

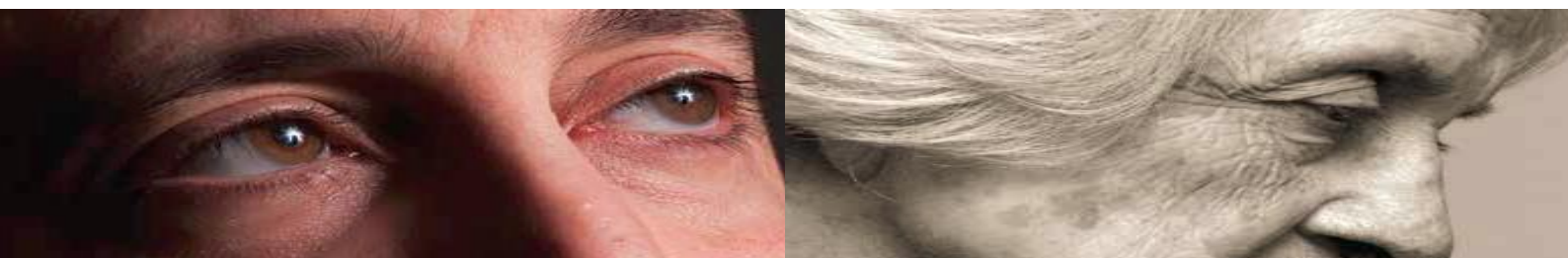


NORTH EAST LINCOLNSHIRE

ADULT SAFEGUARDING BOARD

MULTI AGENCY POLICY AND PROCEDURES

February 2022-2025



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NORTH EAST LINCOLNSHIRE ADULT SAFEGUARDING BOARD

MULTI AGENCY POLICY AND PROCEDURES

INTRODUCTION

On the 1st April 2015 the new law, entitled the Care Act 2014, became statutory, bringing with it a number of significant changes to the delivery and provision of Adult Social Care, in particular with regard to safeguarding adults at risk of abuse or neglect. In accordance with the Act, North East Lincolnshire has established a Safeguarding Adult Board, (NEL SAB) comprising as a minimum, three representatives from the Local Authority, Police and Health.

The North East Lincolnshire Safeguarding Adult Board requires appropriate representation to ensure practice compliance and reporting mechanisms are in place to fulfil its statutory function. The Care Act has significant implications for all NEL SAB members, whether delivering or commissioning adult services, as its implementation places the NEL SAB under a statutory footing and therefore the NEL SAB's core partners are identified as members from the range of key agencies. ***(see appendix A Safeguarding Adult Board Terms of Reference)***

The core aims of adult safeguarding are defined as being:

- To stop and prevent abuse or neglect wherever possible;
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- To safeguard adults in a way that supports them in making choices and having control about how they want to live;
- To promote an approach that concentrates on improving life for the adults concerned;
- To raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- To provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- To address what has caused the abuse or neglect.

To achieve this, everyone involved in safeguarding needs to be aware of their designated roles and responsibilities and work in partnership to respond in a timely and effective manner to abuse and neglect whilst learning and developing at all levels. It is expected that partners will work together to enable access to community resources to reduce isolation that increases risk and clarify how poor provision including within the health sector should be responded to.

THE SIX KEY PRINCIPLES OF SAFEGUARDING

There are six key national principles which underpin all adult safeguarding work – these being:

1. **Empowerment** – People being supported and encouraged to make their own decisions and be able to give informed consent. i.e. “Individuals are asked what they want as the outcomes from the safeguarding process, and these directly inform what happens.”
2. **Prevention** of harm and abuse – in that it is better to act before harm occurs. i.e. “Individuals receive clear and simple information about what abuse is, how to recognise the signs and what they themselves can do to seek help.”
3. **Proportionality** – The least intrusive response is made dependent upon but appropriate to the risk presented. i.e. Individuals are sure that the professionals will work in their best interest, and they will only see them and only get involved as much as is needed.”
4. **Protection** – Support and representation for those in greatest need. i.e. Individuals get help and support to report abuse and neglect. They get help so that they are enabled to take part in the safeguarding process to the extent to which they want to take part.”
5. **Partnership** – Local solutions through services working with their communities. i.e. “Communities have a part to play in preventing, detecting, and reporting neglect and abuse. Individuals know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. Individuals are confident that professionals will work together and with them to get the best result for them.”
6. **Accountability** – Accountability and transparency in delivering safeguarding. i.e. “Individuals understand the role of everyone involved in their lives and so do those involved.”

These procedures provide guidance to all NEL SAB partner members on the requirements set out in sections 42 to 46 of the Care Act 2014. These procedures replace existing policies and procedures published in 2012 and are based on the Care Act Statutory Guidance, (Chapter 14,) issued by the Department of Health during 2014. The guidance can be accessed via this link.

<https://www.gov.uk/guidance/care-and-support-statutory-guidance>

However due regard should be given to the Care Act Guidance when understanding what safeguarding is not:

14.9 Safeguarding is not a substitute for:

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

1. ADULT SAFEGUARDING – WHAT IT IS AND WHY IT MATTERS

Adult safeguarding can be defined as protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect.

1.1 PRINCIPLES OF WELLBEING

Organisations should also ensure that they always act to promote the adult's overall wellbeing within their safeguarding arrangements. "Wellbeing" is a broad concept and is present throughout the Care Act 2014, and is described as relating to the following areas in particular an individual's:

- 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 life and interactions;
- Suitability of living conditions and accommodation;
- Capacity and ability to contribute to society.

The above principles of 'wellbeing' are not ranked in levels of importance but should be treated with equal importance when considering an individual's overall welfare. The safeguarding process does not reduce the obligation for all providers and professionals to always ensure the provision of high-quality care and support. This should be subject to monitoring and quality assurance via supervision, audit, and inspection of commissioned services, through scrutiny and enforcement of standards by Care Quality Commission (CQC) and police action where offences occur.

NEL SAB members are committed to considering the views, wishes, feelings and beliefs of individuals before making decisions on safeguarding actions or interventions. Safeguarding is only one aspect of a range of individual needs and all professionals have a duty to establish what 'being safe' means to individuals and how this can be best achieved whilst adhering to the principles of well-being.

1.2 CARERS AND SAFEGUARDING

Assessment of carers must consider their wellbeing as well as that of the adult and professionals, ensuring that advice, guidance, and support is available to carers that may prevent abuse or neglect occurring and advise on what to do if the carer witnesses or suspects abuse considering that:

- Carers may witness or speak up about abuse;
- Carers may suffer abuse from the adult for whom they are caring;
- Carers may unintentionally or deliberately harm the adult.

Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police so that early consideration can be given as to whether a criminal investigation would be required or is appropriate.

2. WHO DO THE PROCEDURES APPLY TO?

These procedures apply to all safeguarding partners but the safeguarding duties have a legal effect in relation to the local authority and its statutory partners in the NHS and the police. The procedures apply to all adults over the age of 18 years although some adults at risk may still be in receipt of services from children's services.

In North East Lincolnshire, the local authority's role to undertake section 42 enquiries, is undertaken by Focus Independent Adult Social Work Safeguarding Adults Team.

3. WHO IS RESPONSIBLE?

3.1 STATUTORY DUTY OF LOCAL AUTHORITIES FOR SAFEGUARDING

The Care Act now places a statutory duty on all local authorities to make a safeguarding enquiry regarding 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 at risk of, abuse or neglect and
- as a result of those care and support needs the person is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

For the purpose of these procedures the adult that fits the criteria above and who is experiencing or at risk of abuse or neglect will be referred to as the 'adult'.

The Care Act also requires Local Authorities to:

- Make enquiries or cause them to be made where the adult is experiencing or at risk of abuse and neglect;
- Set up a Safeguarding Adult Board;
- Arrange independent advocates where needed to support the adult;
- Co-operate with its partners to protect the adult and in turn the relevant partners must co-operate with the Local Authority.

3.2 LOCAL AUTHORITY'S ROLE AND MULTI-AGENCY WORKING

Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults.

3.3 RELEVANT STATUTORY PARTNERS ARE:

- North East Lincolnshire Council
- NHS Clinical Commissioning Group and
- Humberside Police

and the following agencies or bodies who operate within the North East Lincolnshire Council area including:

- NHS England
- North Lincolnshire and Goole NHS Foundation Trust (NLAG)
- National Probation Service
- Community Rehabilitation Company
- Focus adult independent social work
- Humberside Fire & Rescue Service
- Care Plus Group
- East Midlands Ambulance Services (EMAS)
- NAVIGO Mental Health Services
- Healthwatch
- Care Quality Commission

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

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

3.4 LOCAL ROLES AND RESPONSIBILITIES

Roles and responsibilities should be clear, and collaboration should take place at all the following levels:

- Operational;
- Supervisory line management;
- Designated Adult Safeguarding Managers (DASMs);
- Senior management staff;
- Corporate/cross authority; and Chief Officers/Chief Executives;
- Local authority members and local Police and Crime Commissioners;
- Commissioners;
- Providers of services;
- Voluntary Organisations, and;
- Regulated professionals.

3.5 FRONT LINE

Operational front-line staff are responsible for identifying and responding to allegations of abuse and substandard practice. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to a suspicion or allegation that it is or has occurred. This includes GPs. It is employers' and commissioners' duty to set these out clearly and reinforce regularly.

It is not for front line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns. There should be effective and well-publicised ways of escalating concerns where immediate line managers do not act in response to a concern being raised.

3.6 SENIOR MANAGERS

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

3.7 CORPORATE/CROSS AUTHORITY ROLES

To ensure effective partnership working, each organisation must recognise and accept its role and functions in relation to adult safeguarding. These should be set out in the SAB's strategic plan as well as its own communication channels. They should also have protocols for various forms of dispute resolution such as mediation and family group conferences.

3.8 CHIEF OFFICERS AND CHIEF EXECUTIVES

As chief officer for the leading adult safeguarding agency, the Director of Adult Social Services (DASS) has a particularly important leadership and challenge role to play in adult safeguarding.

Responsible for promoting prevention, early intervention and partnership working is a key part of a DASS's role and also critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires a DASS promoting a culture that is person-centred, supports choice and control and aims to tackle inequalities.

However, all officers, including the chief executive of the local authority, NHS and police chief officers and executives should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect. The chief officers must sign off their organisation's contributions to the strategic plan and annual reports.

Chief officers should receive regular briefings of case law from the Court of Protection and the High Courts.

3.9 LOCAL AUTHORITY MEMBER LEVEL

Local authority members need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local authority members need to understand prevention, proportionate interventions, and the dangers of risk adverse practice and the importance of upholding human rights. Some SABs include elected members, and this is one way of increasing awareness of members and ownership at a political level. Others take the view that members are more able to hold their officers to account if they have not been party to board decision making, though they should always be aware of the work of the SAB. Managers must ensure that members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community.

In addition, local authority health scrutiny functions, such as the council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships can play a valuable role in assuring local safeguarding measures and ensuring that SABs are accountable to local communities. Similarly, local Health and Wellbeing Boards provide leadership to the local health and wellbeing system; ensure strong partnership working between local government and the local NHS; and ensure that the needs and views of local communities are represented. HWBs can therefore play a key role in assurance and accountability of SABs and local safeguarding measures. Equally SABs may on occasion challenge the decisions of HWBs from that perspective.

3.10 COMMISSIONERS

Commissioners from the local authority, NHS and CCGs are all vital to promoting adult safeguarding. commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

3.11 PROVIDERS OF SERVICES

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

They need to share information with relevant partners such as the local authority even where they are taking action themselves. Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one's interests to unnecessarily prolong enquiries. However some complex issues may take time to resolve.

3.12 VOLUNTARY ORGANISATIONS

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

4. WHAT IS ABUSE AND NEGLECT?

4.1 TYPES & PATTERNS OF ABUSE AND NEGLECT

The following defines different types and patterns of abuse and neglect and the various circumstances in which they may take place. This list is not exhaustive but is an illustrative guide to the sort of behaviour which could give rise to a safeguarding concern.

