, their advocate or their IMCA.
- If the adult at risk of abuse is present at the meeting, specify which safeguarding measures are agreed by them
- If the adult at risk of abuse is not present at the meeting specify the additional measures on which they will be consulted
- Weighs the evidence and determines, on the balance of probabilities, the outcome of the allegation (see below for more detail)
- Considers and, where agreed, specifies the support to be provided to any carer
- A Safeguarding Plan is drawn up specifying the on-going safeguarding measures for the adult at risk of abuse. This Plan will delegate tasks to individuals and/or organisations (see below for more detail)
- A decision is made about any necessary action in respect of the person alleged to be responsible for the abuse or neglect
- Appoints a person to oversee and review the implementation of the Safeguarding Plan and for what period. This will be recorded in the Safeguarding Plan
- Determines, on a “need to know basis”, what additional information needs to be shared with whom
- Determines what action is appropriate when the allegation is Not Substantiated, or is Not Determined/Inconclusive, but where concerns remain about standards of care or poor practice
- Determine whether the Safeguarding process can be closed at this stage:-
  - If the Safeguarding Plan has not been agreed by the adult at risk and needs to be consulted upon it, then a Safeguarding Adults Review Meeting must be arranged.
  - If the Safeguarding Plan has been agreed by the adult at risk then the matter can be closed. In this instance, the Safeguarding Plan will be reviewed through the Care Management/CPA process
  - However, if the Safeguarding Plan has been agreed by the adult at risk, but the risk remains significant then a Safeguarding Adults Review Meeting must be arranged until the Chair is sufficiently confident that the risks can be managed effectively through the Care Management/CPA processes

- Where the adult at risk of abuse does not have capacity to understand the information, the Chair must give consideration to it being shared with the person's closest relative and/or main carer, other agency etc. This can occur provided it is necessary and relevant to the purposes for which it is shared i.e. to safeguard the adult at risk. If it is to be shared, the Chair must specify what can be shared, and with whom. This must only be done if sharing it would not place the adult at risk of abuse at further risk

### **3.6.4.3 The Safeguarding Plan**

The following must be considered by the Chair for inclusion, where necessary and appropriate, in the Safeguarding Plan:-

- What steps are to be taken to assure the adult at risk's safety in future;
- any modifications needed in the way services are provided (e.g. same gender care or placement, application for the appointment of a deputy to the Office of the Public Guardian etc.)
- how best to support the adult through any action they take to seek justice or redress;
- any action to be taken in relation to the person or organisation that has caused the concern;
- specify who has responsibility for the implementation of each safeguarding action/s and when each will be reviewed;
- action/s to ensure the continued involvement of the adult at risk of abuse and where appropriate their carer or advocate;
- details of support services, treatment or therapy available either in the immediate or the longer term to the adult at risk of abuse;
- any changes to the way the services are provided;
- options on how on-going and future risks are to be managed and risk taking supported, if that is the wish of the adult at risk of abuse;
- the services that could be provided to the adult at risk of abuse to enhance their self-esteem and increase their ability to safeguard themselves;
- the monitoring and review arrangements; and
- the contingency plans to ensure a quick response to the adult at risk of abuse if the Safeguarding Plan and/or care plan is not meeting their needs and they continue to be at significant risk.

It should be noted that until the Safeguarding Plan has been agreed by the adult at risk, it shall be in draft form.

### **3.6.4.4 Determining the Outcome of the Section 42 Enquiry**

One of the main functions of the Safeguarding Planning Meeting, if possible, is for the Chair, together with the other members of the meeting, to evaluate the evidence and determine the outcome of the allegation on the balance of probabilities. This may be done, despite the fact the Safeguarding Plan may not have been agreed at this stage.

In doing so, the Chair must adhere to one of the four possible outcomes contained in 'Information and Guidance for the Safeguarding Adults Return for 2014-15' issued by the NHS Information Centre for Health and Social Care (<http://www.ic.nhs.uk/CHttpHandler.ashx?id=11583&p=0>) and which are as follows:-

