

From Abuse, Maltreatment and Neglect in Luton, Bedford Borough and Central Bedfordshire



The Multi Agency Adult Safeguarding Policy, Practice and Procedures

Abuse is Everybody's Business – Safeguarding is our Responsibility



Bedfordshire
Fire and Rescue Service



Foreword

This multi-agency guidance has been compiled for the Safeguarding Adults Board. Its purpose is to enable all agencies to achieve consistent and robust arrangements for safeguarding people with care and support needs and to implement effective safeguarding plans which minimise risks of harm and adopt a zero tolerance approach to abuse, maltreatment and neglect.

These multi-agency policies and procedures are the local adult safeguarding policy which all organisations are required to follow. Each agency and organisation operating in the area should develop their own arrangements for safeguarding to complement but not **over-ride** the multi-agency policy. All staff and volunteers are required to comply with the policies and procedures in this document.

In 2015 this policy and procedure document has been revised following the implementation of the Care Act 2014 which set out a new legal framework for adult safeguarding based on local authorities existing responsibilities and practice. The Care Act is a major change in practice with a move away from a process-led tick box culture to a person centred approach.

There are some key messages in these procedures which underpin good safeguarding practice:

- Local authorities have a duty to promote individual well-being.
- Making safeguarding personal – ensuring that safeguarding work is done with, not to the person concerned.
- The person is asked what they want as the outcome from the safeguarding process and this directly informs what happens.
- Local authorities must arrange for independent advocacy when it is needed - **the** advocate's role is to facilitate the person's involvement, not merely be consulted about it.
- The Care Act sets out a duty for partners to cooperate and respond to safeguarding concerns.
- The Care Act empowers local authorities to make safeguarding enquiries or cause others to make safeguarding enquiries.

As a partnership committed to learning from local experience and national best practice, we will keep these procedures under constant review and provide additional guidance as appropriate.

It is everybody's responsibility to report abuse wherever it is seen, suspected or reported. Safeguarding is a vital part of our responsibilities. It is more than just adult protection; it is about protecting the safety, independence and wellbeing of people with care and support needs.

Terry Rich CBC&BBC SAB Chair

Frances Pearson SAB LBC Chair



SAFEGUARDING IS OUR RESPONSIBILITY

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These procedures will be reviewed annually and updated to incorporate lessons from recent cases and new guidance or changes in practice. Next review is due **September 2018**.

Policy Statement

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<p>IT IS EVERYBODY'S RESPONSIBILITY TO REPORT ABUSE MALTREATMENT OR NEGLECT WHEREVER IT IS SEEN, SUSPECTED OR REPORTED AND TO TAKE THE ACTIONS NECESSARY TO PROTECT ANY PERSON AT RISK FROM IDENTIFIED HARM IMMEDIATELY.</p>

1.1 Purpose

- 1.1.1** The purpose of this policy and the accompanying procedures is to provide a framework for delivery of the functions of the Safeguarding Adults Board, which are to promote well-being, prevent harm and respond effectively to safeguarding concerns.
- 1.1.2** In April 2009 the new unitary councils for Bedford Borough and Central Bedfordshire agreed to work together in a joint Safeguarding Adults Board with a wide range of agencies, to develop, implement and monitor work to safeguard people with care and support needs from abuse, maltreatment and neglect. In September 2017 Luton Borough Council also signed up to policies and agreed to work in collaboration with Bedford Borough and Central Bedfordshire. From April 2015, the Care Act 2014 puts the Safeguarding Adults Board on a statutory footing.
- 1.1.3** The Care Act requires that each local authority must:
- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
 - Set up a Safeguarding Adults Board (SAB);
 - Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. They must be informed of their rights to an independent advocate.
 - Co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.
- 1.1.4** These procedures exist to enable the Safeguarding Adults Board to provide strategic multi-agency leadership and ensure that adults in Bedfordshire are appropriately safeguarded by
- Preventing abuse, maltreatment and neglect from happening.
 - Promoting wellbeing and safety.
 - Responding effectively to instances of abuse, maltreatment and neglect.
- 1.1.5** A Safeguarding Adults Board has three core duties:
- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be

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evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

1.1.6 The Care Act 2014 states that local SABs decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act.

1.1.7 The Care Act 2014 states that the following organisations must be represented on the Safeguarding Adults Board:

- the local authority which set it up;
- the CCGs in the local authority's area; and
- the chief officer of police in the local authority's area.

1.1.8 The Safeguarding Adults Board consists of representatives from the following agencies that have developed and support this policy:

<ul style="list-style-type: none">• Bedford Borough Council• Central Bedfordshire Council• Luton Borough Council• Bedfordshire CCG• Bedford Hospital Acute Trust• Luton & Dunstable Acute Trust• Bedfordshire Police• Mental Health Trust• National Probation Service: Bedfordshire• East of England Ambulance Trust	<ul style="list-style-type: none">• H M Prison Bedford• Bedfordshire & Luton Fire and Rescue Service• POhWER• Healthwatch Bedford Borough• Healthwatch Central Bedfordshire• Community Health Services• Luton CCG• Luton Healthwatch
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1.1.9 Through these procedures, members of the Safeguarding Adults Board and the organisations they represent aim to achieve their commitment to:

- Safeguarding and promoting the independence, wellbeing and safety of people with care and support needs.
- Raising public awareness of safeguarding.
- Promoting work on the prevention of abuse.
- Tackling abuse in all settings.
- Ensuring that all staff and volunteers understand their roles and responsibilities in respect of safeguarding.
- Involving people who access services and carers in continual service improvements and the management and development of Safeguarding arrangements across Luton, Bedford Borough and Central Bedfordshire.
- Contributing and applying learning from serious case reviews.
- Ensuring that staff and volunteers are provided with appropriate training in

1.2 Policy Statement

1.2.1 The Care Act 2014 statutory guidance states that safeguarding should be personal; it should be person led and outcome focussed; it should enhance involvement, choice and control as well as improving quality of life, wellbeing and safety.

1.2.2 6 key principles underpin all adult safeguarding work:

- Empowerment.
- Protection.
- Prevention.
- Proportionality.
- Partnership.
- Accountability.

The Safeguarding Adults Board for Luton, Bedford Borough and Central Bedfordshire policy on safeguarding adults is to work in partnership to protect adults from abuse maltreatment and neglect and prevent avoidable harm. To achieve this, we will challenge bad practice wherever we encounter it, hold all local providers and partners to account and provide timely and proportionate interventions based on accurate assessment of risk and need. Our goal is to prevent and reduce the risk of significant harm to adults at risk of abuse or other types of exploitation, whilst supporting individuals in maintaining choice over their lives and in making informed choices without coercion.

1.3 The Scope of the Policy

1.3.1 The focus of these procedures are people of eighteen years or over in Luton, Bedford Borough or Central Bedfordshire who are experiencing abuse, maltreatment or neglect or about whom there is a concern.

1.3.2 The policy relates to all those adults, who are resident or temporarily resident in the communities of Luton, Bedford Borough and Central Bedfordshire, who may have care and support needs, whose independence and well-being would be at risk, permanently or periodically, if they did not receive appropriate support and who may be at risk of abuse, maltreatment or neglect. This includes adults with physical, sensory and mental impairments and learning disabilities however those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury, and those who may or may not be eligible for community care services whose needs in relation to Safeguarding is for access to mainstream services and the police, or who are unable to protect themselves.

1.3.3 The policy includes those people who purchase or are assessed as being able to purchase all or part of their community care services.

1.3.4 The policy also includes any individual who may be at risk as a consequence of

their role as a carer in relation to any of the above.

1.4 Aims of the Policy

1.4.1

- Immediate response
- Identifying when serious issues or concerns that abuse, maltreatment or neglect are occurring and take prompt action to stop it
- Ensuring that abuse is taken seriously and acted upon on the basis of a zero tolerance approach
- Ensuring that wherever abuse, maltreatment or neglect are suspected or reported that there is an effective, consistent, and co-ordinated response through the comprehensive application of the multi-agency procedures
- Raising awareness of practices which will contribute to the prevention of abuse of people with care and support needs

1.5 Principles of Good Practice

1.5.1

All people in the communities of Luton, Bedford Borough Council and Central Bedfordshire Council have a right to:

- live a life that is free from violence, fear and abuse
- be protected from harm and exploitation
- Independence which may involve a degree of risk

1.5.2

Organisations working to protect an adult from the risk of abuse will make the **dignity**, safety, and well-being of that individual a priority in their actions. Services provided should be appropriate to the individual including their communication needs, physical needs, mental abilities and each of the 9 protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, sex or sexual orientation.)

1.5.3

All safeguarding work should aim to enable adults who experience abuse to retain as much control as possible over their own lives. The person who may be experiencing abuse should be given **information**, properly accessible to them, about the adult protection process.

1.5.4

Those who have experienced abuse will be offered the **choice** and support to participate or otherwise have their views included, in all forums that are making decisions about their lives. They should be offered contact with independent organisations and advocacy services. Where communication aids, interpretation or personal assistance are necessary for a person to participate, these must be provided.

1.5.5

Where an individual does not have the **mental capacity** to decide how to protect himself or herself from abuse, organisations will actively use legislative frameworks to protect that person and an independent Mental Capacity Advocate (or IMCA) must be sought to represent their interests during adult

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protection procedures. Where ongoing advocacy support is needed, an appropriately qualified professional must be nominated to act in the role of advocate.

- 1.5.6** All decisions taken by professionals about a person's life must be reasonable, **proportionate** and justified. Where organisations have a duty to intervene to reduce risk, then that intervention should be proportionate to the risk facing the person.
- 1.5.7** Any intervention in a person's life, including for immediate protection and its result, should match the **wishes**, where known, of that person as closely as possible. N.B. **An individual's wishes cannot undermine an organisation's legal duty to act.**
- 1.5.8** In achieving protection, the life of the person experiencing abuse should be disrupted as little as possible, unless they request otherwise. Where possible risks should be reduced by removing the abusive person and not the person experiencing abuse, maltreatment or neglect.
- 1.5.9** Information will only be shared with the person's consent or where there is an overriding justification (for example, legal reasons to protect from harm a person without capacity) and on a need to know basis.
- 1.5.10** We will always consider how we can support unpaid carers who may be struggling to care appropriately.

1.6 Raising Awareness

- 1.6.1** Each agency will:
- Ensure people accessing services, visitors and relatives receive information about how to raise concerns if they suspect or experience abuse in all its forms including neglect.
 - Empower individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them
 - Raise awareness amongst people with care and support needs, who may cause harm, of what constitutes abuse and why.
 - Provide the support that may be necessary to ensure adequate levels of understanding, and adequate skills to ensure that rights and responsibilities are recognised and asserted.
 - Enable staff and volunteers to recognise poor practice, or abuse and respond appropriately.
 - Raise awareness of how staff and volunteers can use their routine processes (e.g. single assessment, risk assessments, care planning, and triage) to enable people to acknowledge that they are at risk of abuse, and signpost them to effective support.
 - Raise the profile of adult protection in all relevant internal and inter-agency meetings.
 - Promote relevant advocacy and advisory services.
 - Ensure that when commissioning, contracting, or monitoring services that service providers are aware of, and adhere to this multi-agency policy.

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- Recognise that children may also be at risk when working with families and adults with care and support needs. Referrals must be made to relevant children and families departments.

1.6.2 The Safeguarding Adults Board will:

- Exercise strategic leadership to prevent abuse maltreatment and neglect and respond promptly and appropriately where it does occur.
- Ensure partners maintain a training programme for staff, volunteers, people accessing services and carers and monitor its implementation and effectiveness.
- Ensure partners disseminate public information in a variety of formats
- Publish an annual report and strategic plan.
- Develop strategic links with other Safeguarding Partnerships in both authorities including Domestic Abuse, Community Safety, the local Safeguarding Children's Boards and the two Health and Well Being Boards.

1.7 Prevention

1.7.1 Each agency will:

- Provide information for people with care and support needs and their carers, in a range of media in different, user-friendly formats. This should be easily accessible.
- Promote adult protection within their agencies and ensure these are considered for inclusion in all appropriate strategies, and policies.
- Ensure rigorous recruitment and selection practice, and adhere to pre-appointment checking requirements e.g. references will always be taken up, Criminal Records Bureau checks made and the Disclosure and Barring process followed.
- Ensure clear service standards are maintained and where relevant staff and volunteers will receive clear operational guidance and appropriate training in such areas as:
 - a) Serious incidents
 - b) Accidents
 - c) Health and Safety
 - d) Violent Behaviour
 - e) Managing challenging behaviour
 - f) Personal and intimate care
 - g) Same gender personal care
 - h) Physical interventions
 - i) Moving and Handling
 - j) Tissue viability, falls prevention and hydration
 - k) Risk assessment and management
 - l) Control and administration of medicines
 - m) Involvement with the property and finances of people accessing services
 - n) Approaches to sexuality
 - o) Standards of care for excellence
 - p) Managing or supporting finances

1.7.2 These guidelines will set out the responsibilities of staff and volunteers and

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define the limits of the behaviour of staff and volunteers within the agency.

- Ensure their own arrangements for adult safeguarding fully comply with these procedures.
- Publish a whistle-blowing procedure that can be used by staff and volunteers should they wish to raise concerns about colleagues or their managers. Agencies are responsible for ensuring that whistle-blowers who raise genuine concerns are protected.
- Purchasers and Service Providers will use contract monitoring and review arrangements to review best practice and address any difficulties in implementing the Safeguarding Adults Procedures.
- Monitor the quantity and quality of adult protection work within their agency and provide monitoring information to the Safeguarding Board.

1.7.3 The Safeguarding Adults Board will:

- Act as a source of advice and information on adult protection matters, to staff and volunteers within their agency.
- Undertake safeguarding adult's reviews where an adult has died, been significantly harmed or put at serious risk as a result of confirmed or suspected abuse, maltreatment or neglect to ensure that the necessary lessons are learned to improve the response to abuse of people with care and support needs.

1.8 Procedures for Responding to Allegations

1.8.1 Each agency will:

- Follow the agreed multi-agency procedures that guide staff and volunteers through the process of recognition of abuse, how to report it, up to the enquiry and case conference.
- Have a clear, well published policy of zero tolerance of abuse
- Be a source of information to signpost any adult who is being abused to appropriate sources of advice and support.
- Ensure that their safeguarding arrangements are consistent with this multi-agency Safeguarding Adults Policy and submit a copy to the SAB for endorsement. These internal arrangements will guide staff, volunteers, people accessing services and their relatives on how to report concerns without delay within the agency, and the particular responsibilities of staff and volunteers within the agency.
- Work together in co-ordinated joint enquiries. This will achieve more than a series of separate enquiries, ensuring that evidence is shared; repeated interviewing is avoided and will cause less distress for the person who may have suffered abuse. The Police, Social Workers or Community Nurses (LD or MH) based in a fieldwork team (as determined at the decision-making stage of an enquiry will take the lead in co-ordinating the response to adult abuse.
- Where a person with care and support needs exercises his/her right to refuse an enquiry, following referral to the Local Authority and has the capacity to do so, work to promote ideas for protection and support.