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, poisoning, unreasonable physical restraint, or inappropriate physical sanctions.
- **Domestic abuse** - In 2013, the Home Office announced changes to the definition of domestic abuse as follows:

An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality. This definition includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; female genital mutilation and forced marriage. Domestic abuse is most often thought about in terms of peoples' intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact, concerned with domestic abuse. This confirms that domestic abuse approaches and the relevant legislation may need to be considered as appropriate safeguarding responses in most cases. Domestic abuse can range from one-off or repeated incidents of controlling, coercion and threatening behaviour, sexual abuse, psychological abusive behaviour and violence by someone who is or has been an intimate partner or family member regardless of their gender or sexuality. It can include so called 'honour-based violence'; female genital mutilation and forced marriage.

The laws relating to domestic abuse apply to any adult over the age of 16 years.

- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs, or similar treatment; because of age, gender and gender identity, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided by external organisations within an adult's own home. This may range from isolated 'one off' incidents to on-going and repeated ill-treatment. It can be through neglect or poor professional practice, sometimes as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating. Such acts of neglect can result in serious physical or emotional harm to adults – such as pressure sores, starvation, dehydration and serious illness or death.
- **Self-neglect** – this covers a wide range of behaviours where individuals neglect their own care for example: personal hygiene, health needs or surroundings and includes behaviour such as hoarding, inappropriate nutrition and harm to health due to chronic hygiene issues.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits. Financial abuse can occur

in isolation, but research has shown, that where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, all professionals providing services or safeguarding interventions should also be aware of this possibility. Potential indicators of financial abuse include:

- change in living conditions;
- lack of heating, clothing, or food;
- inability to pay bills/unexplained shortage of money;
- unexplained withdrawals from an account;
- unexplained loss/misplacement of financial documents;
- the recent addition of authorised signers on a client or donor's signature card; or
- sudden or unexpected changes in a will or other financial documents.

This case study highlights the need for Local Authorities not to underestimate the potential impact of financial abuse. It could significantly threaten an adult's health and wellbeing. Some financial abuse will also constitute a criminal offence or offences and will therefore be a matter for the Police to investigate or require collaboration of shops, banks, HMRC and other welfare or benefit providers.

Case example: Mrs. B is an 88-year-old woman with dementia who was admitted to a care home from hospital following a fall. Mrs. B appointed her only daughter G, to act for her under a Lasting Power of Attorney in relation to her property and financial affairs. Mrs. B's former home was sold, and she became liable to pay the full fees of her care home. Mrs. B's daughter failed to pay the fees and arrears built up, until the home made a referral to the Local Authority, who in turn alerted the Office of the Public Guardian (OPG).

OPG carried out an investigation and discovered that G was not providing her mother with any money for clothing or toiletries, which were being provided by the home from their own stocks. A visit and discussion with Mrs. B revealed that she was unable to participate in any activities or outings arranged by the home, which she dearly wished to do. Her room was bare of any personal effects, and she had limited stocks of underwear and nightwear. The Police were alerted and interviewed G, who admitted using the proceeds of the mother's house for her own benefit. The OPG applied to the Court of Protection for suspension of the power of attorney and the appointment of a deputy, who was able to seek recovery of funds and ensure Mrs. B's needs were met.

Incidents of abuse may be single 'one-off' events or multiple events and can affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, in the same way that the Care Quality Commission does when exercising its duties as the regulator of service quality, when assessing the quality of care in health and care services.

Repeated instances of poor care may be an indication of more serious underlying problems and of what has become known and described as 'organisational abuse'. In order to see these patterns of abuse emerging, it is important that information is recorded accurately and appropriately shared. Anyone that suspects another professional or adult of abuse or neglect has a duty to refer it to the relevant employer or safeguarding agency to be investigated.

4.2 WHO ABUSES AND OR NEGLECTS ADULTS?

Anyone can be the perpetrator of abuse or neglect, including spouses/partners; other family members; neighbours; friends; acquaintances; local residents; people who deliberately exploit adults they perceive as vulnerable to abuse; paid staff or professionals; and volunteers and strangers.

Whilst significant attention is paid to targeted and internet fraud perpetrated by complete strangers and organised crime, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power. Abuse can occur anywhere and in any circumstances; for example, in someone's own home, in a public place, in hospital, in a care home or in college. Abuse can occur when an adult lives alone or with others and may be difficult for the adult to disclose due to the relationship with the abuser or the adult's capacity to understand what is happening.

5. MAKING SAFEGUARDING PERSONAL (MSP)

Guidance and legislation require that adult safeguarding is effective and empowering, so it is vital that people at risk of or suffering harm and abuse have as much control and choice as is possible, by establishing their preferred way forward, their preferred level of involvement and their preferred outcomes. This can be achieved by careful assessment of individuals at the outset and tailoring the pace of meetings, consultation and protection plans as guided by their express needs and individual circumstances. This process is deemed to be encompassed by adopting a 'Making Safeguarding Personal' (MSP) approach throughout the safeguarding process. (see Care Act, Chapter 14:).

<https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf>

Making Safeguarding Personal (MSP) is about consulting with and having conversations with people about how services and agencies might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. Adults should be seen as experts in their own lives and worked alongside, with the aim of enabling them to reach a better resolution for improving their circumstances and outcomes. It is about collecting information about the extent to which the actions and interventions have a positive and a desired impact on peoples' lives.

MSP means that any concern identified and responded to should be person-led and outcome-focused. Individual adults will each have different preferences, histories, circumstances, and lifestyles, so it is unhelpful to prescribe any one process that must be followed.

Accessible information, advice, support, and good advocacy are essential components to MSP. Having access to information and advice assists those involved in making informed choices about care and support and helps them to weigh up the benefits and risks of different options. Information and advice can enable people to keep themselves safe in the first place. However should abuse occur, people need to know what options are open to them. It is also important in terms of understanding the safeguarding process and longer-term support.

The case study below illustrates this point:

Case example: Two brothers with mild learning disabilities lived in their family home, where they had remained following the death of their parents some time previously. Large amounts of rubbish had accumulated both in the garden and inside the house, with cleanliness and self-neglect also an issue. The brothers had been targeted by fraudsters, resulting in criminal investigation and conviction of those responsible, but the brothers had refused subsequent services from adult social care and their case had been closed.

They had, however, developed a good relationship with their social worker, and as concerns about their health and wellbeing continued it was decided that the social worker would maintain contact, calling in every couple of weeks to see how they were, and offer any help needed, on their terms. After almost a year, through the gradual building of trust and understanding, the brothers asked to be considered for supported housing; and with the social worker's help they improved the state of their house enough to sell it, and moved to an environment in which practical support was provided.

6. RECOGNISING SIGNS AND SYMPTOMS OF ABUSE AND NEGLECT

Anyone can witness or become aware of abuse or neglect. Both professionals and volunteers across the full range of organisations need to be vigilant regarding adult safeguarding concerns. Staff in health and social care, ambulance and transport services, welfare, police, banking, fire and rescue, trading standards, leisure services, faith groups, housing and GP practices, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected. Findings from safeguarding adult reviews have sometimes found that if professionals or others had acted upon their concerns or shared information, then death or serious harm might have been prevented.

Case example: The following example illustrates that someone not typically seen to play a safeguarding role, in this case the neighbour, may be crucial to identifying an adult is at risk.

Case example: Mr A is in his 40s, and lives in a housing association flat with little family contact. His mental health is relatively stable after a previous period of hospitalisation, and he has visits from a mental health support worker. He rarely goes out, but he lets people into his accommodation because of his loneliness. The Police were alerted by Mr A's neighbours to several domestic disturbances. His accommodation had been targeted by several local people and he had become subjected to verbal, financial and sometime physical abuse. Although Mr A initially insisted, they were his friends, he did indicate he was frightened. He attended a case conference with representatives from Adult Social Care, Mental Health Services and Police from which emerged a plan to strengthen Mr A's self-protection abilities as well as deal with the abuse. Mr A has now made different arrangements for managing his money so that he does not accumulate large sums at home. A community-based visiting service has been engaged to keep him company through visits to his home, and with time his support worker aims to help get him involved in social activities that will bring more positive contacts to allay the loneliness that Mr A sees as his main challenge.

It is vital that professionals, other providers, and members of the public are vigilant on behalf of those unable to protect themselves and these safeguarding objectives will be achieved by:

- Knowing about different types of abuse and neglect and their signs;
- Supporting adults to keep safe;
- Knowing who to tell about suspected abuse or neglect;
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control;
- Promoting awareness through campaigns for the general public and multi-agency training for all staff working with adults and people at risk.

7. REPORTING AND RESPONDING TO ABUSE AND NEGLECT

In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid capacity - must understand their own role, remit and responsibility and have access to practical and legal guidance, advice and support. This will include having access to, being familiar with and understanding multi-agency safeguarding procedures.

- All organisations should have arrangements in place to share information about safeguarding.
- No professional who is aware of or suspects abuse or neglect should assume that someone else will pass on the information.

It is important to understand the circumstances of abuse, including the wider context such as whether or not others may be at risk of abuse, whether there are any emerging patterns of abuse, whether others have witnessed abuse and clarity on what the role of family members and paid staff or professionals involves. The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response.

The decision to report a safeguarding concern to adult safeguarding, Focus safeguarding adults team, can be informed by using the risk matrix that has been in place in North East Lincolnshire Council since 2011. The matrix has been modified in the light of the Care and Support Guidance 2014 and can be found at **Appendix C** attached to this document.

If any doubt remains or advice is needed please contact the Adult Social Care Single Point of Access (SPA) , to discuss the concerns and make a decision regarding what level of referral needs to be made.

A safeguarding concern can be raised by contacting Focus independent adult social work , the contact details are as follows

The flowcharts at **Appendix B** show the pathway for referring or notifying any Safeguarding concern.

7.1 DUTY TO REPORT ABUSE OR NEGLECT

Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the adult. Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

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

Case example: The following example illustrates the action taken following a resident being unhappy with the care being provided. The district nurse followed through, and a positive outcome was achieved for the resident.

A resident at a local care home told the district nurse that staff members spoke disrespectfully to her and that there were episodes of her waiting a long time for the call bell to be answered when wanting to use the commode. The resident wished to leave the home as she was very unhappy with the treatment she was receiving and was regularly distressed and tearful. The resident was reluctant for a formal safeguarding enquiry to take place but did agree that the issues could be discussed with the manager. The district nurse negotiated some actions with the manager to promote good practice and address the issues that had been raised. When the district nurse reviewed the situation; the manager at the care home had dealt with the issues appropriately and devised an action plan. The resident stated that she was now happy at the care home – staff ‘couldn’t be more helpful’ and she no longer wanted to move.

Safeguarding Flow Chart

Concern Received by SPA

Stage 1 Decision = Is it a Safeguarding Concern? Y/N

YES

Passed to Safeguarding
Triage for Action/Decision

NO

Advice/signposting/other
actions

Concern Received by
Safeguarding Triage

Stage 2 Decision = Is a Safeguarding Enquiry Required? Y/N

YES

Take any urgent actions required to protect
the individual(s)

Report criminal activity to the police

NO

Advice/signposting/other actions

SAFEGUARDING TEAM FUNCTION

The type of enquiry is determined by Section 42 of the Care Act.
Have all the section 42 criteria been met?

YES

STATUTORY / Section 42 Enquiry

NO

NON STATUTORY Safeguarding Enquiry

Safeguarding Enquiry to Proceed

- Establish desired outcomes (Making Safeguarding Personal).
 - Take actions to manage the risk(s).
 - Involve relevant partners.
- Review achievement of desired outcomes.

8. SAFEGUARDING ENQUIRIES

The Care Act has replaced the terminology of alerts and referrals and now refers to concerns and enquiries.

8.1 WHAT IS A SAFEGUARDING CONCERN?

This is the first contact between a person concerned about abuse or neglect and the local authority. This is the same as an 'alert' as referred to in the previous procedures. In North East Lincolnshire the local authority role is undertaken by Focus Independent Adult Social Work (referred to as Focus).

8.2 WHAT IS A SAFEGUARDING ENQUIRY?

These are any enquiries made or instigated by the Focus Safeguarding Adults Team in response to a safeguarding concern. Fact finding by the Focus Safeguarding Adults Team duty and response (triage) is not classed as an enquiry. However, once it has been established that an enquiry is required, the case will be allocated for an enquiry to be made.