- **Substantiated - fully:** This refers to cases where “on the balance of probabilities” it is concluded that all the allegations made against the individual or organisation believed to be the source of the harm or neglect are proved. Where allegations of multiple types of abuse are being considered against an individual or organisation then all will need to be proved for it to be defined as fully substantiated.
- **Substantiated - partially:** This refers to allegations where there are allegations of multiple types of abuse being considered against an individual or organisation. Verification will be partial where “on the balance of probabilities” it was concluded that one or more, but not all, of the alleged types of abuse were proved
- **Inconclusive:** This refers to cases where there is insufficient evidence to allow a conclusion to be reached. This will include cases where, for example, the individual subject to the referral, the individual believed to be the source of the risk or a key witness has died before they could provide statements as part of the assessment or investigation.
- **Not substantiated:** This refers to cases where “on the balance of probabilities” the allegations are unfounded, unsupported or disproved
- **Investigation ceased at individual’s request:** This refers to cases where the individual at risk does not wish for an investigation to proceed for whatever reason and so preclude a conclusion being reached. Referrals which proceed despite this, for example where a local authority has a duty of care to protect other residents in a care home setting or multiple individuals in supported housing, will not come under this definition.

In determining the outcome the Chair must do the following: -

- (i) Set out the evidence for each allegation and state the outcome for it. These must be recorded in the Minutes.
- (ii) The Chair must determine, using the above outcomes, an overall outcome for the concerns.

NB: It is important to note that the standard of proof for a criminal prosecution is higher, as the case has to be proved beyond reasonable doubt. For civil, disciplinary or regulatory investigations the standard of proof is based on the balance of probability.

#### **3.6.4.5 Determining the Result of Action Taken in relation to risk**

Following the determination in 3.6.4.4 the Chair must make a judgment on the result of the action taken. In doing so the Chair must adhere to four possible results contained in 'Information and Guidance for the Safeguarding Adults Return for 2013-

15' issued by the NHS Information Centre for Health and Social Care (<http://www.ic.nhs.uk/CHttpHandler.ashx?id=11583&p=0>) and which are as follows:-

- **Where No further action under safeguarding:** this will usually refer to those cases where the formal conclusion recorded was *investigation ceased at individuals request*. However, in these cases action may still be taken to reduce the risk, and in these cases it should be recorded under *risk reduced or risk removed* (below).
- **Risk Remains:** this refers to cases where, after action has been taken to support management of risk, the circumstances causing the risk are unchanged and the same degree of risk remains. It should be acknowledged that there may be valid reasons why a risk remains, one of these being individual choice, and so this is not meant to be used as a stand-alone measure of performance.
- **Risk Reduced:** this refers to cases where, after action has been taken to support management of risk, the level of risk or the circumstances which made the individual vulnerable have been mitigated. It should be acknowledged that there may be valid reasons why a risk is reduced rather than removed, and so this is not meant to be used as a stand-alone measure of performance.
- **Risk Removed:** this refers to cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been fully addressed and the individual is no longer subject to that specific risk.

In determining the result of the action taken the Chair must do the following: -

- (i) Ensure that the view of the adult at risk is recorded as far as possible.
- (ii) Where it is not possible to ascertain the view of the adult at risk, to record their own view, based on the risk assessment.

#### **3.6.4.6 Actions following the Safeguarding Planning Meeting**

The following actions should be taken after the Safeguarding Planning Meeting:-

- If the adult at risk of abuse was not at the meeting, and they were not consulted on all the safeguarding measures prior to it, then the SALW must ensure they are consulted on the draft Safeguarding Plan. Prior to doing this they will consider whether the adult at risk of abuse needs to be supported, and who the most appropriate person would be. If the adult at risk already has an appropriate person to support them, an advocate or an IMCA, then they must be involved. If, at this stage, there is a belief that the adult at risk may lack capacity to consent to some of the proposals then the SALW must undertake a capacity assessment, and as a result, where necessary make a referral to an IMCA.
- If the measures to be included in the Safeguarding Plan were all agreed by the adult at risk either prior to or at the Safeguarding Planning Meeting, then the following must take place:-

- The Safeguarding Plan will be authorised by the Chair, and the Co-ordinator will ensure it is distributed within three (3) working days of the Safeguarding Planning Meeting and a copy placed in their case record
- The Safeguarding Plan will be given to the adult at risk of abuse within five (5) working days of the date of the Safeguarding Planning Meeting
- The Co-ordinator or SALW will agree the Minutes with the Chair and ensure they are distributed within ten (10) working days of the Safeguarding Adults Planning Meeting