1.8.2 The Safeguarding Adults Board will:

- Ensure that effective inter-agency policies and procedures for safeguarding

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- adults are in place and reviewed annually
- Make recommendations for improved practice where necessary

1.9 Confidentiality

- 1.9.1** We will co-operate in the sharing of appropriate information based on the principles defined below:
- Information will be shared on a need to know basis when it is in the best interest of the individual and especially to protect people with care and support needs.
 - Confidentiality must not be confused with secrecy.
 - Informed consent must be obtained, but if this is not possible and other adults are at risk, it may be necessary to override the requirement.
 - It is inappropriate for agencies to give absolute confidentiality in cases where there are concerns about abuse, particularly when other people may be at risk or there is a legal duty to report criminal activity. Do not risk allowing a person to be abused by failure to share information necessary for their protection.
 - Any exchange of information must be in accordance with the Data Protection Act 1998, the Human Rights Act 1998, and Caldicott Principles.

1.10 Quality Assurance

- 1.10.1** Each agency will:
- Develop robust quality assurance frameworks underpinning safe and high quality outcomes for people who use their services.
 - Keep comprehensive records of any work undertaken under the 'Safeguarding Adults' procedures, including all concerns received and all referrals made, and the responses made to these concerns and referrals.
 - Collate information on what type of abuse is happening, who it is happening to and where it is happening and identify outcomes of safeguarding work.
 - Undertake audits to ensure practice standards are being achieved.
 - Obtain feedback from people accessing services.
 - Provide monitoring information to the Safeguarding Adults Board.
- 1.10.2** The Safeguarding Adults Board will:
- Oversee safeguarding activity and information sharing and evaluate the impact and quality of safeguarding work, including monitoring data on the incidence of abuse and the outcomes of enquiries in the geographical area covered by the Board.
 - Use monitoring and quality assurance information to consider ways to improve inter-agency co-operation and improved outcomes for people.
 - Monitor the outcomes of safeguarding activity, ensure lessons are learnt and changes in policies, procedures and practice implemented.

Definitions of Abuse and When to Intervene

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2 Confidentiality

- 2.1** The safeguarding duties apply to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - is experiencing, or at risk of, abuse or neglect; and
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 2.1.2** These procedures are based upon the concept of zero tolerance of abuse of people with care and support needs. Responses to abuse should be proportionate to the situation and the degree of vulnerability is a factor in determining this. These procedures are concerned with people who are unable to protect themselves from significant harm.

2.2 Abuse, Maltreatment and Harm

- 2.2.1** The Safeguarding Adults Board is mindful of the principle described in the ADASS Advice Note April 2011 that the impact of harm on a person is what is important, not who did it or what the intent was. Our aim is to protect people from abuse and avoidable harm, whether deliberate or not. The partners who make up the Safeguarding Adults Board has resolved to continue using the familiar term “abuse” because people know what this means.
- 2.2.2** Abuse is mistreatment by any other person or persons that violates a person’s human and civil rights. This includes but is not limited to the rights listed in the Human Rights Act 1998 including the right to life (article 2), protection from inhuman and degrading treatment (article 3) the right to liberty and security (article 5) and the right to family life (article 8).
- 2.2.3** The abuse can vary from treating someone with disrespect in a way which significantly affects their quality of life, to causing actual physical suffering.
- 2.2.4** Abuse is behaviour towards a person that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights.
- 2.2.5** Abuse can happen anywhere – in a person’s own home, in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing or in the street.
- 2.2.6** Abuse may happen to people with a learning, sensory or physical disability, older people, people with mental health problems, people with dementia or people who cannot always look after or protect themselves.

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- 2.2.7** Abuse includes physical, sexual, psychological, financial, discriminatory abuse, organisational, modern slavery, domestic abuse, self-neglect and acts of neglect and omission. An individual, a group or an organisation may perpetrate abuse.
- 2.2.8** Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding.
- 2.2.9** Abuse may occur when a person with care and support needs is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent.
- 2.2.10** Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care.
- 2.2.11** Abuse is not just about “poor care” which is monitored by the Local Authorities and regulated by the Care Quality Commission. However failure to tackle issues of poor care could amount to abuse.
- 2.2.12** Anyone can cause harm or abuse. Abuse can occur in any relationship. An individual, a group or an organisation may perpetrate abuse.
- 2.2.13** The person causing the potential or actual harm may or may not intend to do so, but it is the impact that is important not the intention. However it will not always be appropriate to refer to the person causing the harm or risk as an abuser or perpetrator of abuse.
- 2.2.14** The person who is responsible for the abuse is very often well known to the person abused and could be a paid carer or volunteer, a health worker, social care or other worker, a relative, friend or neighbour, another resident or person accessing services or an occasional visitor or someone who is providing a service. It could be anyone.
- 2.2.15** Chapter 3 of these procedures describes a wide range of situations and it is important to use language which properly reflects the incidents and situations involved. The terms financial, physical or sexual abuse do not adequately describe assault, theft, fraud, or rape.

2.3 Principles of Good Practice

- 2.3.1** The Safeguarding Adults Board promotes the right of all individuals in Bedford Borough and Central Bedfordshire to live their lives free from violence and abuse, and to self-determination which may involve a degree of risk.
- 2.3.2** Protection from abuse should be available to all people experiencing abuse or who are at risk of harm. Support provided should be appropriate to that person’s physical and mental abilities, culture, religion, gender and sexual orientation.

2.4 What Degree of Abuse Justifies Intervention?

- 2.4.1** The seriousness or extent of abuse is often not clear when anxiety is first expressed. A decision about whether or not to intervene must be based on the nature, degree and intensity of the concern, the risk presented, and the proportionality of possible interventions.

2.5 Factors to consider when assessing seriousness

- 2.5.1**
- The vulnerability of the adult
 - The capacity and wishes of the adult – do they want you to intervene?
 - Is there an overriding public concern, are others at risk.
 - The nature and extent of the abuse and whether it constitutes criminal activity and a police officer has been consulted.
 - The length of time it has been occurring.
 - The impact on the individual and the risk of repeated or increasingly serious acts.
 - The contact the alleged person causing harm may have with other people with care and support needs or children.
 - The legality of the acts and/or level of coercion, threats or manipulation.
 - What does the person alleging abuse feel should happen – what was the intended purpose of the allegation?

2.6 People with care and support needs who are alleged to be causing harm

- 2.6.1** Whilst the protection of the person who may have been abused remains paramount, agencies also have responsibilities to the alleged person causing harm who may be an adult in receipt of care services.
- 2.6.2** Abuse of one person with care and support needs by another person with care and support needs can occur in group or communal settings such as a day centre, club, or a residential or nursing home.
- 2.6.3** In these cases it will be necessary to consider the needs of both individuals separately. Some of the issues that may need to be examined include:
- The extent to which the alleged person causing harm is able to understand his or her actions.
 - The extent to which the abuse reflected that individual's own needs and situation.
 - The likelihood of the alleged person causing harm further harming others.
- 2.6.4** Where an offence appears to have been committed and the alleged person causing harm is considered to be a person with care and support needs an 'Appropriate Adult' under the terms of the Police and Criminal Evidence procedures and a legal representative must be provided when they are interviewed by the Police.

2.7 Determining the relevant Local Authority

- 2.7.1** Responsibility for leading an enquiry lies with the area where the alleged abuse took place.

- 2.7.2** These procedures apply to people with care and support needs in Luton, Bedford Borough and Central Bedfordshire. Some people living in these areas are the responsibility of other local authorities. For the purposes of this section the area in which they are living is the “host authority” and the area with funding responsibility is the “placing authority”. The guidance in this section is taken from the ADASS Safeguarding Adults Policy Network Guidance on Out-of-Area Safeguarding Adults Arrangements (December 2012)
- 2.7.3** The following principles underpin the guidance in this document:
- The host authority will have overall responsibility for co-ordinating the safeguarding adults’ enquiry and for ensuring clear communication with all placing authorities and other stakeholders, especially with regards to the scheduling of meetings and the planning of the enquiry.
 - The placing authority will have a continuing duty of care to the person with care and support needs that they have placed.
 - The placing authority will contribute to the enquiry as required, and maintain overall responsibility for the individual they have placed.
 - The placing authority should ensure, through contracting arrangements and in service specifications, that the provider has arrangements in place for protecting people with care and support needs and for managing concerns, which in turn link with local (host authority) multi-agency safeguarding adults policy and procedures. This includes the requirement to inform the host authority of both individuals and placing authorities affected by the safeguarding concerns.
 - Authorities may negotiate flexible arrangements, for example relating to another authority undertaking assessments, reviews, investigative activities or other supportive activities on behalf of a placing authority. In such cases, the placing authority would maintain overall responsibility for the person they have placed, and reimbursement would be required and agreed as part of such negotiations.
 - Providers of care and support services have rights and responsibilities, and may be required to undertake their own enquiries. The host authority must ensure effective and timely communication with the provider of care throughout the enquiry.
- 2.7.4** If a person with care and support needs is an inpatient in a hospital in our area and the alleged abuse occurred within a hospital setting in Luton, Bedford Borough or Central Bedfordshire, the council in whose area the alleged abuse occurred will assume responsibility for the enquiry and will request support from the placing authority. However, if the abuse occurred prior to admission, the council in whose area the alleged abuse occurred must be asked to take over the lead role in the investigation. In these cases, a worker / workers from Luton, Bedford Borough or Central Bedfordshire as appropriate may be allocated to support the home authority with their investigation.
- 2.7.5** From time to time people with care and support needs using services in Bedford Borough or Central Bedfordshire may disclose abuse that has happened in their placing authority. In these circumstances, the appropriate Safeguarding Adults Team in this area will support the person receiving the concern to report the

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concern to the relevant other authority.

- 2.7.6** However, the lead role in enquiries into alleged abuse that occurred in Luton, Bedford Borough or Central Bedfordshire will be taken by services from that area even if the person alleged to have been harmed lives in another area unless transfer of leadership is agreed by the Safeguarding Managers of both councils. In these circumstances, the Adult Safeguarding Team will liaise with the Adult Safeguarding Manager in the person's placing authority.

2.8 People with Care and Support Needs Included in this Policy

- 2.8.1** People funding their own care arrangements have exactly the same rights and access to these Safeguarding Adult arrangements as any person receiving public funding. When the alleged abuse involves a service for which the care contract is held by another person (e.g. a family member) we will advise them of the abuse concern and request their co-operation with the enquiry.
- 2.8.2** Where the alleged abuse involves a person employed under a direct payment, the Local Authority enquiry must consider whether the assessed care needs are being met appropriately through direct payments and what additional support may be required to enable the person accessing services to continue receiving support through direct payments or self-directed support.

2.9 Carers and Safeguarding

- 2.9.1** Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:
- a carer may witness or speak up about abuse or neglect;
 - a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
 - a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.
- 2.9.2** Assessment of both the carer and the adult they care for must include consideration of both their wellbeing. Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing. As such, a needs or carer's assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring, for example, by providing training to the carer about the condition that the adult they care for has or to support them to care more safely. Where that is necessary the local authority should make arrangements for providing it.
- 2.9.3** If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken and other agencies are involved as appropriate.
- 2.9.4** If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to:

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- Whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse. For example, the provision of training or information or other support that minimises the stress experienced by the carer. In some circumstances the carer may need to have independent representation or advocacy; in others, a carer may benefit from having such support if they are under great stress or similar; and
- Whether other agencies should be involved; in some circumstances where a criminal offence is suspected this will include concerning the police, or in others the primary healthcare services may need to be involved in monitoring.
- Situations may arise where harm has been caused unintentionally, this may be due to the carer also being an adult who lacks the necessary skills, knowledge or awareness to provide care without inadvertently causing harm. In this particular situation the focus should be on providing assistance to the carer with the aim of enabling them to provide safe care without making them feel like a criminal.

2.9.5 Other key considerations in relation to carers should include:

- Involving carers in safeguarding enquiries relating to the adult they care for, as appropriate;
- Whether or not joint assessment is appropriate in each individual circumstance;
- The risk factors that may increase the likelihood of abuse or neglect occurring; and
- Whether a change in circumstance changes the risk of abuse or neglect occurring.

2.9.6 A change in circumstance should also trigger the review of the care and support plan and, or, support plan.

2.9.7 A carer's assessment should follow the legal requirements of the Care Act 2014 and take into account the following factors:

- Whether the adult for whom they care has a learning disability, mental health problem or a chronic progressive disabling illness that creates caring needs which exceed the carer's ability to meet them.
- The emotional and/or social isolation of the carer and the adult who requires care.
- Whether there is minimal or no communication between the care needing adult and the carer either through choice, mental incapacity or poor relationship.
- Whether the carer is or is not receiving any practical and/or emotional support from other family members or professionals.
- Financial difficulties.
- Whether the carer has an enduring or Lasting Power of Attorney or appointeeship.
- Whether there is a personal or family history of violent behaviour, alcohol, other substance abuse or mental illness.

- The physical and mental health and wellbeing of the carer.

Types and Indicators of Abuse

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	abuse take place?		
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3 Types of Abuse

3.1 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

3.1.1 General indicators of an abusive relationship often include the misuse of power by one person over another and are most likely to take place in situations where one person has power over another. For example where one person is dependent on another for their physical care or due to power relationships in society e.g. between a professional worker and a person accessing services, a man and a woman and a person belonging to the dominant race / culture and a person belonging to an ethnic minority.

3.1.2 There are many forms of physical, sexual, and emotional abuse and neglect; multiple forms of abuse may occur at the same time. Abuse may be deliberate, or unintentional. Abuse of a person often includes behaviour that is abusive in one or more of the categories outlined below.