An enquiry:

- Should establish whether any action needs to be taken and if so, by whom;
- Could range from an informal conversation with the adult at risk to a more formal multi-agency discussion;
- Does not have to follow a formal safeguarding process;
- Establishes on the balance of probabilities if abuse or neglect has occurred.
- Identifies the actions required to minimise risk when appropriate.

If initial enquiries indicate that abuse or neglect has occurred, subsequent enquiries will establish what is the type and nature of the abuse and by whom it is perpetrated.

Once a concern is identified the priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive.

In cases which involve People in a Position of Trust (PiPoT) guidance is provided at Chapter 11.

The flowchart illustrated on page 12 shows the 'local decision making process' and pathway that will be undertaken in North East Lincolnshire once a concern is raised at Focus.

8.3 WHO SHOULD CARRY OUT THE ENQUIRY?

Once the decision has been made that a safeguarding concern should progress to a Sec42 enquiry then the staff in Focus will decide which agency/organisation is best placed to carry it out.

Although guidance indicates that the local authority is the lead agency for making Sec42 enquiries, it may require others to undertake them or act on their behalf. The specific circumstances will often determine who is the right person to undertake an enquiry.

This extract from the statutory guidance - provides guidance on who should undertake the Sec42 enquiry. However, the decision-making process between Focus and other agencies will still take place to agree who will carry out the enquiry.

Focus in its lead and co-ordinating role, will assure itself that the enquiry satisfies its duty under Section 42 to decide what action (if any) is necessary to help and protect the adult. If safeguarding action is required, decisions will be made and recorded as to whom will undertake the enquiries to ensure that such action is taken when necessary. In this role, if Focus has directed someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

Focus should always undertake enquiries when:

- There is a serious conflict of interest on the part of the employer;
- Concerns have previously been raised about the lack of robustness and non-effective past enquiries;
- The incident is serious;
- The incident involves multiple concerns;
- The incident requires investigation by the police.

Once the enquiry has achieved the desired outcome of the adult at risk, then the Sec42 enquiry is complete. Throughout the process, the enquiry should follow the principles of Making Safeguarding Personal. See Section 5 - page 9.

Outcomes of enquiries will depend on the circumstances of the subject and may include:

- Criminal prosecution of the person who caused the abuse or risk;
- Assessment of care and support needs and provision to help safeguard;
- Review of care and support needs;
- Moved to different location or preventing access to the person who caused the abuse or risk;
- Management and or support of access to finances;
- Regular reviews;
- Referred for counselling;
- Referral of staff or providers for training.

People alleged to have been either adult at risk or alleged source of risk of abuse have the right to contest or appeal the findings of enquiries i.e. that abuse has or has not occurred or the nature of the abuse.

8.4 RIGHT TO AN ADVOCATE

If an adult has no appropriate person to support them and has substantial difficulty in being involved in the local authority processes, they must be informed of their right to an independent advocate. Where appropriate local authorities should provide information on access to appropriate services such as how to obtain independent legal advice or counselling services for example. The involvement of adults at risk in developing such communication is sensible.

9. INFORMATION SHARING, CONFIDENTIALITY AND RECORD KEEPING

9.1 INFORMATION SHARING

To carry out its safeguarding functions, the Safeguarding Adult Board (NEL SAB) and Focus will need access to information held by a range of people and organisations, including statutory board members, such as NHS and police or private providers such as health and social care, housing, voluntary sector or education.

9.2 INFORMATION - DECISION MAKING AND PROPORTIONALITY

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

NEL SAB may request information to be provided to the board or another person. The person or agency receiving such requests must provide the information to the NEL SAB in the following circumstances:

- The request is made in order to enable or assist the NEL SAB to carry out its functions;
- The request is made of a person who is likely to have relevant information;
- The information requested relates to the person to whom the request is made and their functions or activities;

9.3 WHEN SHOULD INFORMATION BE SHARED?

When sharing information about adults, children, and young people at risk between agencies, the type and quantity of information should only be shared:

- Where relevant and necessary, not simply all the information held;
- With the relevant people who need all or some of the information; and
- When there is a specific need for the information to be shared at that time.

Early sharing of information is key to providing timely and effective responses where there are emerging concerns. No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If any professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with Focus and the police if they believe or suspect that a crime has been committed.

Safeguarding Adult Reviews have found instances where the withholding of information has prevented organisations acting effectively to protect an adult at risk or prevent harm. Lacking information limits agency capacity to analyse what "went wrong" and identify lessons learned to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening, they *must act* upon that knowledge, not wait to be asked for information.

Where an adult has refused to consent to information being disclosed then consideration must be given as to whether there is an overriding public interest. In cases of doubt individuals should seek advice from SPA or the DASM if appropriate.

All information sharing should be compliant with local information sharing guidance ensuring that:

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

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

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 2018 where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information sharing protocols. The hyperlink below provides guidance on when and when not to share and the legal basis for decision making when sharing sensitive or personal information.

<https://ico.org.uk/for-organisations/guide-to-data-protection/>

9.4 COMMUNICATION AND ENGAGEMENT

Information for staff, people who use care and support, carers and the public should be made available using a range of media, produced in different, user-friendly formats for people with care and support needs and their carers. These should explain clearly what abuse is and how to share a concern and make a complaint. Adults with care and support needs and carers should be informed that their concern or complaint will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They should be reassured that they will receive help and support in taking action on their own behalf. They should also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish.

9.5 CONSENT AND USER VIEWS

Practitioners should wherever possible seek the consent of the adult before taking action and obtain his or her views on what is the desired outcome. There may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it remains in their best interests to undertake an enquiry. Whether or not

the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done.

Similarly, it may be in the public interest to act because a criminal offence has occurred. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to their own agency/organisation, to Focus or to the Police.

This extract from the statutory guidance gives more detail to the issue of consent:

“...where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. If, for example, there may be an abusive adult in a position of authority in relation to other adults at risk [sic], it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take legal advice. Ongoing support should also be offered. Because an adult initially refuses the offer of assistance he or she should not therefore be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that she or he can take up the offer of assistance at any time.”

9.7 RECORD KEEPING

Record keeping is a vital component of professional practice. All complaints and allegations of abuse should be clearly and accurately recorded so that past incidents, concerns, risks, and patterns emerging can be evidenced. Situations of abuse and neglect can emerge from a series of incidents over a period of time. In the case of providers registered with CQC, records should be available to service commissioners and the CQC so they can take the necessary action. All professionals making records concerning individuals should be aware that the subject of the records may have a right to access those records and where appropriate challenge them. Records should therefore be objective, clear, and accurate, should avoid jargon ambiguity, use appropriate language to avoid misinterpretation and distinguish between fact, opinion and professional judgement.

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

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

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

10. SAFEGUARDING ADULT REVIEWS (SARs)

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

SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention or has suffered

permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

SABs are free to arrange for a SAR or an internal management review in any other situations involving an adult in its area with needs for care and support. The SAB should be primarily concerned with weighing up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

The process for undertaking SARs will be determined on a case-by-case basis depending on specific circumstances with the Focus being on what needs to happen to achieve understanding, remedial action and, sometimes providing answers for families and friends of adults who have died or been seriously abused or neglected.

This may be where a review can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs may also be used to explore examples of good practice where learning could be applied to future cases.

Early discussions need to take place with the adult, family, and friends to agree how they wish to be involved. The adult who is the subject of any SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

SARs should reflect the six safeguarding principles.

SABs should agree terms of reference for any SAR they arrange, and these should be published and be openly available. When undertaking SARs the records should either be anonymised through redaction or where information is likely to identify individuals' consent should be sought.

10.1 SAFEGUARDING ADULT REVIEW (SAR) PRINCIPLES

The following principles should be applied by SABs and their partner organisations to all Safeguarding Adult Reviews:

A culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice.

The approach we will take to reviews will be proportionate according to the scale and level of complexity of the issues being examined and as a minimum will:

- Be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- Involve professionals fully enabling them to contribute their perspectives without fear of being blamed for actions they took in good faith; and
- Involve subjects and families being invited and encouraged to contribute to reviews;
- Ensure families and participants understand how they are going to be involved;
- Ensure that the participation and engagement with families and other participants is managed appropriately and sensitively.

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

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

The SAB should aim for completion of a SAR within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required; for example, because of potential prejudice to related court proceedings. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed; and to take corrective action. (14.144)

10.2 SARS WILL AIM TO:

- Determine what agencies and individuals involved in the case might have done differently that could have prevented harm or death.
- Learn lessons from the case and apply those lessons to future practice to prevent similar harm occurring again.

The process will assure participants that the purpose of the SAR is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

10.3 INVOLVEMENT OF PRACTITIONERS, PROFESSIONALS AND FAMILIES

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

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

10.4 EARLY RESPONSES LESSONS LEARNED OR SAFEGUARDING CONCERNS

Where appropriate, poor practice or remedial action needed that is identified during the SAR process, will be notified to the relevant service, agency or manager, and followed up via the SAR panel to ensure appropriate action has been taken.

10.5 LINKING SAFEGUARDING ADULT REVIEWS WITH OTHER REVIEWS, INVESTIGATIONS AND ENQUIRIES

There are a number of other review processes both statutory and non-statutory such as a child safeguarding practice reviews, Domestic Homicide Reviews, Serious Untoward Incident Reviews and Mental Health Homicide reviews as well as others. Where such reviews may be relevant to SARs (e.g. because they concern the same perpetrator), consideration should be given to how SARs, can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case. For example, considering whether some aspects of the reviews can be commissioned jointly to reduce duplication of work for the organisations involved.

The SAR will also take account of a coroner's inquiry, and, or, any criminal investigation related to the case, including disclosure issues, to ensure that relevant information can be shared without incurring unnecessary delay in the review process. It will be the responsibility of the SAR panel chair to ensure contact is made with the chair of any parallel process.

10.6 FINDINGS FROM SARS

The SAB should include the findings from any SAR in its annual report and what actions it has taken or intends to take in relation to those findings. Where the SAB decides not to implement an action then it must state the reason for that decision in the annual report. All documentation the SAB receives from registered providers which is relevant to CQC's regulatory functions will be given to the CQC on the CQC's request.

10.7 SAR REPORTS SHOULD:

Provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence, and:

- be written in plain English;
- provide findings and learning for organisations and professionals;
- provide recommendations and action plans;
- and provide a framework for monitoring by the NEL SAB.

10.8 RECORDS OF SARS

Records should be kept in such a way that the information can easily be collated for local use and national data collections.

11. DESIGNATED ADULTS SAFEGUARDING MANAGER (DASM) PROCESS

11.1 INTRODUCTION

The Care Act 2014 Statutory Guidance required all safeguarding adults boards to establish and agree a framework and process for managing allegations against Persons in Positions of Trust (PiPoTs). PiPoTs include all those *people working with or providing services to adults with care and support needs*. This protocol is designed for partner agencies and commissioned services to inform and support decision-making processes as soon as they become aware of concerns, regardless of the source and it applies equally to current and historical allegations or concerns.

The NEL framework and process outlined is referred to throughout as the “protocol”. It applies to all Safeguarding Adult Board (SAB) partner agencies and organisations in North East Lincolnshire commissioned by or on behalf of NEL to provide services. It requires that all agencies respond appropriately to allegations against PiPoTs, whether they are managers, employees, volunteers, or students, paid or unpaid.

This protocol follows the guidance for children found in *Working together to safeguard children - A guide to inter-agency working to safeguard and promote the welfare of children* March 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

The protocol enables PiPoT concerns or allegations to be shared lawfully and in a manner that allows appropriate and proportionate enquiries to be made to safeguard and protect adults at risk and ensure that public confidence in services is maintained.

NELSAB requires all agencies providing services to people with care and support needs to adopt this protocol and to have clear organisational procedures for dealing with PiPoT allegations and concerns. NELSAB also requires partner agencies and service providers to identify a PiPoT lead to oversee and report on the delivery of these responsibilities in their organisation.

The agency or service that first becomes aware of an allegation or concern will be the primary data controller, or the “owner” of the information, and will be responsible for responding in accordance with this protocol in conjunction with SAB guidelines and procedures.