NB: With regards to any proposed amendments to the Minutes:-

- In cases where a Safeguarding Adults Review Meeting has been arranged, an opportunity will be provided at that meeting for amendments to those Minutes to be noted
- In cases where the investigation is closed, those present at the meeting must notify the Chair within five (5) working days from the date they are issued of any amendments they would like to make. If they are agreed with the Chair, the Chair will inform the relevant Co-ordinator or SALW who will arrange for the distribution of the amended Minutes
- If necessary, the Co-ordinator will ensure that feedback is provided to the original Concern, without disclosing sensitive information, to confirm that the concern has been taken seriously and that has been taken

#### **3.6.4.7 Action to be taken if the matter is not closed at the Safeguarding Planning Meeting**

If the Investigation has not been completed, and it is not possible to determine an outcome, then as far as is possible, the Chair must ensure that all of the matters referred to in 3.6.4.2, and 3.6.4.3 are completed as far as possible. In addition, a date for the Safeguarding Review Meeting must be set in accordance with these procedures.

#### **3.6.4.8 Action to be taken if the draft Safeguarding Plan is agreed in full by the adult at risk immediately following the Safeguarding Planning Meeting**

If following the Safeguarding Planning Meeting the adult at risk agrees the draft Safeguarding Plan in full the SALW should inform the Co-ordinator and Chair immediately. It may then be agreed for the Co-ordinator to inform all relevant parties and to issue the Safeguarding Plan in full. In addition, any Safeguarding Review Meeting may be cancelled by the agreement of the Chair and a note added to the minutes of the Safeguarding Planning Meeting recording the reason. A note should also be added regarding the determination of 'The Result of Action Taken'.

**NB:** This may only be done if the Outcome was determined at the Safeguarding Planning Meeting.

### **3.7 Safeguarding Review Meeting (Stage 7)**

#### **3.7.1 Definition of a Safeguarding Review Meeting**

A Safeguarding Review Meeting is a meeting of those previously involved in the development of the Safeguarding Plan, including, wherever possible, the adult at risk and/or the appropriate person supporting them or their advocate. The Safeguarding Review Meeting can only take place if:-

- (i) A Section 42 Enquiry or part of it has not been completed prior to the Safeguarding Planning Meeting; or
- (ii) If the Section 42 Enquiry was completed, but it was not possible to agree the Safeguarding Plan at the Safeguarding Planning Meeting; or
- (iii) It was not possible at the Safeguarding Planning Meeting to reduce the risk to the adult at risk to an acceptable level.

#### **3.7.2 Purpose of this Stage**

The purpose of the Safeguarding Review Meeting is to:-

- If not agreed upon at the Safeguarding Planning Meeting, to review the outcome of the meeting with the adult at risk and/or the appropriate person supporting them or their advocate on the draft Safeguarding Plan
- If agreed upon at the Safeguarding Planning Meeting, to review the effectiveness of the Safeguarding Plan
- Update on any outcomes following the final meeting of the assessment/investigation process, if this was not completed at the Safeguarding Planning Meeting
- Consider the views and wishes and desired outcomes, as well as their view on the options available to reduce the risk to them of the adult at risk and/or the appropriate person supporting them or their advocate in relation to the Safeguarding Plan
- Where necessary, reflect on what has occurred since the last Meeting, to identify any changes in circumstances and, if necessary, to reassess any risk(s)

#### **3.7.3 Timescale for this Stage**

The Safeguarding Review Meeting should take place within a maximum of three months from the date of the Safeguarding Adults Planning Meeting.

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### **3.7.4 Procedures to be followed at this Stage**

#### **3.7.4.1 Cases in which the Investigation/s were not completed by the Safeguarding Planning Meeting**

In cases in which the Safeguarding Review Meeting has been convened because the Investigation was not complete, the meeting must follow the procedure set out in parts 3.6.4.1, 3.6.4.2, 3.6.4.3, 3.6.4.4, 3.6.4.5, 3.6.4.6, 3.6.4.7 and 3.6.4.8 above. NB: With regard to 3.6.5.3 this will mean a review of the Safeguarding Plan, with particular emphasis on the effectiveness or otherwise of the safeguarding measures put in place.