3.2 Physical Abuse

3.2.1	May Involve	Possible Indicators
	<ul style="list-style-type: none"> • Hitting • Slapping • Kicking • Pushing or rough handling • Scratching • Inappropriate restraint or sanctions including deprivation of food, clothing, warmth and healthcare needs • Force feeding • Misuse (or inappropriate withholding) of medication 	<ul style="list-style-type: none"> • Injuries that are on unusual sites e.g. cheeks, ears, neck, inside mouth • Burns or scalds with clear outlines or have a uniform depth over a large area, e.g. buttocks • Injuries that are the shape of objects e.g. a hand, teeth, cigarette • Presence of several injuries or scars of a variety of ages • Injuries that have not received medical attention • A person being taken to many different places to receive medical attention • Skin infections • Dehydration • Unexplained weight changes • Medication being 'lost' • Behaviour that indicates that

	the person is afraid of the alleged person causing harm
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3.3 Domestic Abuse

3.3.1

May Involve	Possible Indicators
<ul style="list-style-type: none"> Psychological, sexual, financial, emotional abuse, so called “honour” based violence, coercive or controlling behaviour. 	<p>An intimate partner or family member:</p> <ul style="list-style-type: none"> Tries to keep the person from seeing friends or family Prevents them from continuing or starting a college course, or from going to work Constantly checks up or follows them Accuses them unjustly of flirting or of having affairs Constantly belittles or humiliates them or regularly criticises or insults them in front of other people deliberately destroys their possessions Hurts or threatens them or their children Keeps them short of money or items need for their care Forces them to do something that they didn't want to do

3.4 Sexual Abuse

3.4.1

May Involve	Possible Indicators
<ul style="list-style-type: none"> Unwanted physical and sexual contact Intercourse with someone who lacks the capacity to consent Rape Indecent exposure Sexual harassment (verbal or physical) Displaying pornographic literature or videos Gross indecency 	<ul style="list-style-type: none"> Sexually transmitted diseases or pregnancy Tears or bruises in genital / anal areas, e.g. inner thighs, breasts Soreness when sitting Signs that someone is trying to take control of their body image e.g. anorexia or bulimia, self-harm Sexualised behaviour or language

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<ul style="list-style-type: none"> • Being forced or coerced to be photographed or videoed to allow others to look at their body • Inciting someone who cannot understand to engage in sexual activity • Sexual abuse or innuendo. Any sexual activity involving staff is regarded as contrary to professional standards and hence abusive 	<ul style="list-style-type: none"> • Oral infections <p>The signs that a person may be experiencing sexual abuse and emotional abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that may be carried out in "grooming".</p>
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3.5 Psychological or Emotional Abuse

3.5.1

May Involve	Possible Indicators
<ul style="list-style-type: none"> • Harassment • Intimidation by word or deed • Verbal abuse • Blaming • Controlling • Coercion • Excessive criticism • Humiliation • Ridicule/mockery • Threats of harm or abandonment or exclusion from services • Enforced social isolation (including cultural discrimination) which may include withdrawal from services or supportive networks • Denial of religious or cultural needs • Cyber bullying 	<ul style="list-style-type: none"> • Difficulty gaining access to the adult on their own or difficulty in the adult gaining opportunities to contact you • The adult not getting access to medical care or to appointments with other agencies • Low self esteem • Lack of confidence and anxiety • Increased levels of confusion • Increased urinary or faecal incontinence • Sleep disturbance • Person feeling/acting as if they are being watched all of the time • Decreased ability to communicate • Communication that sounds like things that the alleged person causing harm would say, language being used that is not usual for the person accessing services • Deference/submission to the alleged person causing harm

3.6 Financial or Material Abuse

3.6.1	May Involve	Possible Indicators
	<ul style="list-style-type: none"> • Misuse and/or misappropriation of monies, benefits and/or property • Theft • Fraud • Exploitation • Pressure or coercion in connection with wills, property, inheritance or financial transactions • Internet scamming • Postal and doorstep scams 	<ul style="list-style-type: none"> • Change in material circumstances. • Sudden loss of assets. • Unusual or inappropriate financial transactions. • Visitors whose visits always coincide with the day person benefits are cashed. • Insufficient food in the house • Bills not being paid. • Person who is managing the finances overly concerned with money. • Sense that the person is being tolerated in the house due to the income they bring in, person not included in the activities the rest of the family enjoys.

3.7 Modern Slavery

3.7.1 Note: The [National Referral Mechanism](#) (NRM) is the process by which an individual is identified as a victim of human trafficking. Referrals to the NRM can only be made by authorised agencies known as First Responders. Authorised agencies in the UK are the police force, the UK Border Force, Home Office Immigration and Visas, social services and certain Non-Governmental Organisations such as the Salvation Army.

3.7.2	May Involve	Possible Indicators
	<ul style="list-style-type: none"> • Slavery • Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through use of force, coercion or other means for the purpose of exploiting them. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services known as the National Referral Mechanism. • Forced labour and domestic servitude 	<p>A person may:</p> <ul style="list-style-type: none"> • Show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn. • Rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. • Be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. • Have no identification

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<ul style="list-style-type: none"> • Coercion deceit and forcing people into a life of abuse or inhumane treatment 	<p>documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work</p> <ul style="list-style-type: none"> • Have little opportunity to move freely and may have had their travel documents retained, e.g. passports. • Avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family. y. be dropped off / collected for work on a regular basis either very early or late at night
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3.8 Neglect and acts of Omission

3.8.1 Neglect includes self-neglect where this could result in significant harm' to a person with care and support needs.

3.8.2	<p>May Involve</p> <ul style="list-style-type: none"> • Inadequate care • Neglect of physical and emotional needs • Failure to give prescribed medication • Deprivation of food, clothing, medical attention, necessities of life such as heating, or aids for functional independence • Denial of basic right to make informed choices • Failure to provide access to social, health or educational services • Failure to give privacy and dignity • Ignoring medical, emotional or physical care needs 	<p>Possible Indicators</p> <ul style="list-style-type: none"> • Malnutrition • Rapid or continuous weight loss • Not having access to necessary physical aids • Inadequate or inappropriate clothing • Untreated medical problems • Dirty clothing/bedding • Lack of personal care • If neglect is due to a carer being overstretched or under-resourced the carer may seem very tired, anxious or apathetic
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3.9 Discriminatory Abuse

3.9.1	May Involve	Possible Indicators
	<ul style="list-style-type: none"> • Treating a person or group less favourably than others on the basis of their race, gender, gender identity, age, disability, sexual orientation or religion • Slurs, harassment, name calling • Breaches in civil liberties • Unequal health or social care • Hate incidents and hate crime 	<ul style="list-style-type: none"> • Person overly concerned about race, sexual preference etc • Tries to be more like others • Reacts angrily if any attention is paid to race, sex etc • Carer overly critical/anxious about these areas • Disparaging remarks made • Person made to dress differently • An older person being acutely aware of age or 'being a burden'

3.10 Organisational/ Institutional Abuse

3.10.1	May Involve	Possible Indicators
	<ul style="list-style-type: none"> • Repeated instances of poor care may be an indication of more serious problems • Neglect and poor professional practice leading to other forms of abuse as defined above • Misuse of staff power to harm adults in their care • Staff and volunteers not reporting or not challenging bad practice 	<ul style="list-style-type: none"> • Over-medicating people • Lack of social / leisure activities • Lack of personal clothing and possessions • Deprived environment and lack of stimulation • People referred to or spoken to with disrespect • Inappropriate physical interventions • Unsafe environments • Absence of effective Care Plans and Risk Assessments
Organisational factors that may contribute to institutional abuse:		
<ul style="list-style-type: none"> • Weak or oppressive management • Inadequate staffing (numbers, competence) • Inadequate staff and volunteers supervision or support • Insufficient training • Rigid routines • Closed communication channels 		

3.11 Self-Neglect

3.11.1	May Involve	Possible Indicators
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<ul style="list-style-type: none"> • Self-neglect is an umbrella term that covers a wide range of types of behaviour: neglect of self; neglect of the domestic environment including hoarding; risky lifestyle behaviour. This may also pose a risk to others. • Self-neglect may arise from inability or unwillingness to care for oneself, or both in complex interaction with each other. A helpful definition is “the result of an adults inability due to physical or mental impairments, or diminished capacity, to perform essential self-care tasks” (Braye, 2011) 	<ul style="list-style-type: none"> • A small body of research tells us that people who self-neglect may have pride in self-sufficiency; a sense of connectedness to place and possessions; a drive to preserve continuity of identity and control; traumatic life histories and events that have had life changing effects. • Causes of self-neglect may include physical problems, mental health problems, personality, history of trauma, substance misuse, lack of social networks, isolation and old age – multiple factors may exist with one person.
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3.11.2 Section 14.17 of the statutory guidance states that self -neglect may not prompt a Section 42 enquiry. An assessment will be made on a case by case basis Safeguarding partnerships can be a positive means of addressing issues of self-neglect. The SAB is a multi-agency group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

3.11.3 Intervention in self-neglect often depends on assessment of mental capacity, as people who have capacity are entitled to make choices for themselves. Interventions that work tend to be based on multi-agency multi-disciplinary assessments and include building of trusting relationships, consensus and persuasion, and practical support with daily living. Monitoring should focus on outcomes, not only on services provided.

3.11.4 In most instances, concerns about self-neglect are best supported by the agency responsible for the person’s needs, whether they are environmental health, housing, physical health, mental health or other needs. The person should always be at the centre of any decisions made to support them. Any agency concerned can convene a Risk assessment Conference. The purpose of the meeting is to bring agencies together to discuss risks and share information. It is acknowledged that this may not resolve the risk issue, but is considered best practice to manage risk.

3.11.5 Self- neglect may be considered a safeguarding issue :

- Where lack of mental capacity is suspected
- In extreme situations
- Or where there is a failure of agencies to work together

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The role of a safeguarding enquiry in this instance will be to coordinate a multi-agency forum to share information, assess risk and establish a lead agency to work with the person concerned.

3.12 Female Genital Mutilation

3.12.1 This refers to the removal of part or all of the female genitalia for cultural or other non-therapeutic reasons. The Female Genital Mutilation Act 2003 outlawed the practice in this country. Any incidences of FGM must be recorded and reported to the police and local pathways must be adhered to.

[Mandatory reporting of female genital mutilation: procedural information](#)

Under the Female Genital Mutilation Act 2003 it is an offence in England, Wales and Ireland for anyone (regardless of their nationality and residence status) to: perform FGM in the UK; assist the carrying out of FGM in the UK; assist a girl to carry out FGM on herself in the UK; and assist from the UK a non-UK person to carry out FGM outside the UK on a UK national or permanent UK resident.

FGM Protection Orders - Section 5A FGM Act 2003

The court in England and Wales may make an Order (an FGM Protection Order) for the purposes of:

1. Protecting a girl against the commission of a genital mutilation offence, or
2. Protecting a girl against whom any such offence has been committed

Duty to notify police

Regulated professions (i.e. healthcare, teacher, social worker) must make a notification if they discover FGM appears to have been carried out on a girl under 18.

Either:

1. Where the girl informs the person that an act of FGM has been carried out on her
2. Where the person observes physical signs on the girl appearing to show that an act of FGM has been carried out on her, and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b)

3.13 Honour Based Violence

3.13.1 This is that which is committed against someone who is perceived to have brought shame or dishonour on a family or even a community. Incidents that have preceded honour killings have included:

- Attempts to separate and divorce
- Threats to kill or denial of access to children
- Pressure to go abroad and forced marriage
- The individual being detained within the home

- Denial of access to the telephone, internet, passport and friends

3.14 Forced Marriage

3.14.1 There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the young people

3.14.2 Possible Indicators of Forced Marriage

Warning signs and indicators of forced marriage include:

- Both men and women facing forced marriage may become anxious, depressed or emotionally withdrawn with low self esteem
- Absence from a school, day centre or other regular activity
- Requests for extended absence
- Fear about forthcoming visits to their country of origin
- Not allowed to attend activities
- Surveillance by family members especially siblings

3.15 Hate Crime, Hate Crime and Disability Related Harassment

3.15.1 Any crime or incident where the perpetrators hostility or prejudice towards an identifiable group of people (race, religion, disability, transgender or sexual orientation) is a factor in determining who is victimised.

3.15.2 Often offending results from a gradual increase in the seriousness of the behaviour. Incidents may involve physical assault, damage to property, bullying, harassment, verbal abuse or insults, or offensive graffiti or letters (hate mail). Abuse may occur as a result of the accumulation or escalation of minor hate incidents. These incidents would be subject to the safeguarding procedures if the hate incident is directed at a person with care and support needs.

3.15.3 The courts or police may consider the impact on the person with care and support needs where a crime is motivated by hatred towards any particular group. The Crime and Disorder Act 1998 created four specific offences (Aggravated Assaults, Aggravated criminal damage, Aggravated public order and Aggravated harassment) where the motivation is hatred for a person's race or religion.

3.16 Grooming

3.16.1 People with care and support needs may be susceptible to undue influence which may harm them. For example, sexual abuse, financial abuse and becoming involved in terrorism. Further information on terrorism based grooming can be found in the Governments Prevent Strategy.

3.17 Prevent

3.17.1 Channel is a multi-agency approach to identify and provide support to

individuals who are at risk of being drawn into terrorist-related activity. The process forms a key part of the [Government's Prevent Strategy](#). The process provides a mechanism for safeguarding vulnerable individuals by assessing the nature and extent of the potential risk they face before they become involved in criminal activity and, where necessary, provide a support package tailored to an individual's needs. Terrorism is a very real threat to all our communities and terrorists seek to exploit those who are most vulnerable. That is why it is vital that we all work together to support those who are at risk of radicalisation – regardless of faith, ethnicity or background. All Channel referrals undergo a screening process and vulnerability and risk preliminary assessment. Those appropriate for Channel will be referred for assessment by a multi-agency panel which decides how best to support the vulnerability. For further information see the NHS England Protocol for Prevent Referrals.

If you are concerned that somebody is vulnerable or has care and support needs and is being radicalised, a referral needs to be made to the adult safeguarding teams who will liaise with the police.

3.18 Cyber Abuse

3.18.1 Cyber crime is a type of crime in which digital technology is used as a means and/or target for criminal activity.

The adopted definitions of cyber crime are:

- Cyber Dependent Crimes, where a digital system is the target as well as the means of attack. These include attacks on computer systems to disrupt IT infrastructure, and stealing data over a network using malware. The purpose of the data theft is usually to commit further crime.
- Cyber Enabled Crimes, 'existing' crimes that have been transformed in scale or form by their use of the internet. The growth of the internet has allowed these crimes to be carried out on an industrial scale.
- The use of the internet to facilitate drug dealing, people smuggling and many other 'traditional' crime types.

Cyber crime is not an offence in its own right, and any offences that are deemed to come under this umbrella term are investigated and prosecuted as the 'real world' versions of the crime committed.

Offences that usually form part of a cyber crime case include cyber bullying, cyber stalking, trolling, online fraud and theft and hacking – however, this growing crime profile is vast and encompasses many offences.