Agencies are responsible for sharing information as required by the protocol and, where indicated, for escalating PiPoT concerns to the Designated Adult Safeguarding Manager (DASM). In each case, a decision whether or not to escalate will be made on the professional judgement of the PiPoT lead. If the case is also a safeguarding concern, then this should be referred to the SPA in the normal way who will notify the DASM.

Partner agencies and providers will be required to submit regular returns of data relating to the incident rate and outcomes of PiPoT cases at a frequency determined by the SAB. The SAB will analyse PiPoT reports to ensure that arrangements are adequate and effective between and across agencies.

NB. This Protocol is not a substitute for, but may be used in conjunction with other safeguarding or personnel procedures or formal/legal processes: e.g. Multi-Agency Risk Assessment Conference (MARAC), Multi-agency public protection arrangements (MAPPA) DBS etc.

11.2 SCOPE

The protocol must be followed in all cases by the organisation that first becomes aware of a concern, where the PiPoT has:

behaved in a way that has harmed, or may have harmed an adult or child

possibly committed a criminal offence against, or related to, an adult or child

behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs or to vulnerable children

The assessment of risk that a PiPoT may pose needs careful consideration and should not be limited solely to activity within their employment. Behaviour outside of work can also indicate risk, for example:

A son who is accused of abusing his elderly mother also works as a domiciliary care worker with adults with care and support needs.

A woman who is convicted of grievous bodily harm also works in a residential home for people with learning disabilities.

Whilst employed in a day centre for people with learning disabilities, a care worker's own children are made subject to child protection planning due to neglect and physical harm.

A nurse on a children's ward is reported to having abused her elderly parent with whom she lives.

11.3 PiPoT LEADS

NEL has a Designated Adult Safeguarding Manager (DASM) to:

- Receive notifications on PiPoT allegations
- Log and record details of allegations or concerns and maintain a database
- Be involved where appropriate in the management and oversight of individual cases
- Provide advice and guidance to employers and voluntary organisations
- Liaise with the police and other agencies where proportionate
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistently with a thorough and fair process
- Provide advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as NMC, HCPC or the GMC etc.

Each NELSAB member organisation should identify a PiPoT Lead with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with this NELSAB procedure
- Resolving any inter-agency issues
- Liaising with the NELSCB and or SAB on the subject

11.4 CHILDREN

Whilst this Protocol is concerned with protecting adults with care and support needs, if it is indicated that the PiPoT may also pose a risk to children, then the Multi Agency Safeguarding Hub (MASH) and the Local Authority Designated Officer (LADO) must be informed – regardless of whether the concern is current or historical.

11.5 WHO MUST RESPOND WHERE A PIPO T CONCERN IS IDENTIFIED?

Any allegation against a PiPoT should be reported immediately to a senior manager within that organisation or to their PiPoT Lead.

The PiPoT Lead in the agency that first becomes aware of an allegation or concern is primarily responsible as owner of the information and will be required to take appropriate action in line with this protocol, record the information and decide whether to refer to the DASM.

The LA DASM will take the information from the PiPoT Lead and provide advice and guidance on next steps as proportionate to the concern shared.

11.6 WHAT SHOULD THAT RESPONSE BE?

If the agencies receive an allegation against a PiPoT, they should consider carefully what information should be shared with employers, student bodies or voluntary organisation so that a suitable response is made, in line with the principles outlined and discuss with their PiPoT Lead.

The PiPoT Lead must inform the DASM and agree what actions are required however this process must not prevent any immediate action required to protect an adult from risk of further harm.

Where the DASM concludes the concern does meet the definition of a PiPoT concern, action **must** be taken in line with this protocol. Where the DASM concludes that the matter does not meet the DASM/PiPoT criteria – then the matter should be recorded by the PiPoT Lead on their own agency records indicating what the allegation was and what the decision making rationale was for it not meeting the DASM criteria e.g. no harm occurred and the matter related to a routine failure to follow an agency procedure through a lack of knowledge and a disciplinary process or training has been put in place.

NB. These details should be drawn upon if further concerns arise in relation to the PiPoT.

Where an agency or service identifies PiPoT concerns about their own employee, student, or volunteer, it will be necessary for the employer, student body or voluntary organisation to assess any potential risk to adults with care and support needs who use their services and, if necessary, take action to safeguard those adults.

If the employer, student body or voluntary organisation is aware of abuse or neglect in their organisation, then they have a legal duty to remedy this and protect the adult from harm as soon as possible. They must then inform FOCUS and DASM in accordance with multi-agency Safeguarding procedures. Where appropriate they must also inform those regulators they have a duty to inform such as CQC, NMC and DBS etc.

Agencies and employers have a duty to consider the support and advice to be provided for the PiPoT against whom allegation has been made. The PiPoT should be treated fairly and honestly, and the lead organisation has a continuing duty of care towards them.

If because the PiPoT poses a risk to adults with care and support needs, he or she is removed from his or her post – either as a result of dismissal or permanent redeployment to a non-regulated activity, the employer, student body or voluntary organisation has a **legal duty** to refer the person to the Disclosure and Barring Service. In addition, where appropriate, employers should report workers to the relevant statutory, regulatory and/or

professional bodies such as the CQC, General Medical Council, HCPC and the Nursing and Midwifery Council. The DASM should consult with and/or consider notifying professional bodies or referring directly in cases where employers fail or have refused/declined to do so.

If a subject of a PiPoT investigation attempts to resign from their post in an effort to avoid investigation or disciplinary processes, the employer, student body or voluntary agency is entitled to reject the resignation to enable enquiries to be concluded or may dismiss the PiPoT and consider whether notification to regulatory or professional bodies is indicated to prevent future harm.

Therefore, where a PiPoT is allowed to resign or is dismissed before the conclusion of enquiries, the lead agency still has a duty to consider referral to DBS and other bodies responsible for professional regulation such as the CQC, General Medical Council and the Nursing and Midwifery Council. The decision to take no further action must be recorded along with the reasons, the decision-maker's details and the decision must be notified to the DASM.

When considering actions affecting a PiPoT's employment status, employers, student bodies and voluntary organisations should have access to their own sources of advice in place (including legal advice), for dealing with such concerns. Where due to the size or nature of the organisation no such advice is available, advice should be sought from the DASM, and agreement reached on appropriate next steps. Where action is to be taken outside of normal working hours, employers should use their own organisations policies and procedures for managing staff e.g. precautionary suspensions, 'gardening leave etc.'

11.7 INFORMATION SHARING

Other than in exceptional circumstances, the owner of information about a PiPoT, 'the data controller' should not share it without the PiPoT's knowledge unless to do so would pose an unacceptable risk to a child or adult at risk. The PiPoT should be afforded the opportunity to share the information with their employer first in relevant cases.

If the PiPoT refuses to share information with their employer, the PiPoT lead must still do so if they consider it necessary and in line with this protocol.

In each case, a balance must be struck between duties to protect vulnerable people from harm or abuse and the impact on individuals about whom information is being shared. E.g. the impact on Article 8 Human Rights, 'to privacy and a family life. For these reasons each case must be considered on its own merits and information shared in accordance with the principles contained in Part I of Schedule 1 of the Data Protection Act 2018 ("the DPA") and Article 6 Human Rights Act 1998 'Right to a fair trial'.

It is a matter for professional judgment, acting in accordance with information sharing protocols and the principles of the DPA to decide whether breaching a PiPoT's confidentiality is in the public's interest. No blanket agreement not to share information with others must be given.

11.8 ROLES AND RESPONSIBILITIES

THE DASM role involves:

- Recording PiPoT notifications or consultations, including details of the person referring, the PiPoT, the allegation, how the allegation was followed up and concluded, the decisions reached, and the action taken. The record should be kept in accordance with DPA principles and should only be shared in accordance with this protocol
- If the case does not meet the PiPoT criteria, a record should be made of the notification only and the lead agency be advised to undertake their own alternative enquiries as they deem fit. This decision must be recorded by both DASM and lead agency

- Maintaining oversight of PiPoT concerns that relate to LA provision on behalf of the Director of Adult Social Services (DASS) and alert the DASS to any concerns which may pose reputational, financial, or litigious damage to the organisation
- Updating and maintaining the local authorities' allegations management database
- Liaising with police and PiPoT leads within health and commissioning services to ensure effective management of PiPoT concerns
- At the conclusion of any PiPoT enquiry considering if the findings demonstrate evidence of a theme or pattern in the context of past and historic PiPoT concerns. The DASM should identify potential themes or system wide/organisational issues and ensure appropriate action is taken so that learning from past events is applied to reduce the future risk of harm to adults with care and support needs
- Reporting annually on the PiPoT allegations management learning and themes emerging to both the DASS and the SAB
- Delivering any training or development needed for SAB partners and agencies providing services to adults at risk, both commissioned and non-commissioned services

Focus Safeguarding Adults Team should:

- Notify the DASM in all cases where a PiPoT concern arises within any safeguarding enquiries, contacts or notifications and keep the DASM informed so that local recording arrangements and procedures can be followed, case progress can be tracked, and outcomes are auditable
- In appropriate cases, attend strategy meetings as required and liaise with the DASM throughout the enquiry, agreeing strategy, time frames and updates
- Where there is no concurrent police investigation, assist the DASM by conducting suitable enquiries agreed with the DASM to ascertain the truth or otherwise of allegations
- Where it is appropriate to do so, involve the PiPoT's employer in the safeguarding process and coordinate meetings and consultations to monitor process and outcome
- Inform commissioning and care contracts if the employing agency is a contracted service and involve them in the process
- Ensure that when an adult at risk has been safeguarded but the PiPoT process continues, the adult is monitored according to local arrangements until the PiPoT process is concluded
- Where appropriate liaise with the CQC (where the PiPoT is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council) and the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs
- Liaise with other local authority safeguarding adults teams where there are cross-boundary issues; e.g. the PiPoT lives in NEL and does sessional care work in Lincolnshire or East Riding
- Liaise with children social care teams and make referrals as appropriate to the Local Authority Designated Officer (LADO) if there are specific issues about the PiPoT's contact with children or risk to children is indicated through the PiPoT or another source

POLICE

- Report to their PiPoT Lead when a PiPoT has come to notice
- Their PiPoT lead to inform and liaise with the DASM when allegations relate to local authority or commissioned services
- Where PiPoT investigations are *police-led*, the lead officer is responsible for deciding what information is shared and with whom, and for giving due consideration to the protocol and Common Law Disclosure Policy. Decisions must be recorded in accordance with best practice and the DASM notified where appropriate
- Request that the employer considers taking appropriate action in line with their own procedures to ensure adults at risk are protected from any potential abuse and harm
- Where it is a police-led investigation, request that the employer conducts their own risk assessment(s) and consider referral to the Disclosure and Barring Services (DBS) and or other registration bodies as appropriate liaise with IPCC or College of Policing
- Where appropriate, liaise with the CQC (where the PiPoT is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council or) and the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs
- Liaise with other local authority safeguarding adults and children's teams where there are out of area issues
- Make a referral to the LADO if there are specific issues about the PiPoT's contact with children
- Cooperate with the DASM and *Focus* Safeguarding Adults Team and attend any strategy meeting and share any relevant police information in relevant cases. Any police information shared is for safeguarding purposes only and must not be used for any subsequent disciplinary proceedings without the permission of Humberside Police

THE SERVICE COMMISSIONER

- Where a service commissioner is aware that a service it commissions employs a PiPoT who is under investigation, the service commissioner will ensure the commissioned service does the following:
- Inform the DASM in all cases where a PiPoT is involved so local recording arrangements can be followed
- Take appropriate action in line with their own procedures to ensure adults with care and support needs are protected from abuse and harm
- Carry out appropriate risk management procedures, including consideration of referral to the DBS and other registration bodies
- Provide feedback at regular intervals until case conclusion to the local authority DASM
- Monitor the activities of commissioned services in their compliance of this Protocol

- Give due consideration as to whether the service should be suspended, or a request employer considers that the PiPoT is subject to precautionary suspension pending investigations
- Where appropriate, liaise with the CQC (where the PiPoT is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council) and the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs

EMPLOYERS (statutory, voluntary, and private) are expected to:

- Take appropriate action in line with their own procedures to ensure adults with care and support needs are protected from abuse and harm
- Carry out appropriate risk management procedures, including, where appropriate, referral to the CQC (where the PiPoT is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council) and the DBS
- Provide feedback at regular intervals to Focus (if there is a safeguarding enquiry) and Commissioning and Care Contracts until case conclusion
- Ensure that the safety and protection of adults with care and support needs is central to decision-making and takes priority over the needs of the organisation or the employees
- Ensure their organisation has a range of policies and procedures that will support their decisions and indicates the local SAB procedures and this protocol
- Ensure all safeguarding concerns that result from a concern that meets the criteria about a PiPoT are recorded and those are notified to the DASM. Where the DASM takes no further action, the employer should keep their own record of any further enquiries and the outcomes of those
- Share information in line with this protocol where it is known the PiPoT also has other employment or voluntary work with adults with care and support needs or children
- At the conclusion of any PiPoT enquiry consider if the findings demonstrate evidence of a theme or pattern in the context of past and historic PiPoT concerns; identify potential themes or system wide issues within the organisation; and ensure that appropriate action is taken by their organisation so that learning from past events is applied to reduce the risk of harm to adults with care and support needs in the future

11.9 RECORDING OF PiPoT ISSUES

Record-keeping is integral to adult safeguarding processes so that adults with care and support needs are protected and organisations and individuals are accountable for their actions when responding to PiPoT concerns. All cases must be recorded in line with this protocol.