#### **3.7.4.2 Cases in which a Safeguarding Review Meeting has been convened for some other reason i.e. because the risk was considered to still be significant or it was not possible to agree the Safeguarding Plan at that time**

##### **3.7.4.2.1 Action prior to the Safeguarding Review Meeting**

The following actions should be taken before the Safeguarding Review Meeting:-

- The Co-ordinator or SALW must ensure the arrangements for the meeting are known to all the attendees and to ensure that a Minute-taker is available
- The Co-ordinator or SALW will, in discussion with the Chair, consider if there are people to be invited in addition to those who attended the Safeguarding Planning Meeting
- The adult at risk, together with, if relevant, the appropriate person to support them or their advocate, must be invited to attend appropriate parts of the Safeguarding Review Meeting
- The Co-ordinator or SALW will review the work undertaken prior to the Safeguarding Review Meeting, including that related to the person lacking capacity
- If the adult at risk declines to attend the meeting then consideration should be given to their appropriate person or their advocate attending on their behalf, or ensuring their views are represented in a format agreed with them beforehand. In cases in which the adult at risk was not previously considered to have 'substantial difficulty' or was not assessed as lacking capacity, they should be asked whether they would like an advocate or other person to represent them. The reason for their non-attendance should also be recorded in the Minutes of the meeting
- The Co-ordinator will consider with the Chair whether to invite the person alleged to be responsible for the abuse or neglect. The person alleged to be responsible for the abuse or neglect should only be invited to the meeting in exceptional circumstances. Where this is deemed appropriate the person alleged to be responsible for the abuse or neglect would only be invited to those parts of the meeting which concern actions to be taken in relation to them. If the person alleged to be responsible for the abuse or neglect is another service user, then a separate meeting may be convened to address their needs. In



addition, the adult at risk must be consulted and their views and wishes taken into account.

- Any Safeguarding Investigation or Summary Reports submitted to the Safeguarding Planning Meeting must be updated to reflect work undertaken between that meeting and the Review Meeting and submitted to the SALW and the Chair three (3) days prior to the meeting
- The Co-ordinator or SALW must ensure that representatives of organisations who attend the Safeguarding Review Meeting have the authority to agree to actions relating to their organisation. They must also understand that their presence as recorded on the Minutes signifies that they agreed to undertake the actions delegated to their organisation on the Safeguarding Plan

#### **3.7.4.2.2 Matters to be considered during the Safeguarding Review Meeting**

The Chair will ensure that the Safeguarding Review Meeting will:-

- Review any outstanding actions
- Share any updated or new information
- Review the Safeguarding Plan, with particular emphasis on the effectiveness or otherwise of the safeguarding measures put in place
- Consider the views and wishes and desired outcomes of the adult at risk of abuse and/or their representative
- If the adult at risk has been previously assessed as having 'substantial difficulty' or to be lacking capacity to make decisions regarding Safeguarding measures, then their appropriate person or advocate must be invited to the meeting.
- Consideration will be given to any further capacity assessments that have been undertaken before determining the measures for inclusion in the Safeguarding Plan in their best interests
- If necessary establish a revised Safeguarding Plan specifying the on-going safeguards for the adult at risk. This Plan will delegate tasks to individuals and/or organisations (see below for more detail)
- Restate the person appointed at the Safeguarding Planning Meeting to oversee and review the implementation of the Safeguarding Plan and for what period. This will be recorded in the Safeguarding Plan
- Reconsider whether any new information needs to be shared with any other person on a "need to know basis"
- Determine whether the Safeguarding process can be closed at this stage:-
  - In cases in which the whole or part of a Section 42 Enquiry has not been completed, a new Safeguarding Review Meeting must be arranged within a maximum of three months and the procedures at 3.6 must be followed

- If the Safeguarding Plan has not been agreed by the adult at risk and needs to be consulted upon it, then a Safeguarding Adults Review Meeting must be arranged
- If the Safeguarding Plan has been agreed by the adult at risk, but it is determined the risks remain significant, then a Safeguarding Adults Review Meeting must be arranged until the Chair is sufficiently confident that the risks can be managed effectively through the Care Management/CPA processes
- If the risk remains significant, but the Chair decides to close the matter, they must stipulate a date not more than three months from the date of this meeting on which the Safeguarding Plan will be reviewed through either Care Management or CPA. The Co-ordinator will be responsible for ensuring this is completed
- If the Safeguarding Plan is agreed by the adult at risk and it is determined that the adult at risk of abuse is no longer at significant risk the matter can be closed. In this instance, the Safeguarding Plan will be reviewed through the Care Management or CPA process. The Co-ordinator will be responsible for ensuring this is completed

#### **3.7.4.2.3 Determining the Outcome of the Investigation**

If the outcome of the investigation was not determined at the Safeguarding Planning Stage, the Chair must, together with the other members of the meeting, evaluate the evidence and determine the outcome of the allegation.

The Chair will apply the provisions set out in 3.6.4.4 and 3.6.4.5 above in determining the outcome and the Result of action taken.