3.18.2 Harassment can take place on the internet and through the misuse of email. This is sometimes known as 'cyber stalking'. This can include the use of social networking sites, chat rooms and other forums facilitated by technology. The internet can be used for a range of purposes relating to harassment, for example:

- To locate personal information about a victim;

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- To communicate with the victim;
- As a means of surveillance of the victim;
- Identity theft such as subscribing the victim to services, purchasing goods and services in their name;
- Damaging the reputation of the victim;
- Electronic sabotage such as spamming and sending viruses;
- Tricking other internet users into harassing or threatening a victim;

3.19 Exploitation

3.19.1 Exploitation covers a number of facets including modern day slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

County lines refers to the supply of Class A drugs, from urban hubs such as London to county towns. As part of this method of offending gang members travel between urban and county locations to deliver drugs and collect cash. They tend to use a local property to operate from, usually belonging to a vulnerable person, in a process termed as 'cuckooing'. Gangs typically exploit young people to deliver their drugs by using intimidation, violence and grooming. Adult drug and substance users, as well as vulnerable females, are also exploited and forced to assist with the running of the line. Offenders may often 'swallow' or 'pack' the drugs in order to avoid police detection

Op Mitchum is the name given to the pan-Bedfordshire partnership response to this practice and tackling the perpetrators behind it while protecting those at risk of harm is a key priority for the force. The operation brings together relevant people from across the county to ensure that a collaborative approach is given to this issue.

3.20 Further General Indicators of Abuse

3.20.1 Those who have contact with people with care and support needs should be aware of some further signs, which may indicate abuse:

- Seeking shelter or protection.
- Unexplained reactions towards particular individuals or settings.
- Destruction of physical environment.
- Obsessive behaviour.
- Frequent or regular visits to the GP or hospital casualty department or hospital admissions.
- Wandering/absconding.
- Frequent or irrational refusal to accept enquiries or treatments for routine difficulties.
- Inconsistency of explanation or no explanation.
- Self-harm.
- Verbal abuse and aggression towards the carer.

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- Uncharacteristic non-compliance with carer's wishes.
- Pressure ulcers.
- Unexplained absences or trips abroad.

3.21 Who May be an Abuser?

3.21.1 Abuse can occur in any relationship and may result in harm to or the exploitation of the person subjected to it.

3.21.2 Examples are:

- A spouse, immediate family members and other relatives.
- Professional staff.
- Paid care workers.
- Volunteers.
- Other people accessing services (see following section).
- Neighbours.
- Friends and other associates.
- A stranger.
- A carer.

3.22 Where and how can abuse take place?

3.22.1 Abuse can take place in any setting where a person with care and support needs lives, works or visits including:

- Own home.
- Residential or nursing home.
- Home of relative, friend or stranger.
- In transit.
- Day centre.
- Day hospital.
- Hospital.
- Education or training establishment.
- Custodial setting.
- A public place.

3.22.2 Abuse can also occur through the use of technology, which may include:

- Mobile Phone.
- Internet Chat Rooms.
- Social Networking internet sites.
- Email.
- Fraudulent Websites.

Mental Capacity

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4.1 Mental Capacity

4.1.1 This section provides a summary of key points relating to Mental Capacity. The policy and procedures are based on the presumption of mental capacity and on the right of people with care and support needs to make their own choices in relation to safety from abuse, maltreatment and neglect except where the rights of others would be compromised.

4.2 What is Mental Capacity?

4.2.1 Capacity is the ability to:

- Understand the information relevant to a decision
- Retain that information long enough to make a decision
- Use and weigh that information as part of the process of making the decision, and
- Communicate one's decision (by talking, sign language or in any other way)

4.2.2 Unless a person can achieve all four of these elements, they lack capacity to make the particular decision. An inability to achieve one or more of these elements must be because of an impairment or disturbance to the mind or brain.

4.2.3 Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse, the safeguarding plan must, with the adult's consent include access to services that help minimise the risk.

4.3 The Mental Capacity Act 2005

4.3.1 The Mental Capacity Act 2005 provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves.

4.3.2 The Act includes a range of principles, powers and services which must be considered as part of a safeguarding plan for a person lacking capacity who may be at risk of being abused.

4.3.3 Principles of the Act

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Best interests – anything done for or on behalf of people without capacity must be in their best interests.

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- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.
- 4.3.4** Under Section 44 of the Mental Capacity Act the offences of ill-treatment and wilful neglect may apply to anyone caring for a person who lacks capacity. The police must be fully involved in any enquiry where this is a possibility and should take the lead on deciding whether to initiate criminal proceedings.
- 4.3.5** Further protection to a person without capacity may be provided by the following powers in the Mental Capacity Act:
- Lasting Powers of Attorney (LPA). People with capacity may appoint an attorney to make decisions on their behalf when they lose capacity, including decisions as to their personal welfare, as well as their property and affairs. An LPA must be registered with the Office of the Public Guardian and there are other safeguards against abuse. This replaces Enduring Powers of Attorney (EPA) which only deals with property and affairs, but remains valid if properly executed before October 2007. An LPA attorney for Personal Welfare can only Act when the person has been deemed as lacking the capacity for a particular decision. If there are allegations about an LPA or EPA then this should be reported to the OPG at the same time as the alert, the OPG may choose to conduct their own checks even if the safeguarding threshold is not met.
 - An advance decision to refuse specific medical treatment is a statutory right for a person with capacity to make decisions about their personal and medical care at a later time when capacity has been lost including the right to refuse treatment.
- 4.3.6** The Mental Capacity Act created the Court of Protection.
- The Court of Protection can make orders relating to the personal welfare of a person lacking capacity, as well as their property and financial affairs. The Court may appoint a Deputy to act for them.
 - The Court can also direct a Court Visitor to visit a person lacking capacity, with the power to call for reports.
 - The Office of the Public Guardian (OPG) oversees registration of LPA's and maintains a register of them and of court appointed deputies, whom it supervises. The OPG can direct a Court of Protection Visitor to visit the donor or donee of an LPA or an appointed deputy. The OPG may also interview a person lacking capacity, and examine records relating to them.
- 4.3.7** Under Section 6 of the Act, restraint is only permitted to be used on a person lacking capacity if the person using it reasonably believes it is necessary to prevent harm and if the restraint used is proportionate to the likelihood and seriousness of the harm. Where a person lacking capacity may need to be deprived of their liberty in their best interest, consideration must be given to seeking authorisation in their best interests under the Deprivation of Liberty Safeguards (care homes and hospitals) or the Court of Protection for all other settings.

4.4 Assessment of Capacity

- 4.4.1** Where a safeguarding assessment identifies capacity issues, an assessment of capacity must be undertaken by the staff member concerned or another competent person. The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a “decision-specific” test. No one can be labelled ‘incapable’ as a result of a particular medical condition or diagnosis alone.
- 4.4.2** Section 2 of the Act makes it clear that a lack of capacity cannot be established merely by reference to a person’s age, appearance, or any condition or aspect of a person’s behaviour which might lead others to make unjustified assumptions about capacity.
- 4.4.3** If the person is found to have capacity to make the decision required the person will be involved as a partner in the planning discussion with appropriate advocacy and victim support services. If the person lacks capacity, decisions may need to be taken on their behalf under the Mental Capacity Act and in accordance with the principle of Best Interests.

4.5 Best Interests

- 4.5.1** For people lacking capacity, the Mental Capacity Act is clear that everything that is done for or on behalf of a person lacking capacity must be in their best interest.
- 4.5.2** The professional determining the safeguarding assessment and plan will be the decision-maker. The decision-maker must consider a checklist of factors in deciding the person’s best interests (contained in section 4 of the Act. A person can put his or her wishes and feelings into a written statement if they so wish, which the person making the determination must consider. Carers and family members must be consulted.

4.6 Factors to consider

- 4.6.1** Action must ensure that when adults with mental capacity take decisions to remain in abusive situations, they do so:
- without intimidation (although some people may choose to remain in a situation in which they know they are being intimidated)
 - with an understanding of the risks involved and
 - have access to appropriate services if they should they change their mind.
- 4.6.2** For some members of our communities their impairments mean that they need proactive support to understand that they have a choice to live a safer life; to understand the options open to them; and to choose which, if any, services they want to access in order to do so.
- 4.6.3** For other adults, even with support, their impairments mean that they do not have mental capacity to make such decisions.
- 4.6.4** The capacity of some adults may fluctuate and they may not be able to make a

decision about how to pursue their safety at the time it is needed. In such situations, positive action must be taken to ensure that such decisions are made on the person's behalf. This must be by a person or an organisation, acting in the best interests of the adult concerned (and, if appropriate, on what is known of their wishes prior to losing capacity).

4.7 Unwise Decisions

- 4.7.1** People should be able to live as independently as possible and to make informed decisions about their own lifestyles, including the opportunity to take risks if they choose to do so, without fear of harm or abuse from others. It should be acknowledged that these decisions may be viewed as unsafe or unwise and must be heeded if a person has the capacity to make the specific decision.
- 4.7.2** If it is determined that the individual does not have capacity, then staff should act in the best interests of the individual.
- 4.7.3** If it is determined that an individual does have capacity, has taken an informed decision and by that action is placing him or herself at risk, staff should consult with:
- The individual themselves
 - Their carer, if appropriate - with the person's consent
 - Their community support networks
 - Any other relevant agency, service or individual.
- 4.7.4** The statutory principles of the Mental Capacity Act 2005 state that an unwise decision does not equate to an incapacitated decision. This means that providers of services need to record fully and accurately, the decision making processes and the wishes of the individual thus evidencing that this is the person's own, capacitated wish. The purpose of this is to ensure that staff make every effort to assist the individual in understanding the risk that they are taking and the choices available to them to remove or reduce the risk.
- 4.7.5** There may be situations where the individual seems able in terms of their knowledge and understanding to make their own decisions; however, they may be subject to undue pressure to support a particular course of action. This could be pressure from or fear of a professional or family member. The involvement of a Care Act Advocate may help in this matter as their role is to offer support and represent the individual for the purposes of assisting involvement
- 4.7.6** Staff will need to determine whether the individual is making the decision of their own free will or whether they are being subjected to coercion or intimidation. If it is believed that the individual is exposed to intimidation or coercion, efforts must be made to offer the person 'distance' from the situation in order to facilitate decision making. In such situations, it may be advisable to seek legal advice and consider whether applying to the High Court, under its Inherent jurisdiction, is appropriate. This would be with the aim of seeking an order that facilitates arrangements of unencumbered decision-making.

- 4.7.7** If all indications are that a person with capacity is making an unwise decision, the wishes of the person must be fully recorded.
- 4.7.8** Where a person makes repeated unwise decisions or a series of decisions which taken together put the person at significant risk of harm or where there is any doubt that the person has full capacity to make these decisions, staff should consult relevant other people and agencies and seek advice from the Mental Capacity Lead Officer/Coordinator in the adult safeguarding team and call a multi-agency meeting.
- 4.7.9** It is important to note that there may be situations where an adult with capacity decides to live with a risk which places other people with care and support needs, or children at risk of harm. In these situations there is a duty of care to intervene for the protection of the other individuals.

4.8 Independent Mental Capacity Advocate

- 4.8.1** An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005, appointed to support a person who lacks capacity if there are no family members or relevant others to act in their best interests.
- 4.8.2** Local Authorities and the NHS have powers to instruct an IMCA to support and represent a person who lacks capacity where:
- It is alleged that the person is or has been abused, maltreated or neglected by another person.
 - It is alleged that the person is abusing or has abused another person.
- 4.8.3** Where a person who lacks specific mental capacity is alleged to have been abused or to have abused another person, consideration must be given to the appointment of an IMCA in line with the local Mental Capacity Act policy.
- 4.8.4** The IMCA makes representations about the person's wishes, feelings, beliefs and values, bringing to the attention of the decision-maker all factors that are relevant to the decision. The IMCA can challenge the decision-maker on behalf of the person lacking capacity if necessary.
- 4.8.5** Staff assessments of the person's capacity must be recorded. If the person appears to have the capacity to make decisions, the information provided to them should be recorded. If they appear incapacitated, the process of ascertaining what appears to be in their best interests should be recorded.

4.9 The Mental Capacity Act and Deprivation of Liberty Safeguards

- 4.9.1** The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) was introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. DoLS came into force in England and Wales on 1 April 2009.
- 4.9.2** DoLS provides legal protection for individuals who lack capacity and who may be deprived of their liberty in hospitals or care homes to protect them from

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harm. The safeguards are designed to protect the interests of an extremely vulnerable group of individuals and to:

- Ensure people can be given the care they need in the least restrictive regimes.
- Prevent arbitrary decisions that deprive vulnerable people of their liberty.
- Provide people with rights of challenge against unlawful detention.

4.9.3 DoLS apply to anyone:

- Aged 18 and over.
- Who has a mental disorder– such as dementia or a profound learning disability.
- Who lacks the capacity to give informed consent to their accommodation for the purpose of receiving care and/or treatment.
- For whom Deprivation of Liberty (within the meaning of Article 5 of the European Convention on Human Rights) is considered after an independent assessment to be necessary in their best interests to protect them from harm.

4.9.4 On 19 March 2014, the Supreme Court handed down its judgment in the case of “P v Cheshire West and Chester Council” and “P and Q v Surrey County Council”. The judgment is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty. The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

**“The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements”
(referred to as the Acid Test)**

Useful links:

Mental Capacity Act Code of Practice

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

SCIE Introducing the MCA

<http://www.scie.org.uk/mca/introduction/>

SCIE MCA directory

<http://www.scie.org.uk/mca-directory/keygovernmentdocuments.asp>

Human Rights Act 1998

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

39 Essex Street: Guide to assessing mental capacity & best interests decisions and access to case law

<http://www.39essex.com/resources-and-training/mental-capacity-law/>

Law Society: Deprivation of liberty practical guide

<http://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty/>

Roles and Responsibilities

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5.1 Local Roles and Responsibilities

- 5.1.1** The Care Act 2014 states that 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.

All agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures.

- 5.1.2** Roles and responsibilities should be clear and collaboration should take place at all the following levels:

- Operational.
- Supervisory line management.
- Senior management staff.
- Corporate/cross authority.
- Chief officers/chief executives.
- Local authority members and local police and crime commissioners.
- Commissioners.
- Providers of services.
- Voluntary organisations.
- Regulated professionals.

- 5.1.3** From the very start, the Safeguarding policy makes it clear that it is everybody's responsibility to report abuse wherever it is seen, suspected or reported and to take the necessary immediate actions to ensure the protection of any person with care and support needs.

- 5.1.4** These multi agency policies and procedures are the local adult safeguarding policy which all organisations are required to follow. It is appropriate for agencies and organisations operating in the area to develop their own arrangements for safeguarding to complement but not over-ride the multi-agency policy.

- 5.1.5** This section provides further guidance on the responsibilities of staff and volunteers in each agency and how they can assist in the identification, reporting and prevention of abuse.

5.2 Recruitment and Training

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

- Basic mandatory induction training with respect to awareness that abuse can take place and duty to report
- More detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency
- Specialist training for those who will be undertaking enquiries, and

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managers; and, training for elected members and others e.g. Healthwatch members

- Post qualifying or advanced training for those who work with more complex enquiries and responses or who act as their organisation's expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or the Board.