Individuals with responsibility for the investigation and management of PiPoT concerns must, as far as is practicable, contemporaneously document an accurate record of the events which includes reasoning for decisions, actions, and interventions.

Anonymised data from records may be used to inform practice and ensure that lessons learned promote improvement in safeguarding adults with care and support needs

A chronology or log of key events, decisions and actions taken should also be maintained on the form provided to provide a ready overview of progress.

Individuals (including a PiPoT who is the subject of the recording) are entitled to have access to their personal records whether they are stored electronically or manually. It is therefore important that information recorded, is fair, accurate and balanced.

The purpose of the PiPoT record-keeping is to:

- Provide an auditable and defensible record of the management of such cases
- Enable accurate information to be given in response to any future request for information
- Provide clarification in cases where a future DBS Disclosure reveals information from the police that an allegation was made but did not result in a prosecution or conviction
- Prevent unnecessary re-investigation if an allegation resurfaces after a period of time
- Enable patterns of behaviour which may pose a risk to adults with care and support needs to be identified
- To assure the Safeguarding Adults Board, service users and the community that adults with care and support needs are protected from harm and services provided are safe and effective
- To provide a searchable record that PiPoT leads can access in order to consider allegations and manage risk
- To provide assurance to professionals in cases where malicious or false allegations are made (*NB this indicates the function of records to protect individuals as well as manage risk*)
- To provide a professional and consistent approach to professionals and service providers that is compliant with legislation, enables safer recruitment and enables them to consult when requiring advice or support when dealing with PiPoT issues

See Appendix D for information records retention and disposal guidelines.

11.10 PiPoT STRATEGY MEETINGS/DISCUSSIONS

A PiPoT lead/DASM may consider it necessary to require a strategy meeting / discussion in light of a concern. This should:

- Decide whether there should be a Section 42 Enquiry and or police investigation and consider the implications
- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information
- Consider the current allegation in the context of any previous allegations or concerns
- Plan enquiries if needed, allocate tasks and set timescales
- Decide what information can be shared, with whom and when
- Ensure that arrangements are made to protect the adult at risk involved and any other adults or children affected, including taking emergency action where needed
- Consider what support should be provided to all adults at risk who may be affected
- Consider what support should be provided to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation
- Ensure that investigations are sufficiently independent
- Seek consideration of suspension, or alternatives to suspension when appropriate

- Identify a lead contact manager within each agency
- Agree protocols for reviewing investigations and monitoring progress by the DASM, having regard to target timescales
- Consider issues for the attention of senior management (e.g. media interest, resource implications)
- Consider reports for consideration of DBS or other regulatory bodies
- Consider risk assessments to inform the employer's safeguarding arrangements
- Agree dates for future strategy meetings / discussions

When appropriate a final meeting or discussion should be held to ensure that all tasks have been completed, including any referrals to the DBS if appropriate, and, where appropriate, agree an action plan for future practice based on lessons learnt.

The final meeting / discussion should take in to account the following definitions when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient identifiable evidence to prove the allegation;
- **False:** there is sufficient evidence to disprove the allegation;
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- **Unsubstantiated:** this is not the same as a false allegation. It means that there is insufficient evidence to either prove or disprove the allegation; the term therefore does not imply guilt or innocence.

11.11 ALLEGATIONS AGAINST STAFF IN THEIR PERSONAL LIVES

If an allegation or concern arising outside of the PiPoT's place of work indicates they may present a risk of harm to adults for whom the member of staff is responsible, the general principles outlined in these procedures will still apply.

The strategy meeting / discussion should decide whether the concern justifies:

- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm and / or
- Inviting the employer to a further strategy meeting / discussion about dealing with the possible risk of harm

If the member of staff lives outside of the authority area in which they work, liaison should take place between the relevant agencies in both areas and a joint strategy meeting / discussion convened if required.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to adults with care and support needs for whom the member of staff is responsible, e.g. a sex offender living in the same household as a learning-disabled adult's carer. In these circumstances, a strategy meeting / discussion should be convened to consider:

- The ability and/or willingness of the member of staff to adequately protect the adult
- Whether measures need to be put in place to ensure their protection
- Whether the role of the member of staff is compromised

- Whether the staff member has a duty to notify his or her employer e.g. In line with statutory guidance on; police family issues; partner perpetrator of domestic abuse

11.12 SHARING INFORMATION FOR DISCIPLINARY PURPOSES

1. Wherever possible, police and the DASM should, during the course of their investigations and enquiries, obtain consent to provide the employer and/or regulatory body with statements and evidence for disciplinary purposes.
2. If the CPS decides not to charge, or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the employer without delay.
3. If the person is convicted, the police should inform the employer and the DASM straight away so that appropriate action can be taken.

11.13 UNSUBSTANTIATED AND FALSE ALLEGATIONS

Where it is concluded that there is insufficient evidence to substantiate an allegation, information should be shared with the designated senior manager of the employer to enable them to consider what further action, if any, should be taken e.g. where a referral has been made to CQC, but the allegation is about a conduct issue.

False allegations are rare and even where they arise - may be a strong indicator of abuse or harm elsewhere which requires further exploration. If an allegation is demonstrably false, the employer, in consultation with the DASM, should refer the matter to adult social care to determine whether the adult is in need of services, or might have been abused by someone else.

If it is established that a criminal allegation has been deliberately invented the police should be asked to consider what action may be appropriate against the person making the allegations.

11.14 SUBSTANTIATED ALLEGATIONS AND REFERRAL TO DBS

Substantiated allegations

The Disclosure and Barring Service (DBS) (<https://www.gov.uk/government/organisations/disclosure-and-barring-service>) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The relevant legislation is set out in the Protection of Freedoms Act 2012 (<http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>).

If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's service or the person resigns or otherwise ceases to provide his/her services, the DASM should discuss with the employer whether a referral should be made to the Disclosure and Barring Service (DBS).

If a referral is to be made; it should be submitted within one month of the allegation being substantiated.

11.17 BODIES WITH A LEGAL DUTY TO REFER

The following groups have a **legal duty to refer** information to the DBS:

- Regulated Activity suppliers (employers and volunteer managers);

- Personnel suppliers;
- Groups with a power to refer

11.15 BODIES WITH THE POWER TO REFER

The following groups have a **power to refer** information to the DBS:

- Local authorities (safeguarding role);
- Health and social care (HSC) trusts (NI);
- Education and library Boards;
- Keepers of registers e.g. General Medical Council, Nursing and Midwifery Council;
- Supervisory authorities e.g. Care Quality Commission, Ofsted.

11.16 LEARNING LESSONS

When appropriate the employer and the DASM should review the circumstances of the cases to determine whether there are any improvements to be made to the organisation's procedures or practice.

11.17 PROCEDURES IN SPECIFIC ORGANISATIONS

It is recognised that many organisations will have their own procedures in place, some of which may require them to also take account of particular regulations and guidance (e.g. police, health, and registered care providers). Where organisations do have specific procedures, they should be compatible with these procedures and additionally provide the contact details for:

- The designated senior manager or PiPoT Lead to whom all allegations should be reported
- The person to whom all allegations should be reported in the absence of the designated senior manager or PiPoT Lead or where that person is the subject of the allegation
- The DASM

PiPoT Pathway – Focus CIC

Concern received or allegation made¹

*NB: If allegations concern a **Focus**, NEL employee or a close family member, it must be raised immediately with the (next-tier) delegated line manager and steps taken to 'secure and lock-down' relevant electronic files to restrict access to personal/sensitive data relating to the employee to designated and authorised persons only²*

Working hours

SPA or recipient of concern submits form AF1 and consults by telephone with DASM

Out of hours

AF1 to be completed and emailed to DASM by secure email

DASM records concerns to determine (a) if the case requires DASM oversight & (b) if the case can be managed 'in house'. The DASM and referrer discuss next steps with the Head of Safeguarding **Focus** (or delegated deputy) and DASM completes form AF2

Requirement for DASM oversight

DASM arranges strategy meeting, agrees actions and considerations of risk – DASM completes AF3/4

AF3 completed for each meeting however AF4 amended with new actions ongoing

No requirement for DASM oversight³

DASM to notify SAT Practitioner and or Head of Safeguarding Focus of decision

Agree timelines for updating DASM on Safeguarding/PiPoT enquiry outcome

Agencies complete agreed actions and notify DASM who updates AF4 and considers with Head of Safeguarding Focus any learning, training issues or policy changes etc. required

1. The PiPoT process should not prevent or delay any immediate safeguarding actions the agency requires to make in order to protect the adult at risk from on-going or further harm.

2. If the allegation relates to a manager – the person receiving the allegations should liaise directly with the DASM for advice

3. The DASM must be kept informed of the progress and outcomes for all cases referred regardless of whether the decision has been made for a single agency to complete the process

PiPoT Pathway – Agencies

Concern received - Agency PiPoT Lead notified¹

Agency PiPoT notifies and consults with
DASM

PiPoT Criteria Met / Unsure if PiPoT Criteria
is Met

DASM will complete an AF1. DASM
considers and discusses next steps with
PiPoT Lead - DASM records decision making
on AF2 and agrees timeframes

PiPoT Criteria Not Met

DASM to record decision-
making and PiPoT Lead to
coordinate other actions to
address issue, such as:
safeguarding requirements,
training, policy changes etc

DASM records concerns to determine (a) if the case requires DASM oversight & (b) if the case can be managed 'in house'.² The DASM and PiPoT Lead discuss next steps.
DASM completes form AF2

Requirement for DASM oversight

DASM arranges strategy meeting,
agrees actions and considerations of
risk – DASM completes AF3/4

AF3 completed for each meeting
however AF4 amended with new
actions ongoing

No requirement for DASM oversight

If DASM considers there is no
requirement for further DASM
oversight, the DASM will record this
on the AF2 and confirm this with the
relevant PiPoT lead

PiPoT Lead to oversee any agreed
actions/enquires

PiPoT Lead to ensure agreed actions
are completed and notify DASM who
updates AF4 and considers with
PiPoT Lead any learning, training
issues or policy changes etc. required

1. The PiPoT process should not prevent or delay any immediate safeguarding actions the agency requires to make in order to protect the adult at risk from harm/further harm.

2. If the matter is agreed to be dealt with 'in-house' the PiPoT will agree timescales for updating the DASM on progress and outcomes of enquiries

12. RECRUITMENT, TRAINING AND SUPERVISION

12.1 DBS AND SAFE RECRUITMENT

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

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

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

Enhanced with barred list checks: This check includes the same level of disclosure as the enhanced check, plus a check of the appropriate barred lists. An individual may only be checked against the children's and adults' barred lists if their job falls within the definition of 'regulated activity' with children and/or adults under the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012. It should be noted that in 'signing off' or agreeing a personal budget or personal health budget a Local Authority may add conditions such as a DBS check as part of its risk assessment of safeguarding in specific cases. The local authority may also require personal budget holders using direct payments to specify whom they are employing to the local authority.