#### **3.7.4.2.4 Actions following the Safeguarding Review Meeting**

The following actions should be taken following the Safeguarding Review Meeting:-

- If the adult at risk was not at the meeting, and they were not consulted on all the safeguarding measures prior to it, then the SALW must ensure they are consulted on the draft Safeguarding Plan. Prior to doing this they will consider whether the adult at risk of abuse needs to be supported, and who the most appropriate person would be. If there is a belief that the adult at risk may have 'substantial difficulty' the SALW must ensure their appropriate person or advocate is present. If the SALW believes the adult at risk lacks capacity to consent to some of the proposals then the SALW must undertake a capacity assessment and where necessary, seek the support of an IMCA in determining whether the proposed measures are in the person's best interests.

- If the measures to be included in the Safeguarding Plan were all agreed by the adult at risk either prior to or at the Safeguarding Planning Meeting, then the following must take place:-
  - The Safeguarding Plan will be authorised by the Chair, and the Co-ordinator will ensure it is distributed within three (3) working days of the Safeguarding Planning Meeting and a copy placed in their case record
  - The Safeguarding Plan will be given to the adult at risk of abuse within five (5) working days of the date of the Safeguarding Planning Meeting
- Where the adult at risk does not have capacity to understand the information, the Chair must give consideration to it being shared with the person's closest relative and/or main carer, other agency etc. This can occur provided it is necessary and relevant to the purposes for which it is shared i.e. to safeguard the adult at risk. If it is to be shared, the Chair must specify what can be shared, and with whom. This must only be done if sharing it would not place the adult at risk of abuse at further risk
- The Safeguarding Plan will be authorised by the Chair and the Co-ordinator or SALW will ensure it is distributed within three (3) working days of the Safeguarding Review Meeting
- A copy of the Safeguarding Plan must be given to the adult at risk within five (5) working days of the date of the Safeguarding Review Meeting, and a copy placed in their case record
- The Co-ordinator or SALW will agree the Minutes with the Chair and ensure they are distributed within ten (10) working days of the Safeguarding Adults Review Meeting

**NB: With regards to any proposed amendments to the Minutes**

- In cases where a further Safeguarding Review Meeting has been arranged, an opportunity will be provided at that meeting for amendments to those Minutes to be noted.
- In cases where the investigation is closed, those present at the meeting must notify the Chair within five (5) working days from the date they are issued of any amendments they would like to make. If they are agreed with the Chair, the Chair will inform the Co-ordinator who will arrange for the distribution of the amended Minutes.
- If necessary, the Co-ordinator will ensure feedback is provided to the person who raised the original Concern, without disclosing sensitive information, to confirm that the concern has been taken seriously and that action has been taken