5.2.2 Training should take place at all levels in an organisation and no staff group excluded; training is a continuing responsibility and should be provided as a rolling programme. Whilst training may be undertaken on a joint basis and the SAB has an overview of standards and content, it is the responsibility of each organisation to ensure its staff are trained.

5.2.3 Each organisation must have rigorous recruitment practices. 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 lists 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.

5.3 Adult Social Care Services

5.3.1 The Safeguarding Team in each council area has responsibility for:

- Receiving safeguarding concerns
- Collecting initial information on the concern.
- Determining whether a safeguarding enquiry or alternative other action is required.
- Referring concerns to local authority or other agency staff for enquiry.

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- Providing advice, guidance, direction and monitoring during the enquiry phase.
- Ensuring that enquiries are completed within the required timeframes and to the required standards.
- Ensuring that the objectives of the enquiry are achieved including effective risk assessment, protection plans and reviews.
- Auditing of safeguarding activity.
- Providing support to the Safeguarding Adults Board including management reports and analysis of trends and themes, specialist advice and management and administration of its agenda and sub-groups.

5.3.2 The local authority is responsible for the oversight of safeguarding enquiries. Where criminal activity is suspected the police will usually lead on the enquiry and this will be determined and recorded in discussion with the adult safeguarding team.

5.3.3 Care management teams are also responsible for assessment and care management of people with care and support needs and in these roles have responsibility for being vigilant to the potential for abuse and for opportunities for preventative actions.

5.3.4 As commissioners of services, Adult Social Care departments must ensure that all documents such as service specifications, invitations to tender and service contracts reflect the Safeguarding Adults agenda - including the prevention of abuse and compliance with the multi-agency policy and procedures, and also specify how they expect the service provider to meet the requirements of the policy.

5.3.5 Safeguarding Adults procedures must be included in the monitoring arrangements for contracts. The Contract Manager / worker responsible for the contract may be required to attend any strategy or planning meetings concerning a contracted provider by the investigating officer and to contribute to the plans for protection and monitoring arrangements.

5.4 Bedfordshire Police

5.4.1 It is the responsibility of the Police to investigate criminal activity and gather and preserve evidence that may assist in criminal prosecution.

5.4.2 Where there is a possibility of a criminal offence the Police will act as the lead agency in the enquiry. Where the police are leading an enquiry, all actions, other than urgent care, medical attention and protection, require consultation with the Police prior to taking place. Police decisions will be communicated to the local authority investigating officer, to enable other steps in the safeguarding process to proceed.

5.4.3 Should the Police independently take emergency action to protect a person with care and support needs, they will inform the relevant social services duty and adult safeguarding team of the action as quickly as possible.

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- 5.4.4** The Public Protection Unit of Bedfordshire Police will work collaboratively with the Adult Safeguarding Teams to ensure that people with care and support needs are protected.
- 5.4.5** The Adult Safeguarding Teams will refer all matters to the police where they believe there to be any possibility of criminal action or matters which may require police action.
- 5.4.6** Bedfordshire Police will notify the Adult Safeguarding Team of any concerns which come to their attention, not only in the discharge of the functions of the Public Protection Unit, but also in their community safety, neighbourhood policing and general police roles.

5.5 Bedfordshire Clinical Commissioning Group

- 5.5.1** The Health Service has the role of meeting the health needs of people with care and support needs, including those who need to be treated as a result of abuse, maltreatment or neglect. All Health Service staff including doctors, nurses, occupational therapists, physiotherapists, pharmacy staff, other professionals and non-clinical staff working in the community or in hospitals need to be aware of risk factors and indicators of abuse. Specialist services may have a role in assessment and interventions.
- 5.5.2** The Bedford Borough, Central Bedfordshire and Luton procedures comply with the latest guidance on safeguarding for the NHS- [Safeguarding vulnerable people in the reformed NHS– accountability and assurance framework](#). This guidance aims to enable NHS organisations in England to develop local robust arrangements to ensure that clinical governance systems and Adult Safeguarding are fully integrated.
- 5.5.3** The guidance identifies that each clinical area should have access to the local multi agency policies and procedures for Adult Safeguarding which will assist the teams to identify and respond to concerns. It details four steps;
- **Step 1 Identifying the Event** - (Any incident of concern involving people, interventions, equipment and the environment)
 - **Step 2 Reporting the Event** - This could be an incident form, complaint, verbal report etc.
 - **Step 3 Reviewing Process** - Agreed review process for all types of reports that are consistent, comprehensive, and timely and linked to adult safeguarding and governance processes) **Key question: Is this a safeguarding concern?**
 - **Step 4 Consider level and type of enquiry-** (Yes or No to safeguarding) If yes complete and send Safeguarding concern to local authority Safeguarding Adult Team, an incident report should have been made
- 5.5.4** As commissioners of services, Bedfordshire Clinical Commissioning Group will ensure that all contractual arrangements reflect the Safeguarding Adults agenda, along with national guidance and legislation, including the prevention of abuse and compliance with the multi-agency policy and procedures.

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- 5.5.5** Safeguarding Adults procedures must be included in the monitoring arrangements for contracts. The contract / quality Manager responsible for the contract will work closely with the adults safeguarding lead, and input to any strategy or planning meetings concerning a contracted provider by the investigating officer, and to contribute to the plans for protection and monitoring arrangements. Contract management staff will not lead on enquiries.
- 5.5.6** Where any investigation is required from health partners in relation to a Safeguarding Adult concern in primary care, including case review and serious case review, the local authority safeguarding lead should contact the CCG safeguarding lead to notify of the case. A discussion should take place between the CCG safeguarding lead and the named GP to determine who will take the lead on the investigation with regards to any chronology, IMR, case review etc. The local authority will be advised of which agency will then lead the health element of the investigation / case review.
- 5.5.7** Where any performance concerns are identified within primary care through the process of a safeguarding review, BCCG will notify NHS England of these to manage accordingly.

5.6 Community Health Services

- 5.6.1** The Community Health Service has the role of meeting the health needs of People with care and support needs including those who need to be treated as a result of abuse, maltreatment or neglect. All Community Health Service staff including doctors, nurses, occupational therapists, physiotherapists, pharmacy staff, other professionals and non-clinical staff working in the community or in hospitals need to be aware of risk factors and indicators of abuse. Specialist services may have a role in assessment and interventions.
- 5.6.2** Community Health Services staff are covered by the NHS guidance on adult safeguarding detailed in paragraphs 5.5.2 and 5.5.3 above. All Community Health Service staff including volunteers who have concerns about the abuse of a person with care and support needs should refer to these procedures to clarify definitions of vulnerability, abuse and when to intervene and report concerns to the adult safeguarding team of the relevant council in accordance with this document.

5.7 Acute Hospital Trusts

- 5.7.1** Hospitals have a unique role in being able to identify potential abuse situations as both the Accident and Emergency units and the main wards are places that people who have suffered abuse are likely to appear. This includes the abuse of neglect where people who have come to harm as a result of lack of care which occurred in hospital. Hospital staff have a responsibility to critically consider the causes of injuries and harm and to raise a concern if they have cause for concern about whether patients in hospital have come to harm or are at risk of coming to harm.
- 5.7.2** Bedford Hospital have developed a local Safeguarding policy that is available for all staff to access locally which complies with the multi-agency procedures (this

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document) and the DH 2010 guidance. This local policy is designed to support the action necessary for any member of Bedford Hospital NHS Trust staff to report any incident of actual or potential abuse of a Person with care and support needs. The objectives of this policy are;

- To promote and safeguard people with care and support needs whilst in the care of Bedford Hospital Trust.
- To provide a clear framework whereby any such incident can be quickly and safely reported, registered and appropriately investigated.
- To ensure multi-agency communication and ownership when actual or potential incidents of abuse occur.
- To provide a mechanism for the escalation of any such incident if appropriate.

5.7.3 The Luton and Dunstable hospital is situated in Luton Borough but significant numbers of people from the Central Bedfordshire and Bedford Borough areas use its services. Luton and Dunstable hospital follow the Luton safeguarding procedures to report abuse or concerns which occur in the hospital. The hospital also has a role in identifying and reporting safeguarding concerns that originate from other areas and those for Luton, Bedford Borough or Central Bedfordshire are reported in accordance with procedures in this document.

5.8 Mental Health Trust

5.8.1 The Mental Health Trust provides services for people with serious mental health problems, including adult social care services on behalf of Bedford Borough Council and Central Bedfordshire Council. The delegated responsibilities include carrying out safeguarding enquiries.

5.8.2 Community teams are responsible for carrying out safeguarding enquiries in line with these procedures including assessment, risk management, protection planning, service commissioning, planning and review.

5.8.3 Community teams are also responsible for assessment and care management of people with care and support needs and in these roles have responsibility for being vigilant to the potential for abuse and for opportunities for prevention.

5.8.4 Other Mental Health Trust services and health care staff in close daily contact with adults will ensure that they provide support and care, in line with the CQC guidance to prevent the potential for abuse to occur. They have a responsibility to recognise and respond to abuse. Staff and volunteers need to be aware of safeguarding procedures and who to concern if they have any concerns.

5.8.5 The Mental Health Trust operates local arrangements to ensure that clinical governance systems and Adult Safeguarding are fully integrated to provide openness and transparency about clinical incidents, learning from safeguarding concerns that occur within the NHS, clarity on reporting, and more positive partnership working.

5.8.6 The Trust will report to the Local Authority any Serious Incidents (SIs) involving harm, risk of harm or potential risk to the safety of any person accessing mental

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health services including the risk to them as an alleged person causing harm.

- 5.8.7** The Assistant Director or Safeguarding Manager of each council will be invited to quarterly meetings with the Director of Nursing to consider Serious Incidents in their area.
- 5.8.8** Learning from Serious Incidents will be included in the safeguarding arrangements of the Trust and used to inform revisions to these multi-agency safeguarding procedures.

5.9 Care Staff in Other Organisations Providing Services to Adults

- 5.9.1** Staff and volunteers in a range of organisations are in close daily contact with adults. Their role and responsibility is to ensure that they provide support and care, in line with CQC standards to prevent the potential for abuse to occur. They have a responsibility to recognise and respond to abuse. Staff and volunteers need to be aware of their agency procedures, who to concern within their organisation if they have any concerns and how to report concerns to the Council.
- 5.9.2** Provider agencies must have in place suitable local arrangements (work instructions and training of staff and volunteers) to prevent and respond to abuse which link with the local multi agency policy and procedures.
- 5.9.3** Providers must ensure that any allegation or complaint about abuse is brought promptly to the attention of the Adult Safeguarding Team, the Police, and where applicable, the Care Quality Commission.
- 5.9.4** Provider agencies have legal duties to notify the CQC of any allegations of abuse or any other significant incidents.
- 5.9.5** Contracts for the provision of care services funded by Luton, Bedford Borough Council and Central Bedfordshire Council follow the East of England standard contract, which has a range of requirements for effective safeguarding arrangements. The Council reserves the right to visit the Provider's organisation to audit, inspect and monitor the Provider's compliance with these safeguarding requirements.
- 5.9.6** These contracts state that the Provider will:
- Cooperate with the Council on matters relating to the safeguarding of children, young people and people with care and support needs.
 - Ensure that senior management monitor and promote the welfare of children and young people and people with care and support needs.
 - Have a clear safeguarding statement, policy and procedure.
 - Identify a manager with overall responsibility and accountability for safeguarding.
 - Provide staff training on safeguarding to the standards required by the Council.
 - Ensure robust recruitment and vetting procedures are in place.
 - Conduct effective monitoring, collating and sharing of information to protect

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vulnerable people (whether under this Contract or not) from harm or the risk of harm.

- Have a procedure approved by the Council for dealing with allegations or suspicions of abuse.
- Train all staff at induction to follow the reporting procedures and update training at least annually.

5.9.7 Bedfordshire and Luton Clinical Commissioning Groups have contractual agreements with the provider services it commissions. Bedfordshire and Luton Clinical Commissioning Groups have the responsibility to monitor providers against the terms of the contract to ensure that people are receiving high quality services. The quality monitoring process is via a contractual monitoring processes and the Quality Schedule.

5.9.8 NHS contracts include specific requirements for providers of healthcare, whether NHS or independent, to have in place appropriate clinical governance to ensure that the services they provide are safe and appropriate. A contractual service specification for safeguarding is in all main NHS provider contracts which details data requirements and specific areas of monitoring in relation to safeguarding, including the experience of people accessing services and issues identified from analysis of complaints and other quality information.

5.9.9 Monthly monitoring of contract performance, including quality aspects of performance will highlight any concerns about the robustness of provider to deliver safe care. Governance arrangements include quarterly performance reporting to Bedfordshire Clinical Commissioning Group and formal concerning to adverse events.

5.10 Housing

5.10.1 Housing employees of the Council and private / voluntary sector providers may be the first to identify possible risk situations. Staff must be aware of the indicators of abuse and to refer any concerns in accordance with this policy.

5.10.2 A wide variety of front line housing staff may have contact with people with care and support needs in a variety of settings. This includes, Housing Options Officers, Estate officers, Home Improvement Officers, Environmental Health Officers, Supporting People Officers and front line officers in providing landlord services, including Housing Association staff.

5.11 National Probation Service: Bedfordshire

5.11.1 The National Probation Service is a statutory criminal justice service that supervises high-risk offenders in the community . NPS is part of Her Majesty's Prison and Probation Service (HMPPS). HMPPS is a delivery arm of the Ministry of Justice. The NPS makes sure people serve the sentences and orders handed out by courts, and works with offenders both in prisons and in the community. Some offenders live in Approved Premises (hostels) on release. The input of social care and health colleagues is sought in supporting offenders within this environment as and when required.

5.12 Bedfordshire Fire and Rescue Services

5.12.1 Fire service personnel visit people in their homes whilst carrying out home safety checks or fitting smoke alarms and on an unplanned basis in responding to emergencies. Whilst doing so they will from time to time come across situations where they are concerned for the wellbeing of a person with care and support needs. Fire service personnel are required to report these concerns to the Duty Commander who will disclose the concerns to the adult safeguarding team in accordance with section 6 of these procedures, where the concern is one of potential abuse maltreatment or neglect. The duty commander may also contact adult services or other agencies for advice where the concerns are of a need for support rather than of potential abuse.

5.13 East of England Ambulance Trust / South Central Ambulance Trust

5.13.1 The Ambulance Trust is in a unique position to identify people with care and support needs, some of whom are at risk of abuse, maltreatment or neglect and others of whom may require assessment and support from health and social care services to maintain their wellbeing and independence. Ambulance crews see and assess patients in their homes every day of their working lives. That assessment of the patient is but a snapshot of the patient's life and circumstances. In that short space of time the crew has to make a clinical assessment of the patient and also try and form some view of the wider context of the patient's well-being and social circumstances.