12.2 RECRUITMENT AND RETENTION

Skills for Care has produced a recruitment and retention toolkit for the adult care and support sector. 'Finders Keepers' is designed to help care providers, particularly smaller organisations, to improve the ways they recruit staff and retain them.

12.3 GUIDELINES AND PROCEDURES FOR PROVIDERS

Provider agencies/organisations should produce a set of internal guidelines for their staff which comply with the NEL SAB policy and procedures which set out the responsibilities of all staff to operate within it.

These should include guidance on:

- Identifying adults at risk of harm and recognising signs and symptoms;
- Referral routes and pathways for making a referral;
- Organisational and individual responsibilities for whistleblowing and protection for whistle-blowers;
- Working with challenging or distressing behaviour;
- Providing personal and intimate care;
- Appropriate use of control and restraint;
- Diversity, equality, and anti-oppressive practice;
- Medicines management;
- Handling of people's money, valuable and personal finance;
- Undertaking risk and need assessments;
- DASM processes and allegations against employees, volunteers and students.

12.4 SUPERVISION

Skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work. Managers are central to ensuring high standards of practice and that practitioners are properly equipped and supported. It is important to recognise that care and support statutory guidance dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available. Regular face-to-face supervision from skilled managers and reflective practice is essential to enable staff to work confidently and competently with difficult and sensitive situations.

12.5 REGULATED PROFESSIONALS

Staff governed by professional regulation, E.g. social workers, doctors, and other health professionals, should understand how professional standards and requirements underpin organisational roles to prevent, recognise and respond to abuse and neglect.

12.6 TRAINING

Training is a continuing responsibility and should be provided as a rolling programme. Whilst training may be undertaken on a joint basis and the NEL SAB has an overview of standards and content, it is the responsibility of each organisation to train its own staff.

The SAB should ensure that relevant partners provide training for staff, volunteers and students on policy, procedures and practice regarding roles and responsibilities including:

- **Foundation level** – Safeguarding Adults Foundation – recommended as mandatory training for all staff (initially face-to-face then refreshed by e-learning every 3 years)
- **Foundation level** – Prevent Awareness e-learning – link found on Focus training website
- **Intermediate Level** – Prevention, Responding and Making Enquiries – suitable for all frontline managers and senior front line staff (full day session)
- **Specialist Level** –
 - Module 1 - Joint Working and Criminal Investigations – for Qualified Practitioners
 - Module 2 - Board Development Sessions
 - Module 3 - Elected Member / Specialist Briefings

MCA Training:

- **Foundation Level** – Mental Capacity Act Level 1 – recommended as mandatory for all staff
- **Intermediate Level (Part1)** – Assessing Capacity and Best Interest Decision Making suitable for all frontline managers and senior front-line staff
- **Intermediate Level (Part 2)** – Deprivation of Liberty suitable for all frontline managers and senior front-line staff or Deprivation of Liberty 16–17-year-olds suitable for Children’s Services/those working in transitions.
- **Intermediate Level (Part 3)** – Mental Capacity Act Level 2 suitable for all frontline managers and senior front-line staff

See MCA/DoLS training offer from focus below

Mental Capacity Act 2005
Level 1
(Recorded webinar - 1 hour)

Optional additional modules
suitable for Provider Managers,
Seniors & Professional Health
and Social Care staff



Assessing Capacity and Best
Interests Decision Making
Workshop
(Full day face to face)



Deprivation of Liberty

OR

Deprivation of Liberty
16-17 year olds
(3 hour)



Mental Capacity Act 2005
Level 2

Although each pathway module
is optional, for those wishing to
complete the full programme
these must be followed in order,
to support and consolidate
learning.

Compliance as per CCG Contracting

MCA training/knowledge
must be refreshed
annually. We would
recommend you keep an
MCA Training log to
demonstrate this
requirement has been
met.

Minimum of annual
refresher opportunities
via interactive webinars,
bulletins and regular MCA
mini-series videos will be
provided. These will all
count towards your
annual refresher as well
as attendance on any of
the pathway sessions.

13. CONFLICT RESOLUTION AND ESCALATION POLICY



CONCERN AND CONFLICT



**Safeguarding
Adults**
NORTH EAST LINCOLNSHIRE

RESOLUTION ESCALATION PROCEDURE

13.1 INTRODUCTION

When a range of professionals and agencies are undertaking assessments and providing services for people, there will inevitably be times when perspectives differ, and conflicts of opinion give rise to challenge or disagreement. This is particularly likely when assessing need and risk and making decisions about the best ways forward to achieve the best or safest outcome for individuals. Occasionally there will also be conflict over who is best placed to provide interventions and how to make the best use of resources available to achieve the desired outcomes.

North East Lincolnshire aspires to be a place in which healthy and constructive challenge is seen as a positive not a threat; where we learn from one another and respect others' views and opinions; and where we always strive to resolve differences in the best interest of the people we serve. Concerns or disagreements regarding the decision whether or not to investigate a safeguarding concern, or regarding the type of investigation decided upon, should be resolved where necessary by using this escalation policy.

This procedure should be treated as Safeguarding Children Partnership (SCP) and Safeguarding Adult Board (SAB) guidance, and applies equally to partner agencies, and practitioners who work with children and adults at risk, whether as paid professionals, volunteers, or students. The safety and wellbeing of adults at risk and children is at the centre of everything we do. This procedure should be used in conjunction with Care Act 2014, Chapter 14 Guidance Document, NEL Safeguarding Adults Procedures and NEL Safeguarding Children Procedures and Child Concern Model.

NB: Disagreements regarding any protection plan developed are outside the scope of this procedure and should be addressed through the review process.

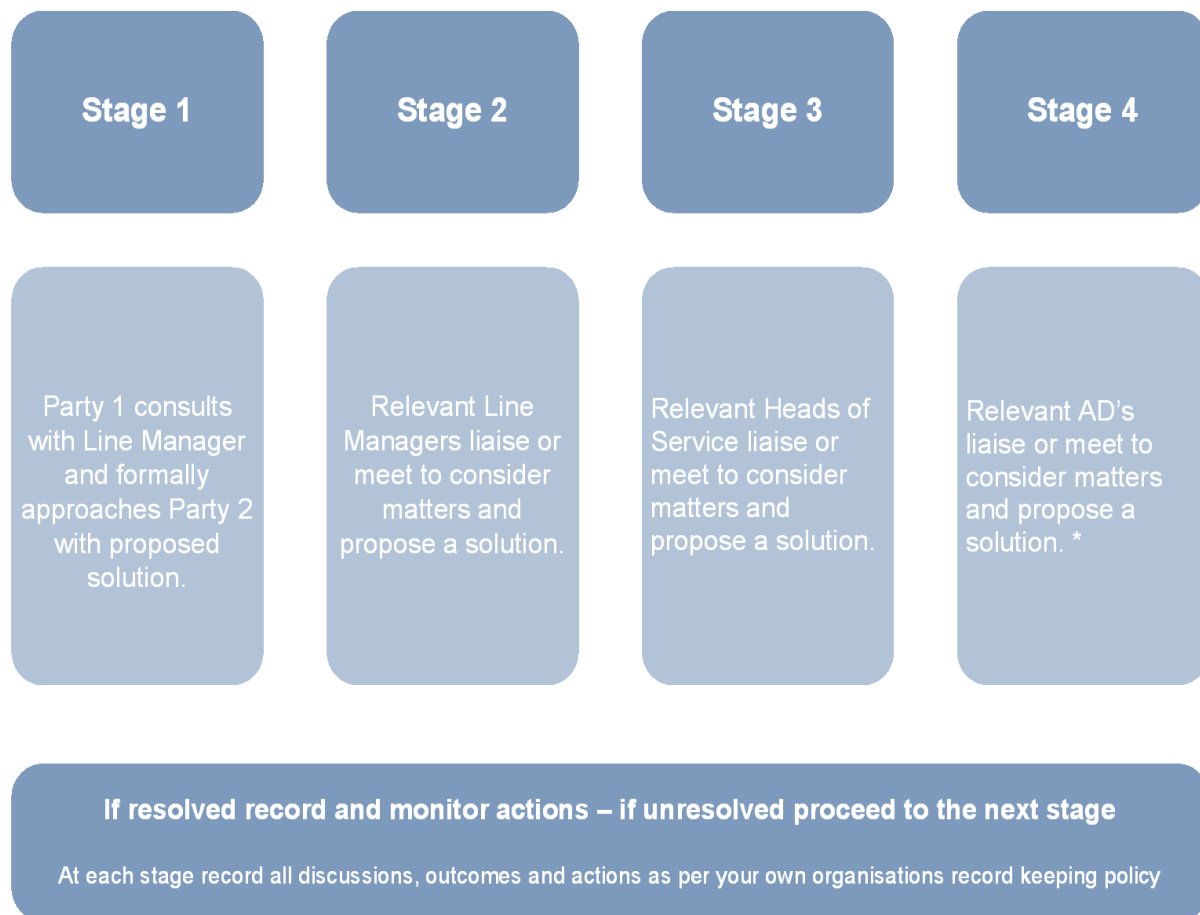
13.2 THE PRINCIPLES OF ESCALATION AND CONFLICT RESOLUTION

Whether a paid professional, volunteer, or student – all individuals working with adults at risk and children are responsible for ensuring that:

- The safety and wellbeing of children and adults is paramount and should underpin all professional activity and decision making;
- If it is considered there is an immediate risk, contact should be made either with emergency services or MASH (Multi-agency Safeguarding Hub) team for children and SPA (Single Point of Access) for adults on the day the concern arises;
- Where safe to do so consideration should always be given to the views, wishes and feelings of the adults at risk or child so that their desired outcome can be achieved, and the right conversations should take place with the right people at the right time;
- Records of concerns, discussions, decisions, actions and outcomes should be timely, clear and in line with your agencies record keeping protocols;
- All records of formal escalation and resolutions processes being used, should include decision-makers and timeframes agreed;
- Concerns should be resolved in a timely manner, and aim to achieve resolution within set timescales – usually within 25 working days but sooner depending on risk and need;

- This guidance does not replace agencies' Whistleblowing Policies.
- NB This guidance does not affect the option for children's Independent Reviewing Officers, to escalate conflict and unresolved safeguarding issues to CAFCASS, where appropriate.

13.3 RESOLUTION PROCESS



**if EO's require an independent decision then they may refer to a panel of relevant SAB or LSCB Board Members.*

Good practice Resolving Professional Differences and Disagreement

In the first instance efforts should be made between both parties to resolve or reach an understanding about why dispute has arisen. Areas of dispute should be recorded in line with organisation's record keeping protocols, highlighting actions already taken, including discussions and efforts already made between parties to resolve. Details of matters giving rise to dispute should be clearly recorded and agreed prior to escalation. If both parties are unable to resolve concerns informally, the concerned party (party 1) should consult with line manager and proceed to stage 1.

Stage 1

Practitioner 1 should discuss matters with her/his line manager or designated safeguarding lead. The decision to escalate should be based on risk and need, using relevant procedures and guidance to inform discussions. Decisions and outcomes reached should be clearly recorded in case records and where appropriate noted as management oversight. An approach should then be made to the other involved party (party 2) outlining management advice and the resolution proposed. Both parties should record the outcome of discussions in line with their own

organisation's recording policy. If no agreement is reached both parties should escalate matters to their own line managers and proceed to stage 2.

Stage 2

Designated safeguarding leads or line managers should liaise or meet within an agreed timescale that is proportionate to the risk and need of the child or adult at risk. Managers should aim to decide on a suitable way forward that manages risk and is compliant with guidance and procedures. Managers should aim to complete this part of the process, ideally within a maximum of *15 working days*. *(It is acknowledged that there will be instances where this is not achievable)*. It may be necessary for managers to convene a meeting with relevant parties to consider how best to resolve the matter. This meeting should take place within the agreed timescale and where necessary legal advice sought to ensure compliance with legislation, statutory guidance, and agency responsibilities.