**END**

Appendix 1

# Safeguarding Adults Assurance / Non Delegation Flow Chart

SA  
Procedures

Stage 1

Stage 2

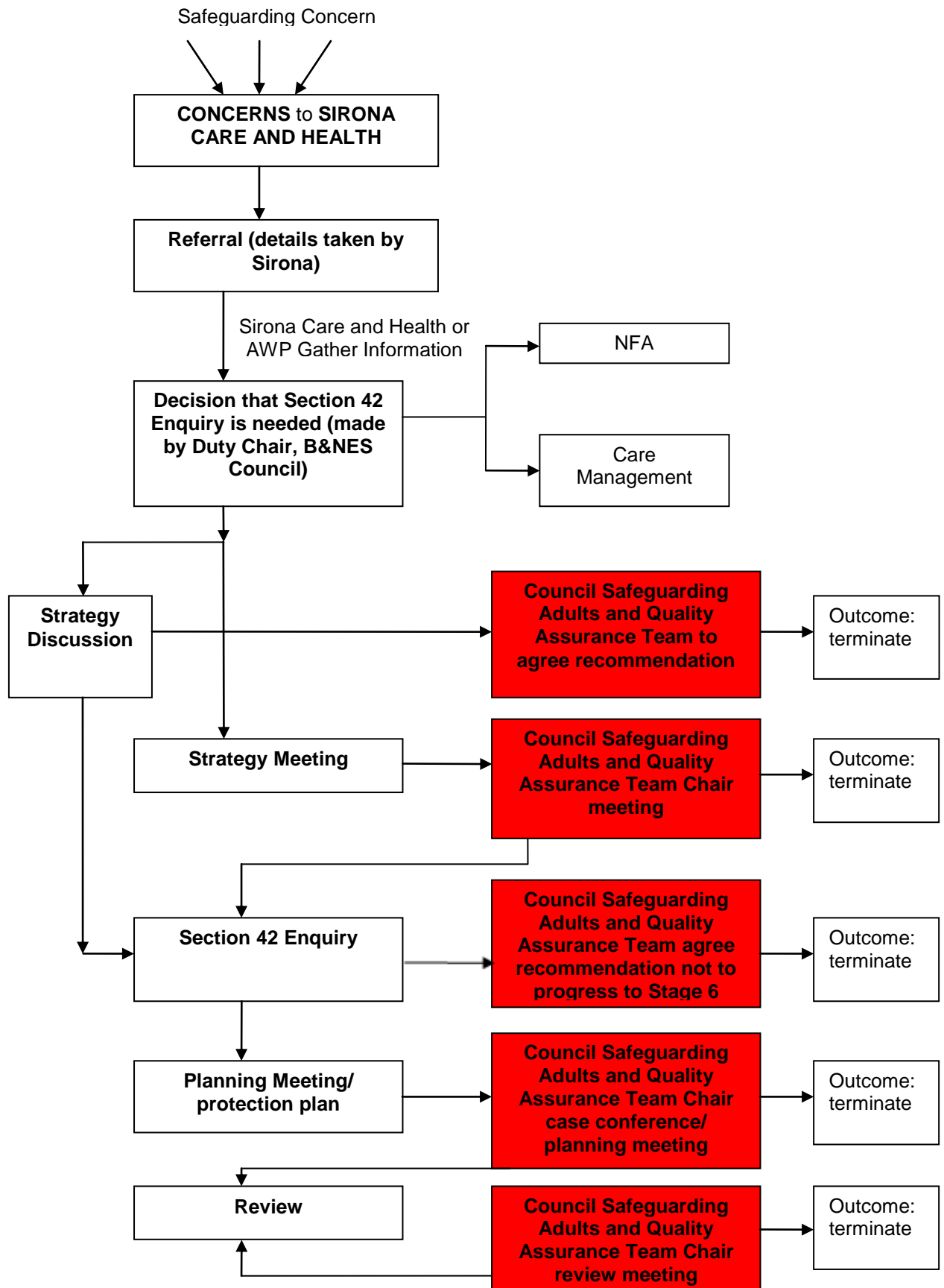
Stage 3

Stage 4

Stage 5

Stage 6

Stage 7



## Appendix 2

### GLOSSARY

Term	Definition
Outcome-focused	This refers to the impacts or end results of services or interventions in a person's life. For Safeguarding Adults this will primarily mean identifying the aspirations, goals and priorities identified by the adult at risk of abuse at the beginning of the process and seeking to measure the extent to which they have been achieved at the end.
Person centred	This describes an approach to health and social care that ensures the person to whom care is provided is responsive to the individual's differences, cultural diversity and the preferences of people receiving care, and is achieved partly through providing choice in health care.
Care Management	This is the system for delivering social care services to people who are assessed as needing them. It was introduced in the NHS and Community Care Act 1990 and requires that local authorities assess need, and if a person is eligible for a funded care package, set out in a care plan the way in which those needs will be met.
Care Programme Approach	This is a system of delivering community mental health services to individuals diagnosed with a mental illness. It was introduced in England in 1991 and by 1996 became a key component of the mental health system in England. The approach requires that health and social services assess need, provide a written care plan, allocate a care coordinator, and then regularly review the plan with key stakeholders
Duty Chair	A Team Manager, Safeguarding Adults and Quality Assurance, Bath and North East Somerset Council who makes the Decision on whether a Concern needs an Enquiry to be made and who chairs all safeguarding meetings..
Team Manager	The person appointed by AWP and Sirona Care and Health to manage a Team providing care management services
Care Coordinator	A Team Manager, Assistant Team Manager, Adult Locality Manager, or Assistant Adult Locality Manager within AWP or Sirona Care and Health who has responsibility for overseeing the implementation of the operational aspects of these procedures
Safeguarding Adults Lead Worker	A member of staff who is appropriately qualified and experienced from AWP or Sirona Care and Health
Care Provider	A private, independent or voluntary organisation that provides care, support and information in relation to health and social care i.e. care homes, domiciliary care agency

## **Appendix 3**

### **BIBLIOGRAPHY**

Mental Capacity Act (2005)

Deprivation of Liberty Safeguards (2007)

Care Act 2014

**End**