5.13.2 The Trust has developed two referral pathways:

- In cases where crew suspected an adult may be the victim of abuse, maltreatment or neglect by others or at imminent risk of harm due to self-neglect a referral to the appropriate safeguarding team will be made prior to the shift ending.
- In those situations where ambulance staff believes the person is at risk and probably requires further assessments, intervention or a care package, they will send notification of the visit to the patients GP and a recommendation of referral to Adult Services.

5.14 Advocacy Services

5.14.1 Pohwer provides free and confidential advocacy services across Bedford Borough and Central Bedfordshire. In addition to community advocacy our service also incorporates other statutory strands of delivery through NHS Complaints Advocacy, IMHA and IMCA. All advocates have received training in recognising potential risk factors when identifying adults at risk. Services are delivered in people's homes, care provider settings, hospitals, day centres and many other locations. Staff are cognisant of the local procedures which need to be followed if they are made aware that a person with care and support needs has been harmed. All of staff are committed to ensuring clients' wishes and voices are heard and will support them to make.

5.15 Healthwatch Bedford Borough and Healthwatch Central Bedfordshire

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- 5.15.1** Healthwatch was created by the Health and Social Care Act 2012. Healthwatch Bedford Borough, Healthwatch Central Bedfordshire and Healthwatch Luton are part of a network of local Healthwatch. Since the 1st April 2013 each local Healthwatch has the role of ensuring that the views and experiences of patients and service users are heard by those who manage, plan and regulate health and social care services to help shape and improve the provision of high quality health and social care services for all.
- 5.15.2** Each local Healthwatch has the responsibility of being responsive to what they find out as the consumer champion of health and social care in their respective areas. This also includes identifying causes for concern or celebration and feeding back information to the Care Quality Commission, local commissioners; through the Health and Wellbeing Board and Overview & Scrutiny Committee and Safeguarding Adults Boards.
- 5.15.3** Each local Healthwatch has the power to carry out 'Enter and View' visits and report on poor quality care or service failings, to local commissioners, and to highlight services that are keeping people safe. In this role key themes and trends can be identified and reported directly to the Safeguarding Adults Board.
- 5.15.4** Healthwatch Bedford Borough, Healthwatch Central Bedfordshire and Healthwatch Luton are independent and therefore have an important role as the consumer champion which includes ensuring that staff know where to report to, where whistle blowers can be listened to and action taken to act on their concerns.

5.16 Multi Agency - MARAC (Multi Agency Risk Assessment Conference), VARAC (Vulnerable Adult Risk Assessment Conference) and Domestic Abuse Partnership

- 5.16.1** The role of the MARAC is to discuss the risk of serious harm to people experiencing domestic abuse in Luton, Bedford Borough and Central Bedfordshire and to make safety plans to support those most at risk. The MARAC is administered by Bedfordshire Police and centrally co-ordinates all referrals of adults at risk which may come through the safeguarding route.
- 5.16.2** MARAC provides feedback to the person raising the concern acknowledges receipt of the concern and updates as appropriate.
- 5.16.3** This new process is intended to protect the most vulnerable adults who do not meet high risk thresholds, but whose vulnerabilities place them at risk of harm or becoming victims / perpetrators of crime, and who need to be safeguarded. The conference is a forum which enables partner agencies to share information, risk assess individuals and provide targeted support to mitigate the risk posed to themselves and others via a singular multi-agency action plan.

The people discussed at VARAC are identified through a multi-agency evidenced based matrix the activity intends to deliver support to those who have vulnerabilities such as:

- Drugs / Alcohol

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- Mental Health
- Repeat victim of crime / disorder
- Medium risk domestic violence / sexual abuse
- Hate Crime issues
- Learning Disability
- Exploitation (modern day slavery, trafficking, sex trade, and radicalisation)
- Elderly – suffering potential exploitation/neglect

The criteria selected highlights that this work will align itself to the Adult Safeguarding Board priorities.

- 5.16.4** The [Bedfordshire Domestic Abuse Partnership](#) has the role of bringing together the main statutory and voluntary agencies who are working together to provide and improve services in relation to domestic abuse across Luton, Bedford Borough and Central Bedfordshire. The Partnership is actively implementing the Bedfordshire Domestic Abuse Strategy.
- 5.16.5** The Adult Safeguarding Managers are part of the MARAC arrangements in order to represent safeguarding activity to the partnership and to ensure that concerns from the MARAC process are brought into safeguarding arrangements in Luton, Bedford Borough and Central Bedfordshire.
- 5.16.6** The Domestic Abuse Forum, a sub group of the Domestic Abuse Partnership, is an information sharing group promoting awareness of services and enabling networking by professionals and to ensure that people with care and support needs experiencing domestic abuse have full access to the support systems of each agency and protection in accordance with the adult safeguarding procedures.

5.17 Serious Incidents in the NHS requiring investigation

- 5.17.1** A serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in one of the following: In accordance with the SI Framework (2015), there is no definitive list of events/incidents that constitute a SI and lists should not be created. Every incident must be considered on a case-by-case basis using the description below:

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
- Unexpected or avoidable death of one or more people. This includes suicide/self-inflicted death and homicide by a person in receipt of mental health care within the recent past
- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- Unexpected or avoidable injury to one or more people that has requires further treatment by a healthcare professional to prevent death or serious harm;
- Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation,

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financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where healthcare did not take appropriate action/intervention to safeguard against such abuse occurring or where abuse occurred during the provision of NHS-funded care.

- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services (full details are provided in the SI Framework);
- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation;
- A Never Event – all Never Events are defined as SIs although not all Never Events result in serious harm or death. The Never Event framework is reviewed annually. A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services.
- Adverse media coverage or public concern about the organisation or the wider NHS.
- One of the core set of 'Never Events' as updated on an annual basis.

5.17.2 The Serious Incident Framework Guidance 2015 - An update to the 2010 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation requires providers of NHS funded care to have a formal mechanism such as a committee accountable to the board (or equivalent) that has responsibility for monitoring management and follow-up of serious incidents, implementation of action plans and identification of themes and trends. The framework requires this to include local Safeguarding Adults Boards (SAB) and Local Safeguarding Children Boards (LSCB).

5.17.3 Each NHS Trust is responsible for designating an Executive Director to maintain communication between their own board and the Safeguarding Boards for their area and for operating procedures to ensure that incidents and/or individuals are referred to the Safeguarding Boards, the Disclosure and Barring service and professional bodies where appropriate.

5.17.4 Under this framework, NHS organisations are required to have a local policy which meets the requirement of the local Safeguarding Adults Board for incident reporting and management. This policy must clearly set out how serious incidents will be identified and reported by staff and managed within the organisation and identify a lead officer to ensure that local safeguarding procedures are followed. The guidance emphasises that local safeguarding procedures for adults and children must also be followed and safeguarding concerns made whenever appropriate.

5.17.5 The Safeguarding Adults Board will have a strategic interest in the overall safety of the locality, including safety in the health care system. To support these arrangements and in addition to the requirement to report all concerns of a safeguarding nature, NHS provider organisations in Luton, Bedford Borough and Central Bedfordshire have agreed to provide the local authority with basic details of all incidents in their area which meet the criteria for reporting under the

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national framework using the East of England SI initial report form and to engage the local authority where requested and appropriate in the review of the incident. This takes the form of quarterly multi agency review meetings.

5.18 Multi Agency Public Protection Arrangements (MAPPA)

- 5.18.1** The Police, Probation and Prison service, in partnership with other agencies who have a duty to co-operate, have the role of assessing and planning the management of risk posed by sexual offenders, serious violent offenders and other dangerous offenders. These categories include those whose victims are people with care and support needs.
- 5.18.2** Where appropriate the Adult Safeguarding Managers can be part of the MAPPA arrangements in order to represent safeguarding activity to the panel and to ensure that concerns that come to light from the MAPPA process are brought into safeguarding arrangements in Bedford Borough and Central Bedfordshire.

5.19 Prisons and Persons in Approved Premises

- 5.19.1** The Care Act section 76 states that:
(7) Sections 42 and 47 (safeguarding: enquiry by local authority and protection of property) do not apply in the case of an adult who is:-
(a) detained in prison or,
(b) residing in approved premises.
- 5.19.2** (8) An SAB's objective under section 43(2) does not include helping and protecting adults who are detained in prison or residing in approved premises; but an SAB may nonetheless provide advice or assistance to any person for the purpose of helping and protecting such adults in its area in cases of the kind described in section 42(1) (adults with needs for care and support who are at risk of abuse or neglect).
- 5.19.3** (9) Section 44 (safeguarding adults reviews) does not apply to any case involving an adult in so far as the case relates to any period during which the adult was— .
(a) detained in prison, or .
(b) residing in approved premises.
- 5.19.4** (10) Regulations under paragraph 1(1) (d) of Schedule 2 (membership of Safeguarding Adults Boards) may not specify the governor, director or controller of a prison or a prison officer or prisoner custody officer.
- 5.19.5** Luton, Bedford Borough and Central Bedfordshire Councils should receive reports of safeguarding concerns in the prison service where:
- a service commissioned by partner agencies (e.g. mental health services) is involved
 - the person concerned has care and support needs
- 5.19.6** Where the person has care and support needs, is experiencing or at risk of abuse, and is unable to protect themselves as a result of their care and support needs, and the commissioned service is involved, the local authority and the

prison will work jointly to decide on the action to be taken.

5.20 People Who Are Responsible For Employing Their Own Carers

- 5.20.1** A person in receipt of direct payments must receive a comprehensive needs assessment by the Local Authority and be assessed as being able to take on the responsibilities of becoming an employer.
- 5.20.2** People in receipt of direct payments must be provided with information about where they can raise any concerns of abuse.
- 5.20.3** There are many people who choose to fund their own support services without the direct assistance from the statutory services.

5.21 Multi Agency Collaboration

- 5.21.1** Some adults are at risk because of the extent to which they require low levels of support from a variety of agencies and some people are at risk because of the extent to which they require the support of emergency or crisis intervention services. Such people may not be eligible for social care or specialist health services or may avoid the support available from these services. These people are often considered “hard to reach”.
- 5.21.2** Partners to the Safeguarding Adults Board recognise the important role of adopting a multi-agency approach to protecting such people from the risks of avoidable harm by adopting a co-ordinated approach, sharing information and seeking advice from each other. The fire and ambulance services have operational procedures to refer such cases to the appropriate health and social care services.
- 5.21.3** Where any agency identifies a person with care and support needs in these circumstances and a multi-agency approach may prevent avoidable harm, they must call a multi-agency case meeting without delay.
- 5.21.4** Multi agency case meetings should identify a lead agency and clear roles and responsibilities in addressing the presenting risks.
- 5.21.5** If the concerns amount to a risk of abuse maltreatment or neglect including self-neglect, they must be reported to the adult safeguarding team as a concern in accordance with section 6 of these procedures.

Raising a concern- what to do if you suspect abuse

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6.1 Suspecting Abuse

- 6.1.1** It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.
- 6.1.2** Early sharing of information is the key to providing an effective response where there are emerging concerns and confidentiality. To ensure effective safeguarding arrangements:
- All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an Information Sharing Agreement to formalise the arrangements
 - 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 a 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 the local authority and, or, the police if they believe or suspect that a crime has been committed.

6.2 Raising a Concern about Abuse Means

- 6.2.1**
- Recognising signs of adult abuse.
 - Responding to disclosures.
 - Stepping in, where appropriate, to protect an adult and preserving evidence in the aftermath of an incident.
 - Recognising bad practice.
 - Reporting a concern, disclosure or allegation.
 - Collating and recording initial information.
 - Working in accordance with anti-discriminatory practice.
- 6.2.2** When you raise a concern you are not being asked to verify or prove that information is true. You are being asked to log your concerns and report them to the appropriate authorities. The Police have responsibility for deciding whether a matter should be investigated as a potential criminal offence.
- 6.2.3** You must report any concerns, allegations or disclosures of abuse through formal channels including those received anonymously. All agencies will have their own guidance for reporting abuse to appropriate personnel within their own organisation and referring the concern to the Local Authority Adult Safeguarding Team.

6.3 Key Principles

- 6.3.1** If a person is in immediate danger, the police or ambulance must be called straight away on 999.
- 6.3.2** Any evidence must be preserved and protected.

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6.3.3 Any disclosures or allegations must be reported promptly to a line manager. If you believe the line manager to be implicated in abuse, you may approach another or more senior line manager or use your organisation's whistle blowing procedure.

6.3.4 If the designated contact person is not contactable, report your concerns directly to the Safeguarding Team:

Luton Borough Council Tel: 01582 547730/547563 adultsafeguarding@luton.gov.uk	Bedford Borough Council Tel: 01234 276222 Fax: 01234 276076 adult.protection@bedford.gov.uk	Central Bedfordshire Council Tel: 0300 300 8122 Fax: 0300 300 8239 adult.protection@centralbedfordshire.gov.uk
Out of hours emergency number for all councils 0300 300 8123		

6.3.5 Any person receiving a concern has a duty of care to ensure that the allegations or concerns are reported to the relevant external agencies. You should follow your own organisation's procedures either to report directly or to report through your line manager who is also responsible for advising staff on what to do next. **If you are in any doubt, report it.**

6.4 What to do if someone is hurt or discloses abuse

6.4.1 Anyone who first becomes aware of concerns of abuse **MUST REPORT** those concerns AS **SOON AS POSSIBLE** and in any case within one working day to the correct point within their own organisation as identified in their agency procedures. In the first instance you may need to do so verbally. If in doubt, report sooner rather than later.

This is particularly important

- If the adult remains in or is about to return to the place where the suspected/alleged abuse occurred
- If the alleged abuser is likely to have access to the adult or others who might be at risk.

6.4.2 Your immediate duty is to protect the person with care and support needs, seek any emergency help and report the concern. You must not delay acting because your line manager is not available, and if this happens you should report to another manager or to the Adult Safeguarding Team.

6.4.3 **Members of the public** should report concerns about people with care and support needs to the local Adult Safeguarding Team or to the Police if a crime is suspected (dial 999 in an emergency).

6.5 Initial Response in Emergencies

6.5.1 Call 999 without delay if the adult requires urgent medical attention
If the adult is in danger of repeated significant harm or has just been the victim of a serious crime – call the police 999.
Tell the emergency service that the person is a person with care and support needs
Inform your duty manager or the on call manager as a matter of urgency.

6.5.2 The manager will inform you of your immediate role, and urgently refer to the Adult Safeguarding Team for further advice or the Emergency Duty Team who operate out of hours if the incident occurs at night or at the weekend.