Discussions and meetings held should be recorded clearly noting points of agreement or disagreement, decisions, actions, and outcomes. If designated safeguarding leads or line managers are unable to resolve matters at stage 2, the relevant parties should be informed that matters will be escalated to relevant heads of service for a decision to be made and proceed to stage 3.

Stage 3

Line managers should consult with relevant heads of service. Heads of service should either meet or liaise with their equivalent to agree the way forward. Their considerations in reaching a resolution should be informed by information and evidence referred to and produced at stages 1 and 2.

It may be necessary for heads of service to convene a meeting with relevant parties to review the facts and consider how best to resolve the matter taking full account of the safest and best option for the adults at risk or child. This should be done in a timely manner, should be based on levels of risk and need and where necessary, legal advice should be sought to ensure the decisions made are compliant with legislation and statutory guidance and fulfil agency responsibilities. Discussions, actions, decisions, and outcome should be clearly recorded in each agency's records and notified to relevant line managers.

The nature of issues giving rise to conflict and how they have been resolved, may indicate the need for revision or change to policy, procedures, or practice. Where procedural change is required, or where legal requirements have not been applied correctly, heads of service should ensure that measures are in place for the required changes to be made and endorsed at board level. It will be the responsibility of the SCP or SAB to notify partner agencies of any procedural changes.

Stage 4

Where heads of service fail to reach a resolution, matters will be referred to appropriate executive officers EO's or equivalents in partner agencies. Heads of service will meet with EOs to reach a resolution. Providing agreement is reached – the decisions taken at this stage will be final. Where EO's feel a level of independence is required, they will refer the matter to a panel of independent board representatives made up of relevant agencies and chaired by SCP or SAB managers. The panel will endorse EO recommendations or make a final decision on resolution. The outcome will be notified in writing to all relevant parties.

North East Lincolnshire Safeguarding Board Adults (SAB)

TERMS OF REFERENCE

The terms of reference for the Executive Group explain their role and responsibilities:

NAME OF GROUP	SAFEGUARDING ADULTS BOARD Executive Group
PURPOSE AND OBJECTIVES	<p>Purpose of the Safeguarding Adults Board (SAB) Executive Group is to provide strategic leadership and direction for partners in the context of multi-agency safeguarding arrangements by:</p> <ul style="list-style-type: none"> • Having oversight of the effectiveness of partnership safeguarding arrangements. • Endorsing safeguarding policies, procedures, and protocols. • Holding partners to account for compliance with guidelines and procedures under the Care Act 2014. • Promoting NEL core safeguarding priorities across partnerships in collaboration with the Safeguarding Children Partnership. • Securing sufficient resources, financial and in kind, to fulfil the Board's function and assure quality of safeguarding in NEL. <p>Objectives of the SAB will be achieved through ensuring both statutory and non-statutory safeguarding partners are involved with and contribute to SAB core business and are held to account where necessary by assuring itself that:</p> <ul style="list-style-type: none"> • The principle that all people in North East Lincolnshire feel safe and are safe is upheld. • All partners have policies and procedures in place to underpin safe practice with regard to the Mental Capacity Act 2005, Care Act 2014 and Deprivation of Liberty Safeguards. • All partners work within and deliver services that are compliant with NEL Safeguarding Procedures. • Processes are in place to evidence that safeguarding is responsive to risk and need, is accessible to all people living in NEL and promotes choice through the application of a Making Safeguarding Personal approach. • Information sharing protocols between partners are compliant with data protection requirements. • Diversity and difference is addressed effectively through interagency policy, procedure, guidance and SAB activity.

NAME OF GROUP	
SAFEGUARDING ADULTS BOARD Executive Group	
MEMBERSHIP AND RESPONSIBILITIES	<p>The Executive will provide effective leadership by nominating deputies of sufficient seniority to contribute to Board activity including decision-making and commitment of resources.</p> <p>Executive Member Responsibilities:</p> <p>The role of the SAB Executive is to work in partnership within the multi-agency group to provide effective strategic governance at senior management level across all partner organisations. Executive members will be accountable for taking independent, collective and public responsibility for ensuring safeguarding arrangements deliver good outcomes and are accountable for directing and overseeing that robust action is taken to address poor practice or tackle instances where the Board is aware that safeguarding principles are not being applied. The Executive will have oversight of, and influence safeguarding functions and activity devolved to SAB sub-groups as outlined below by holding agencies to account and giving strategic direction in the following areas:</p> <ul style="list-style-type: none"> • Support, guidance and awareness-raising for communities and organisations to recognise and address abuse and neglect so that all in NEL are able to respond appropriately and know how and when to refer concerns. • Evidence that the voice and impact of service users and carers is heard and informs all safeguarding practice. • Organisational procedures are sufficient for the effective discharge of statutory safeguarding functions. • Lessons from Safeguarding Adult Reviews, research and experience are learned and acted upon to improve outcomes. • Audits and evaluation systems are in place to evaluate the impact and quality of safeguarding work. • Safeguarding Adult Reviews (SARs) and Significant Incident Learning Processes (SILPs). • Setting priority areas of work and responding to the reports of the work groups as required. • Quality and performance within safeguarding providing information on safeguarding outcomes that is measured, recorded and reported in an open and transparent way on an individual, organisational and community basis. • Provision of information systems to collate information and inform evaluation of practice, policy and procedures. • Endorsing communications and training and development strategies that promote a system-wide culture of learning across the NEL interagency workforce and promotes the view that Safeguarding Is Everybody's Business.
CHAIRING ARRANGEMENTS	The Chair will be appointed from within the Executive Group and reviewed bi-annually.
ACCOUNTABILITY, GOVERNANCE AND REPORTING	<p>The Executive Group will be responsible for the completion and publication of an annual report that will be published on the Council's website and shared with relevant Boards making relevant links with the objectives of the Health and Wellbeing Board.</p> <p>Each member will contribute to the annual report and be responsible for presenting and sharing the report with their own boards and organisations within three months of publication. The SAB Executive Group will be responsible for considering reports on performance and outcomes of safeguarding activity and hold each other to account - setting strategic direction, monitoring budgets</p>

NAME OF GROUP	SAFEGUARDING ADULTS BOARD Executive Group
	<p>and approving the Strategic Plan and Annual Report. The member will be responsible for attendance and ensuring they make a contribution to the Board whilst remaining accountable to the governing body of their own agency/organisation.</p> <p>The SAB Executive Group will hold partner agencies to account and provide challenge and scrutiny of safeguarding practice informed by the information, updates on action plans and reports it receives from subgroup activity. The SAB Executive Group will receive a composite quarterly report from all the work groups on activity and progress of the strategic plan.</p>
FREQUENCY OF MEETINGS AND BUSINESS SUPPORT	<p>The SAB Executive Group will meet on a six-weekly basis. Meetings with the work groups will be held on every other six weekly meeting. Other than in exceptional circumstances, the minutes of SAB meetings will be disseminated within 20 working days of meetings.</p> <p>Board members will be required to contribute to and request agenda items relevant to strategic safeguarding issues.</p> <p>The SAB Executive Group will require at least three members from the group to be present at any meeting for decisions.</p>
REVIEW	<p>The SAB terms of reference will be reviewed bi-annually.</p>



Guidance Note
Raising a Safeguarding Adults Concern to the
Safeguarding Adults Team North East Lincolnshire.
2021 Revision

If you wish to raise a concern to the safeguarding adults team for consideration as an enquiry under Section 42 of the Care Act 2014, this can be done via the Adult Social Care Single Point of Access (SPA) by calling 01472 256 256 (24 hours/7 days). Some guidance regarding the type of incidents that should be reported as safeguarding adults issues can be found at the end of this note, however the list is not exhaustive, and each case will be considered dependent upon the individual circumstances.

If any concern requires any immediate action, the appropriate responsive services (i.e. ambulance, Police, etc.) should be contacted prior to the submission of any safeguarding concern.

If you need advice regarding whether or not you need to raise a safeguarding concern, or any safeguarding actions please contact:

Adults Social Care Single Point of Access (ACS SPA) 01472 256256 at any time 24/7.

Frequently Asked Questions:

What type of incidents are reportable under the safeguarding adults process?

A safeguarding concern should be raised for any incident where a disclosure of alleged abuse has been made by an adult at risk, or their representative (as outlined in Section 42 of the Care Act 2014, and the statutory Care and Support Guidance Oct 2014) as outlined below:

Safeguarding duties apply where there is reasonable cause to suspect that an adult:

- *who has needs for care and support (whether or not the local authority is meeting any of those needs),*
- *is experiencing, or is at risk of, abuse or neglect, **and***
- *as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.*

Incidents may be moderate or more serious in nature for example where there are negative outcomes for the individual(s) that have impacted upon their physical or psychological well-being, or their financial circumstances.

Where emergency or urgent actions are required to secure the health and well-being of the person(s) alleged to have been abused – these should continue to be telephoned through to the appropriate responsive services (i.e. Ambulance, Police, GP, etc.) as is the recognised practice. N.B. other notifications should also be made to the Care Quality Commission (CQC) [for registered providers] and where appropriate, the Health and Safety Executive in line with registration and/or legislative requirements. Any suspected criminal activity should be reported to the Police.

Once any urgent issues have been addressed, the safeguarding concern should be reported by calling the SPA on 01472 256256 at the earliest opportunity. Any other adult social care requests can also be made using this number. If your concern requires any urgent health or social care response, please highlight this when you make contact with the SPA.

What will the Safeguarding Team do with the information received?

Safeguarding concerns are passed to the Safeguarding Adults Practitioner on duty (Mon – Fri, office hours only). The practitioner will review the information received and begin to assess risk and determine an appropriate response. If required, they may contact you, or other key persons for further information to assist them in doing this.

The practitioner will then evaluate the information and decide on a suitable response taking into account; risk, mental capacity issues, consent, and proportionality. The practitioner will contact you to inform you of their decision about whether or not a safeguarding enquiry is to take place, or whether there are any other recommended actions.

If a safeguarding enquiry is to take place, the practitioner will inform you of the name of the allocated practitioner handling the case.

The safeguarding team will aim to notify you of this outcome within one working day of the submission of your concern. If you do not receive feedback within this timescale, please contact the team on 01472 232244 to ensure that your concern has been received.

Special Note to Regulated Care Services

Please also see the separate guidance on low level incident reporting for the reporting of safeguarding adults incidents that may be suitable to be dealt with in-house via internal investigation, disciplinary, or other management actions.

In addition please be aware that the '*Low Level Incident Reporting*' and '*Raising a Safeguarding Adults Concern to the Safeguarding Adults Team*' processes are for your notifications to focus only. Any CQC notifications that you are required to make to CQC to maintain compliance with your registration will still be required as is normal procedure outlined in the CQC Fundamental Standards 2015.

If you need to discuss the referral process, or have any general safeguarding adults queries, please contact the Single Point of Access on 01472 256 256.

EXAMPLES OF SAFEGUARDING INCIDENTS AND WHERE THEY MAY LIE ON THE SAFEGUARDING CONTINUUM

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	Low Level Incident Reporting (regulated Care Providers only)	Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
Type of Abuse	Type/Impact of Incident		
Physical	<ul style="list-style-type: none">Staff error causing no / little harm, e.g. skin friction mark due to ill-fitting hoist slingMinor events that still meet criteria for 'incident reporting'Isolated incident involving service user on service userInexplicable very light marking found on one occasion	<ul style="list-style-type: none">Inexplicable marking or lesions, cuts or grip marks on a number of occasionsInappropriate restraintWithholding of food, drinks or aids to independenceIn explicable fractures/injuries	<ul style="list-style-type: none">AssaultGrievous bodily harm/assault with weapon leading to irreversible damage or death
	<ul style="list-style-type: none">Adult does not receive prescribed medication (missed / wrong dose) on one occasion - no harm occurs	<ul style="list-style-type: none">Recurring missed medication or errors that affect more than one adult and/or result in harmDeliberate maladministration of medicationsCovert administration without proper medical authorisation	<ul style="list-style-type: none">Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual	<ul style="list-style-type: none">Isolated incident of teasing or low-level unwanted sexualised attention (verbal) directed at one adult by another whether or not capacity exists	<ul style="list-style-type: none">Recurring sexualised touch or masturbation without valid consentContact or non-contact sexualised behaviour which causes distress to the person at riskBeing made to look at pornographic material against will/where valid consent cannot be given	<ul style="list-style-type: none">Being subject to indecent exposureAttempted penetration by any means (whether or not it occurs within a relationship) without valid consentSex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service userSex without valid consent (rape)Voyeurism

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	Low Level Incident Reporting (regulated Care Providers only)	Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
Psychological	<ul style="list-style-type: none"> Isolated incident where adult is spoken to in a rude or inappropriate way - respect is undermined but no or little distress caused Occasional taunts or verbal outbursts which cause no or little distress 	<ul style="list-style-type: none"> Treatment that undermines dignity and damages esteem Denying or failing to recognise an adult's choice or opinion Frequent verbal outbursts Humiliation Emotional blackmail e.g. threats of abandonment/harm Frequent and frightening verbal outbursts 	<ul style="list-style-type: none"> Denial of basic human rights/civil liberties, overriding advance directive, forced marriage Prolonged intimidation Vicious/personalised verbal attacks
Financial	<ul style="list-style-type: none"> Money is not stored safely or recorded properly 	<ul style="list-style-type: none"> Adult's monies kept in a joint bank account – unclear arrangements for equitable division of interest Adult denied access to his/her own funds or possessions Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards Personal finances removed from adult's control 	<ul style="list-style-type: none"> Fraud/exploitation relating to benefits, income, property or will Theft
Neglect	<ul style="list-style-type: none"> Isolated missed home care visit - no harm occurs Adult is not assisted with a meal / drink on one occasion and no harm occurs Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet on one occasion. 	<ul style="list-style-type: none"> Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate planning and harm occurs On-going lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence 	<ul style="list-style-type: none"> Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	Low Level Incident Reporting (regulated Care Providers only)	Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
Discriminatory	<ul style="list-style-type: none"> Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period 	<ul style="list-style-type: none"> Inequitable access to service provision as a result of diversity issue Recurring failure to meet specific care/support needs associated with diversity Being refused access to essential services Denial of civil liberties e.g. voting, making a complaint Humiliation or threats on a regular basis 	<ul style="list-style-type: none"> Hate crime resulting in injury/emergency medical treatment/fear for life Hate crime resulting in serious injury/attempted murder/honour-based violence
Organisational	N/A	<ul style="list-style-type: none"> Lack of stimulation/opportunities to engage in social and leisure activities SU not enabled to be involved in the running of service Denial of individuality and opportunities to make informed choices and take responsible risk Care-planning documentation not person-centred Service design where groups of service users living together are incompatible Poor, ill-informed or outmoded care practice no significant harm Denying VA access to professional support and services such as advocacy Rigid/inflexible routines Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled underclothing Bad practice not being reported and going unchecked Unsafe and unhygienic living environments Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted Failure to refer disclosure of abuse 	<ul style="list-style-type: none"> Staff misusing position of power over service users Over-medication and/or inappropriate restraint managing behaviour Widespread, consistent ill treatment Entering into a sexual relationship with a patient/client,

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	Low Level Incident Reporting (regulated Care Providers only)	Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
		<ul style="list-style-type: none"> Failure to support vulnerable adult to access health, care, treatments Punitive responses to challenging behaviours 	
Domestic Violence	N/A	<ul style="list-style-type: none"> An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage. (Care and Support Guidance 2014, para. 14.20) 	
Modern Slavery	N/A	<ul style="list-style-type: none"> Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. (Care and Support Guidance 2014, para. 14.17) 	
Self-Neglect	N/A	<ul style="list-style-type: none"> This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. (Care and Support Guidance 2014, para. 14.17) 	

The examples above are based on the ADASS (Association of Directors of Adult Social Services) [North East] Safeguarding Threshold Guidance 2011, and the Care and Support Guidance 2014, and are for illustrative purposes only.

The Statutory Care and Support Guidance 2014 para. 14.17 states: '*Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria at paragraph 14.2 (Section 42(1) of the Care Act 2014) will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.*'

If you are in any doubt about how your concern should be reported please contact the Single Point of Access on 01472 256256 and ask to speak to the Duty Safeguarding Practitioner (office hours only). In an emergency situation, please contact the relevant emergency services on 999.



**Guidance Notes:
Reporting of Non- Urgent Lower Level Safeguarding Incidents
Safeguarding Adults Team, North East Lincolnshire
2021 Revision**

The following process has been developed for use by registered care providers only, and should be read in conjunction with the Reporting of Safeguarding Concerns Guidance that forms part of the local Multiagency Safeguarding Adults Policies and Procedures produced by NEL Safeguarding Adults Board. The purpose of the process is to enable the sharing of information about low level safeguarding incidents that may not need to progress to a formal safeguarding enquiry; but that still require notification to the safeguarding team in order to meet best practice and fulfil CQC requirements.

It is intended that the use of this process will minimise the bureaucracy and duplication associated with raising a formal concern for low level incidents that may be more appropriately managed via an internal action and/or management review within your own service. The following notes have been issued to answer some frequent asked questions, and to assist with decision making regarding which incidents may be reported using this process.

What type of incidents are reportable using the 'lower level' reporting process?

The process will apply to low level safeguarding adults incidents only. The types of incident that are included in this process are outlined in **Appendix I** attached. The guidance found in Appendix I has been developed using the Association of Directors of Adult Social Services (ADASS), [North East], Safeguarding Threshold Guidance 2011. The ADASS document has been approved by the NEL Safeguarding Adults Board and has been agreed to be implemented locally via the revised process attached. **N.B. Only minor, non-urgent, low level incidents may be reported using this process.**

For incidents where there have been significant injuries, or those that are moderate, or more serious in nature, for example where there are negative outcomes for the person(s) at risk, and/or significant interventions required – these should be referred through as safeguarding concerns to the safeguarding team and/or responsive services (i.e. ambulance, Police, etc.) as appropriate.

What is the notification process for Low Level Incidents?

For minor incidents (as outlined in Appendix I), where no emergency actions are required, the incident(s) should be managed internally and logged on the Safeguarding Adults Incident Log Sheet **Appendix II**. This log sheet should be maintained and retained within your service and a copy emailed to the Safeguarding Team on a monthly basis using the process outlined in **Appendix III**. This would include the submission of a nil return in the event that there are no incidents to report.

What will the Safeguarding Team do with the information received?

The safeguarding team will review the log sheets to identify any trends or concerns. The team may contact you for further information in some cases, and following discussion with you may initiate a safeguarding concern if it is felt that an incident or series of incidents constitute a significant concern. If there are no concerns or queries, the logs will be filed electronically for information within the team.

A copy of the referral log will routinely be shared with the contract monitoring team of the North East Lincolnshire Clinical Commissioning Group, and/or with the Care Quality Commission (CQC) on their request.

A file containing paper versions of your monthly submissions should also be maintained and retained within your service. This file should be made available to any visiting Contract Compliance Officers from the North East Lincolnshire Clinical Commissioning Group (NELCCG) on request.

The evidence of the internal investigation, management review, and/or actions that you have taken following each incident should be recorded and stored in accordance with your organisations usual record keeping policies and procedures.

When should I submit my monthly log sheet?

Please e-mail a copy of the log to the safeguarding team on a monthly basis (including any nil return) by the **14th** of each month. For example the log sheet for January will be due on 14th February, February on 14th March, March on 14th April, and so on.

If you have any comments or ideas that you would like to submit regarding this, or any other safeguarding process, please contact any member of the team by telephoning 01472 232244 (option1), or email your suggestions to focus.safeguardingadultsreferrals@nhs.net

Appendix I

EXAMPLES OF LOWER LEVEL SAFEGUARDING INCIDENTS

The following types of incidents may be considered for recording and notification via the Safeguarding Adults Incident Log Sheet. In all cases the incident could be addressed via agency internal processes / procedures, e.g. disciplinary, case management, or consideration given to a referral to the safeguarding adults team.

It is not a 'given' that any concerns falling into this process would not be subject to a safeguarding enquiry by the safeguarding team and an evaluation of each case needs to be made. The safeguarding team are available to assist you with your initial decision making and you should contact the team if you are undecided about the 'level' of safeguarding incident that you are dealing with

The characteristics of a Lower Level Incident are:

- No significant injuries
- One off – minor incidents
- Little or no negative impact/outcomes for Service User(s)

Type of Abuse	Type/Impact of Incident
Physical	<ul style="list-style-type: none"> • Staff error causing no / little harm, e.g. skin friction mark due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting' • Isolated incident involving service user on service user • Inexplicable very light marking found on one occasion • Adult does not receive prescribed medication (missed / wrong dose) on one occasion - no harm occurs
Sexual	<ul style="list-style-type: none"> • Isolated incident of teasing or low-level unwanted sexualised attention (verbal) directed at one adult by another whether or not capacity exists
Psychological	<ul style="list-style-type: none"> • Isolated incident where adult is spoken to in a rude or inappropriate way - respect is undermined but no or little distress caused • Occasional taunts or verbal outbursts which cause no or little distress
Financial	<ul style="list-style-type: none"> • Money is not stored safely or recorded properly
Neglect	<ul style="list-style-type: none"> • Isolated missed home care visit - no harm occurs • Adult is not assisted with a meal / drink on one occasion and no harm occurs • Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet on one occasion.
Discriminatory	<ul style="list-style-type: none"> • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period

If you are in any doubt about whether a concern can be classified as a Lower Level Incident, then you should contact the Safeguarding Adults Team via the Single Point of Access (SPA) on 01472 256256 and ask to speak to the Duty Safeguarding Practitioner (office hours only).

CONFIDENTIAL

SAFEGUARDING ADULTS INCIDENT LOG SHEET



Name of Service:

Month:

Completed by:

Email Address:

Contact Number:

Date	Name of Service User affected:	Type of Alleged Abuse	Brief Summary of Incident	Summary of Actions Taken

When completed at the end of each month, please e-mail to: focus.safeguardingadultsreferrals@nhs.net

Appendix II – Safeguarding Adults Incident Log Sheet – 2021

[focus independent adult social work C.I.C.](#), Registered number 8604885, A company limited by guarantee, registered in England and Wales

Registered office: Heritage House, Fisherman's Wharf, Grimsby, DN31 1SY

NOTIFICATION PROCESS

To notify the Safeguarding Adults Team of lower level incidents, a Safeguarding Adults Incident Log Sheet should be completed and e-mailed to the Safeguarding Team by the 14th of each month using the safeguarding team group e-mail:

focus.safeguardingadultsreferrals@nhs.net

The subject line of the e-mail should contain the text: **SA Log Sheet** – followed by the name of your service and the month to which the sheet relates.

If there are no incidents to report, a nil return should be sent.

E-mail notifications of logs or any other incidents must NOT be made to individual team members, as this could mean that a message may be missed due to practitioners being out of the office or on leave etc.

On receipt of the e-mail by the safeguarding team, the logs will be reviewed by the safeguarding practitioner(s) and one of the three following actions will be taken.

1. No further action – the log will be placed on file for information
2. Further information required – this will be requested by a follow-up call. Once the further information requested has been received, either actions 1 or 3 will be taken.
3. Progress to a Safeguarding Enquiry – a referral will be logged and contact will be made with you to discuss how the enquiry will proceed.

As the log sheets are submitted following the end of each month – only non urgent, low level incidents may be reported using this method (see Appendix I). If you have any doubts about whether an incident constitutes a low level incident, please contact the safeguarding team to discuss the matter with the duty practitioner via the Single Point of Access (SPA) on 01472 256256.

The log sheet should be completed with the following details.

Date	Date of Incident	
Name of Service User(s) affected:	Name of 'Adult (s)' at Risk	
Type of Alleged Abuse	Type of alleged abuse :: One or more of the following:	
	Physical Sexual Psychological	Discriminatory Neglect Financial
Brief Summary of Incident	Please provide an outline of the incident to include the name(s) of any person about whom there is an allegation and their relationship to the person affected. If the incident involves a staff member, please include their job title.	
Summary of Actions Taken	Please list all actions taken/planned following the event such as: Advice sought, i.e. from GP, other professional Internal investigation Disciplinary action Care Plan review Notification to CQC etc..	