6.5.3 The 999 call deals with initial access to emergency services only. You also need to report the matter to the Police and / or Adult Safeguarding Team.

6.6 Concerns about the safety and welfare of a child

6.6.1 If there are any concerns for a child's safety and welfare then an immediate report must be made to the relevant Children's Safeguarding Team either directly or through the Multi-agency Safeguarding Hub (MASH) and through the Adult Safeguarding Team. It is important to be aware of vulnerable families and vulnerable individuals whether children or adults within the family context. Two national initiatives, "Think Family" and "Troubled Families" address some of these issues.
www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around
www.education.gov.uk/publications/eOrderingDownload/Think-Family.pdf
Arising out of these initiatives, is the Family Safeguarding model that is being developed in Luton and other areas and will be the form part of the response to child safeguarding and welfare concerns.

6.7 Concerns about confidentiality or if consent to raise a concern is declined

6.7.1 If an adult in need of protection or any other person makes an allegation to you asking that you keep it confidential, you must inform the person that you will respect their right to confidentiality as far as you are able to, but that **you are not able to keep the matter secret and that you must inform your manager / designated person.**

6.7.2 An adult may request that a concern is not looked in to. It must be made clear that the referral to the Adult Safeguarding Team will always be made to enable them to undertake a risk assessment and to verify whether there is a legal duty to act. This is to ensure that there are no other considerations that may override the adult's wish for the matter not to progress further. Staff may not use a person's wish for secrecy to allow a crime to be concealed, or to increase the likelihood of abuse to other people with care and support needs.

6.7.3 A referral also protects the adult from any pressure, possibly by an alleged person causing harm or other party with an interest in the issue, to request that the referral is not made. The adult must be fully involved in further action at the

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point of the initial safeguarding visit. Their wishes will be respected unless there are other considerations that override those wishes.

- 6.7.4** If the person with care and support needs, after referral to the Adult Safeguarding Team does not want you to intervene and they have the capacity to make this decision, and if there are no other grounds or a legal requirement to intervene, it is still possible to work alongside him/her - with consent - in any actions (s)he can take to put an end to the abuse or reduce the risk of further harm. Examples of this might include:
- Support under the Mental Capacity Act including use of powers of attorney or Deputyship.
 - Support under the Mental Health Act to protect from harm to self or others.
 - Providing information about alternative sources of support and advice.
 - Options to increase personal or environmental safety.
 - The provision of advocacy.

6.8 Concerns about Reporting Abuse to your Designated Contact Person / Line Manager

- 6.8.1** If you believe the designated contact person / line manager to be implicated in the abuse, or you as a worker do not feel able to discuss it with him / her then you must approach another or more senior Manager, or use your organisation's Whistle blowing procedure, or contact the Safeguarding Team.

6.9 Preservation of Evidence

- 6.9.1** The over-riding aim of the Adult Safeguarding Procedures is to protect people with care and support needs at risk from abuse maltreatment and neglect. The preservation of evidence contributes to this goal but the immediate protection of people with care and support needs is the highest priority.

- 6.9.2** Care must be taken to ensure that forensic and other evidence is not contaminated.
- Note however that action to ensure the preservation of evidence must not be to the detriment of any immediate medical care or the protection of any person with care and support needs.
- Note that safeguarding staff need to ask the immediate questions necessary to protect a person with care and support needs but to avoid jeopardising a criminal enquiry.
- Notwithstanding our over-arching requirement to protect, advice from the police must be obtained before conducting any enquiries into matters which may become subject to a criminal enquiry. Where there is potential for this situation occurring, you can avoid contaminating evidence or compromising enquiries by:
- Not interviewing the person with care and support needs or potential witnesses. This is the responsibility of the police or the person/agencies agreed by the safeguarding planning meeting.
 - Disturbing a 'scene' as little as possible, sealing off areas if possible and locking rooms to restrict further access.

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- Discouraging washing/bathing/and use of the toilet in cases of sexual assault.
- Not handling items which may hold DNA evidence.
- Ensuring that the police are involved as quickly as possible using the local contact numbers on the back page or calling 999 in emergencies.

6.10 Responding to Disclosures

6.10.1 It is important that the adult is supported throughout the process. You can support the individual by following this guidance:

✓	Remain calm and do not show shock or disbelief
✓	Listen carefully to what is being said and record it in detail
✓	Be aware of the possibility that medical evidence may be needed
✓	Demonstrate a sympathetic approach by acknowledging regret and concern that what has been reported has happened
✓	Do confirm that the information will be treated seriously
✓	Give the person contact details so that they can report any further issues or ask any questions that may arise
✓	Ensure that the person with care and support needs receives regular feedback and updates
✓	Ensure that any emergency action needed has been taken
✓	Ensure that those who need to be informed have been informed
Tell the person that	
✓	It was not their fault and they were right to tell you
✓	You must inform an appropriate Manager and/or the Police
✓	The Manager will contact the Safeguarding Team
✓	The Safeguarding Team will consider their wishes and whether they consent to the matter being progressed further. There will be circumstances where an enquiry may have to progress even if they do not give their consent.

✗	Do not press the person for more details
✗	But do not stop someone who is freely recalling significant events, as they may not tell anyone again
✗	Do not dismiss or disbelieve what you see or have been told
✗	Do not ignore the issue
✗	Do not promise to keep secrets- but do explain that the information will only be passed to those who “need to know”
✗	Do not make promises that you cannot keep (such as “this will not happen to you again”
✗	Do not contact the alleged abuser or anyone who might be in touch with him/her
✗	Do not be judgemental, e.g. “Why didn’t you run away?”
✗	Do not tell anybody who doesn’t need to know e.g. gossip

x	Do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it
x	Do not interview staff or clean a person or area involved in a crime

6.11 Recording Concerns and Disclosures

- 6.11.1** Concerns about abuse must be recorded as soon as possible and always on the same day. If concerns are being reported a discussion should be held with the individual to inform them what is going to be done with their information.
- Records should be given to your Line Manager.
 - Records of concerns and disclosures of abuse are strictly confidential.
 - Reports should be not be entered into a record or file to which people who do not need to know, or an alleged abuser may have access.
 - Write down as soon as you possibly can after the disclosure so you remember as much as you can.
 - Write down exactly what the person said, for example if an adult says “he touched me down there” write this down, do not write “she said he touched her vagina.”
 - Write down the setting and whether anybody else was present. State who has been abused, where and when and the impacts of that abuse. State who is involved in the abuse, any issues about the mental capacity of those involved in the concern at the time of the incident, immediate actions taken to protect the person with care and support needs, the person causing harm if they have care and support needs and any other people with care and support needs.
 - Use the body maps on the Safeguarding Concern Form to record shape, colour and location of bruises or injuries.
 - Include dates and times.
 - If you make a mistake put a line through it- do not use Tippex.
 - Use a pen or biro, preferably with black ink for photocopying.
 - Sign the report, date and time it.
 - Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court.
 - You should record full details on the Safeguarding Concern form where possible.

6.12 How to report a Concern to the Adult Safeguarding Team

- 6.12.1** Where there is any abuse or suspicion of abuse that relates to a relevant adult, the concern must be reported to the relevant Adult Safeguarding Team by telephone, email or fax.
- 6.12.2** It is your responsibility to check that your report has been received by the Safeguarding Team as fax, email and written reports can all go astray. Your report will be acknowledged by the Safeguarding Team.
- 6.12.3** Referral to the Local Authority Safeguarding Team must be made on the same day using the Safeguarding Concern form. Note however that reporting should

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not be delayed by the need to complete a form. As everybody is responsible for being concerned about potential abuse and reporting concerns to the local authority, concerns may also be reported by others including the general public, who will not have access to the Safeguarding Concern Form.

- 6.12.4 There may be occasions when the designated person / manager is unsure whether to report or not e.g. the vulnerability of the adult is uncertain. If in any doubt, the designated person / manager must consult the Adult Safeguarding Team for advice.
- 6.12.5 When the concerns relate to a person who lives or receives services in another local authority area, both local authority social services departments must be informed by the service provider manager / designated person. Contact the Adult Safeguarding Manager for advice

6.13 Further Responsibilities when raising a Concern

- 6.13.1 You or another appropriate person may be asked to support the person during the enquiry that follows. The role will be to continue to offer support without directly asking questions or seeking opinions from the person.
- 6.13.2 You may be asked to attend the Planning Meeting or a case conference to report on what the person disclosed.
- 6.13.3 The abused person will need ongoing help and support and you may play an important role in providing this.

6.14 Further Responsibilities for Service and Agency managers

- 6.14.1 Ensure that you follow the procedures of your own agency including reporting of concerns to senior managers and to regulatory bodies and / or commissioning bodies as required.
- 6.14.2 Where there is abuse that relates to an adult who may be at risk living in a healthcare setting or a private, voluntary or local authority care (nursing or residential) home, adult placement, or is supported by a domiciliary or nursing care agency, the Care Quality Commission must be informed by the registered provider.
- 6.14.3 The nature and timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances. For example, where there is poor, neglectful care or practice, resulting in pressure sores for example, then an employer-led disciplinary response may be more appropriate; but this situation will need additional responses such as clinical intervention to improve the care given immediately and a clinical audit of practice. Commissioning or regulatory enforcement action may also be appropriate.
- 6.14.4 Managers are also responsible for keeping their staff and volunteers appropriately informed and up to date on what is expected of them as the enquiry proceeds.

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- 6.14.5** When a complaint or allegation has been made against a member of staff, including people employed by the adult, they should be made aware of their rights under employment legislation and any internal disciplinary procedures.
- 6.14.6** The Police and Crown Prosecution Service (CPS) should agree procedures with the local authority, care providers, housing providers, and the NHS/CCG to cover the following situations:
- action pending the outcome of the police and the employer's investigations;
 - action following a decision to prosecute an individual;
 - action following a decision not to prosecute;
 - action pending trial;
 - responses to both acquittal and conviction.
- 6.14.7** Employers who are also providers or commissioners of care and support not only have a duty to the adult, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.
- 6.14.8** With regard to abuse, neglect and misconduct within a professional relationship, codes of professional conduct and/or employment contracts should be followed and should determine the action that can be taken. Robust employment practices, with checkable references and recent DBS checks are important. Reports of abuse, neglect and misconduct should be investigated and evidence collected.
- 6.14.9** Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council and the Nursing and Midwifery Council. If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service. The legal duty to refer to the Disclosure and Barring Service also applies where a person leaves their role to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold.
- 6.14.10** The standard of proof for prosecution is 'beyond reasonable doubt'. The standard of proof for internal disciplinary procedures and for discretionary barring consideration by the Disclosure and Barring Service (DBS) and the Vetting and Barring Board is usually the civil standard of 'on the balance of probabilities'. This means that when criminal procedures are concluded without action being taken this does not automatically mean that regulatory or disciplinary procedures should cease or not be considered. In any event there is a legal duty to make a safeguarding referral to DBS if a person is dismissed or removed from their role due to harm to a child or a vulnerable adult.

6.15 Suspension of Staff

- 6.15.1** Care organisations are responsible for people with care and support needs as well as their staff. Where allegations involve staff and or volunteers, consideration must be given to whether to suspend them pending enquiries. Suspension is a neutral act so the employee is not disadvantaged. Advice should be taken from the Adult Safeguarding Team and the police as appropriate and acted upon.

6.16 Whistle Blowing

- 6.16.1** Each agency should have a whistle-blowing procedure which enables staff and volunteers to report concerns confidentially including concerns about the management of the service. Agencies are responsible for ensuring that whistle-blowers who raise genuine concerns are protected including preservation of their anonymity where possible.

6.17 Responding to abuse and neglect in a regulated care setting

- 6.17.1** It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college. The first responsibility to act to make people safe must be with the employing organisation as provider of the service.
- 6.17.2** When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner. A safeguarding concern must be raised.
- 6.17.3** Once immediate safety measures are in place and the safeguarding concern has been raised, a decision about how to respond will be made by the local authority safeguarding team. This decision will take one of three routes:
- No further action for the local authority – guidance for the employer
 - Request (cause) an enquiry by the employer, using the local authorities' power under section 42 of the Care Act 2014, which will be their own internal investigation processes, such as, an incident investigation, serious incident, internal management review, HR procedures, complaints, root cause analysis. The local authority may request the outcome and a report within an agreed timescale. The local authority and the CCG as commissioners will require assurance that people have been safeguarded and appropriate action has been taken. All those carrying out such enquiries should have received appropriate training relevant to the type of enquiry. Referrals to professional regulatory bodies and the DBS must always be considered.
 - A formal safeguarding enquiry under section 42 of the Care Act coordinated by the local authority or delegated partners, with input from relevant parties, previously known as a safeguarding investigation.
- 6.17.4** The local authority will adopt the principle that the employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. Examples of when this might occur include:

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- A serious conflict of interest on the part of the employer.
- Concerns having been raised about non effective past enquiries.
- Serious or multiple concerns.
- Matters to be investigated by the police.

Luton Borough Council Tel: 01582 547730/547563 adultsafeguarding@luton.gov.uk	Bedford Borough Council Telephone 01234 276222 Fax 01234 276076 adult.protection@bedford.gov.uk	Central Bedfordshire Council Telephone 0300 300 8122 Fax 0300 300 8239 adult.protection@centralbedfordshire.gov.uk
Out of hours emergency number for all councils 0300 300 8123		

Procedures for Investigating Concerns

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7.1 Safeguarding Enquiries

7.1.1 The Care Act 2014 states that local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult with care and support needs is or is at risk of being abused or neglected.

7.1.2 A Safeguarding Enquiry under section 42 of the Care Act will be undertaken when the concern meets all elements of the three stage test:

- A person has care and support needs
- They are experiencing or at risk of abuse
- As a result of their care and support needs is unable to protect themselves

7.1.3 An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry, their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views and wishes, any immediate action has taken and the reasons for those actions. In Luton, Bedford and Central Bedfordshire a safeguarding enquiry may be initiated where somebody has died and there is a concern about abuse or neglect where others may be at risk.

7.1.4 In Luton, Bedford Borough and Central Bedfordshire, an informal enquiry is made by the safeguarding teams on receipt of a concern, to establish whether the three stage test has been met. The local authorities may also initiate a non-statutory enquiry.

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- 7.1.5** A formal enquiry under section 42 of the Care Act 2014 may either 1. be coordinated by the local authority (previously known as a safeguarding investigation) or 2. be requested to be undertaken by another agency using formal procedures most relevant to the concern. When such a request is made under section 42 of the Care Act 2014, there is a duty to cooperate and respond.
- 7.1.6** The purpose of an enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.
- 7.1.7** The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.
- 7.1.8** Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores.
- 7.1.9** The objectives of an enquiry into abuse or neglect are to:
- Establish facts
 - Ascertain the adult's views and wishes
 - Assess the needs of the adult for protection, support and redress and how they might be met
 - Protect from the abuse and neglect, in accordance with the wishes of the adult
 - Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
 - Enable the adult to achieve resolution and recovery.
- 7.1.10** It should be noted that the stages of the safeguarding process may overlap

7.2 Well-being, person centred enquiries and advocacy

- 7.2.1** Whenever an agency carries out any care and support functions relating to an individual, it must act to promote wellbeing – and it should consider all aspects in looking at how to meet a person's needs and support them to achieve their desired outcomes. The wellbeing principle applies equally to those who do not have eligible needs but come into contact with the system in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support, and have an ongoing relationship with the local authority. In any activity which a local

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authority undertakes, it should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.

7.2.2 The over-riding principle of safeguarding enquiries should be about exploring with the person concerned (and/or their representatives, advocates or Best Interest Assessors) the options that they have and what they want to do about their situation. This includes asking them what they want by way of outcomes at the beginning and throughout safeguarding interventions, negotiating around those outcomes and then, at the end, to ask the extent to which those outcomes have been achieved. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about assessing whether our intervention has a positive impact on their life or made a difference. It is a shift from a process supported by conversations to a series of conversations supported by a process. Further information about different approaches and responses to safeguarding interventions can be found by using the Making Safeguarding Personal: a Toolkit for Responses 2014 (LGA)

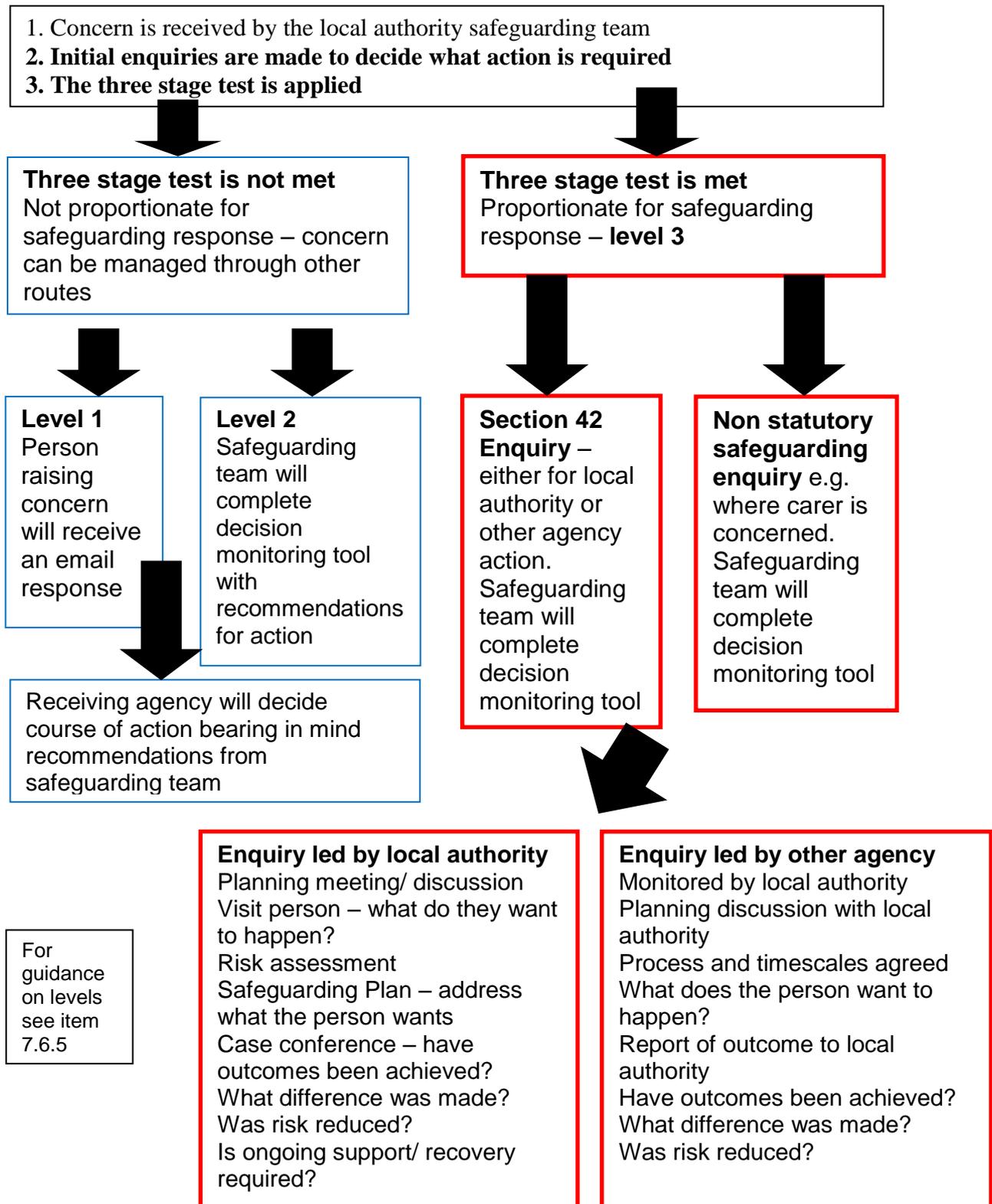
7.2.3 Under the Care Act 2014 the local authority has the duty to provide independent advocacy to people (adults and carers) with care and support needs:

- Who may have capacity but would have substantial difficulty (understanding retaining weighing up, communicating) in being involved in care and support processes (subject of a safeguarding enquiry and / or safeguarding adult review)
- When there is no other suitable person to represent and support them
- Advocacy must be independent of the local authority

The advocate's role is to facilitate the person's involvement, not merely be consulted about

7.3 Decision making flow chart

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7.4 Reporting to the Adult Safeguarding Team

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- 7.4.1** Details should be taken as to who is making the concern and their contact details. At all times, a professional approach should be adopted when anonymous referrals are made in relation to whistle blowing policies and reassurance of anonymity is provided. However, anonymity is generally discouraged and the person raising the concern should be supported to enable them to divulge their identity whenever possible. The referrer should be asked whether their safety is or will be compromised, should the alleged person causing harm know the source of the concern.
- 7.4.2** Details about the alleged person causing harm must also be recorded; this includes name and address, the relationship to the person with care and support needs, their role and the organisation for which they work, if they pose a risk of further abuse to others. All information must be clearly recorded including dates and times when events took place. Facts and opinion should be clearly differentiated.
- 7.4.3** The person in the Adult Safeguarding Team receiving the concern will:
- Where it is identified by the Safeguarding Team that urgent action is needed to protect the safety of one or more adults and this has not already been taken, the Safeguarding Team will initiate immediate action to commence enquiries and protect any person with care and support needs from the identified harm. **This will happen on the same day that the concern is received.** The action will be recorded by the Safeguarding Adults Team.
- If an adult or child is in immediate danger the police or other emergency service will be contacted. If it is identified that a child may be at risk a referral must be made as required by Child Protection Procedures.**
- Contact the police immediately where a crime has taken place and advise the person raising the concern about preserving evidence until such time as the police arrive.
 - Acknowledge receipt of the concern.
 - Record the concern - All safeguarding concerns must be recorded within 24 hours of contact.
 - Inform the regulator of registered services of allegations of serious abuse.
- 7.4.4** All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include Article 2: 'the Right to life'; Article 3: 'Freedom from torture' (including humiliating and degrading treatment); and Article 8: 'Right to family life' (one that sustains the individual).
- 7.4.5** Any adult at risk of abuse, maltreatment or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.
- 7.4.6** The Local Authority has duties under statutory guidance (Care Act 2014) to develop procedures for identifying the circumstances giving grounds for concern. In Bedford Borough and Central Bedfordshire this takes the form of Adult Safeguarding Teams with responsibility for assessing the potential

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seriousness of a concern and for determining what response is required. This may require that they contact and have discussions with other agencies.

- 7.4.7** The Safeguarding Team must complete the decision monitoring tool and load this onto the electronic database. They are guided by the following principles:
- That every report/ concern must receive a clear response.
 - That the focus is to ensure the person alleged to have been harmed and other people with care and support needs are protected from abuse and harm occurring or reoccurring.
 - That the level of response is proportionate to the perceived level of risk and seriousness. The Human Rights Act 1998 requires public authorities to intervene in people's lives in a way that is proportionate to the presenting concern should not be arbitrary or unfair. Intervention must have a basis in law and must secure a legitimate aim to prevent abuse or crime.
 - That interventions centre on the person alleged to have been harmed and other people with care and support needs to maintain choice and control for themselves. This balances the importance of respecting their views and those of others whilst not accepting that their choices are non-negotiable, irrespective of the consequences.
 - That where a person alleged to have been harmed and other people with care and support needs have impaired mental capacity, the involvement of a relative, friend, advocate or court appointed deputy will always be sought.

7.5 Assessing the Seriousness of the Allegations

- 7.5.1** When deciding on the seriousness of the allegation, the level of response will be determined by the following analysis of:-
- The adults needs for care and support.
 - The adults risk of abuse or neglect.
 - The adult's ability to protect themselves or the ability of their networks to increase the support they offer, the impact on the adult and their wishes.
 - The views of the adult with care and support needs and / or family.
 - The impact on important relationships.
 - The nature, degree and intensity of the alleged abuse.
 - The duration, frequency and risk of escalation of the alleged abuse.
 - The extent of premeditation, threat or coercion.
 - The illegality of the actions of the alleged person causing harm.
 - Any breach of trust or duty of care within a relationship.
 - Other known or alleged incidents involving the alleged person causing harm.
 - The context in which the alleged abuse took place.
 - Mental capacity of those alleged to have been harmed and causing harm.
 - The risk to others from the same abusive individual or service (alleged person causing harm) including children.
 - Whether a crime has been committed.
 - The duty to report the allegation if it involves regulated services
 - The views and opinions of any other professionals.
 - The potential impact of action and increasing risk to the adult.
 - The responsibility of the person or organisation that has caused the abuse

or neglect.

- 7.5.2** It is also important to take account that while a single event may lead to serious harm or exploitation, risks can arise from an accumulation of events both acute and long term.

7.6 Levels of Response

7.6.1 The levels of response are designed to assist the Safeguarding Team in assessing risk, deciding and reviewing the most proportionate and appropriate level of response to a concern and ongoing enquiry. Whilst not exhaustive, it is a tiered approach to help promote consistent decision making based on risk. Workers need to be aware that the outcomes of the initial decision and level of response may lead to further information or risks coming to light changing the perceived risks or seriousness.

7.6.2 In determining the level of response, the priorities of the Adult Safeguarding Team must be to ensure the safety and protection of people with care and support needs by taking the actions necessary to establish the facts, assess the risks including to the alleged person causing harm and to put in place a plan for the immediate risks and a safeguarding plan for maintaining safety, wellbeing and dignity.

7.6.3 A properly coordinated joint enquiry will achieve more than a series of separate enquiries, that information is shared and that repeated interviewing is avoided.

7.6.4 The Adult Safeguarding Team will determine which of the three levels of intervention described below are appropriate for responding to the report or concern.

7.6.5

Level One	Level Two	Level Three
<p>Reports or concerns are made which do not identify that abuse, maltreatment or neglect has occurred;</p> <p>or there has been minimal impact on the person.</p>	<p>Reports or concerns are made identifying risk or possible abuse maltreatment or neglect.</p>	<p>Reports or concerns are made identifying risk or possible abuse maltreatment or neglect.</p>
<p>The following actions will be taken :</p> <p>If it is a: complaint – action required</p>	<p>informal enquiries will be made to establish impact, risk to others and the views of the person concerned. Where the risk is low and it would not be proportionate for</p>	<p>Informal enquiries will be made to establish impact, risk to others and the views of the person concerned. Where risk is high, or</p>

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<p>a referral for assessment of need – action required</p> <p>quality assurance information for contracts management – action required</p> <p>care planning/ risk management for provider – action required</p> <p>Concerns poor practice from a provider – action required</p> <p>information sharing about a vulnerable person - no further action required inappropriate</p> <p>contact – no further action required</p>	<p>S42 (Care Act) enquiry and the issue can be managed through other appropriate routes, the following action will be taken.</p> <p>Safeguarding team will provide a written report using the decision tool with recommendations for action.</p> <p>These may include:</p> <ul style="list-style-type: none"> • An assessment of care and support needs or supportive action by the local authority • An assessment of health needs by the relevant health provider • A referral or signposting to relevant statutory or voluntary agency for information and/or advice. • Action for the care provider which might be an internal review/ report, reviews of care plans or risk assessments with the person concerned. 	<p>abuse maltreatment or neglect has occurred , and the most proportionate response is to initiate enquiries under S42 (Care Act), the following action will be taken</p> <p>Safeguarding team will provide a written report using the decision tool with recommendations for action under S42 (Care Act). The local authority will coordinate responses which will be one of three enquiries:</p> <ul style="list-style-type: none"> • S42 (Care Act) Enquiry undertaken by the local authority following the process outlined in section 7 of these policies and procedures • S42 (Care Act) Enquiry undertaken by other agencies I following the formal procedures most relevant to the concern. • A Non statutory safeguarding enquiry for example where someone is an informal carer. <p>Where a crime is being investigated the police will lead.</p>
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7.7 Definition of a Statutory and Non-Statutory (Informal) Safeguarding Enquiry

7.7.1 Safeguarding enquiries carried out on behalf of adults who fit the criteria outlined in Section 42 of the Care Act 2014. Local authorities are required by law to carry out safeguarding enquiries for these individuals. The criteria for a Section 42 individual is an adult who is believed to:

- Be experiencing, or at risk of, abuse or neglect; *AND*

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

- 7.7.2** Safeguarding enquiries carried out on behalf of adults who DO NOT fit the criteria outlined in Section 42 of the Care Act 2014. Local authorities are NOT required by law to carry out enquiries for these individuals; they do so at their own discretion. These enquiries would relate to an adult who:
- is believed to be experiencing, or is at risk of, abuse or neglect
 - does NOT have care AND support needs (but might have just support needs)
 - these enquiries might be about a carer for example

7.8 Consultation with the Public Protection Unit of the Police

- 7.8.1** The agency making the referral may have contacted the Police at the concern stage of the safeguarding procedures. **In these instances, and in all cases where an offence may have been committed but has not been reported, there must be prompt consultation by the safeguarding team with the police** who will determine if they need to be involved.
- 7.8.2** Consultation with the Police must also consider any actions that need to be taken to preserve evidence or avoid contamination of evidence. A decision will be made by the police as soon as possible as to whether an [Achieving Best Evidence](#) or Visually Recorded interview is necessary in line with police procedures. It will be the police responsibility to gather evidence towards their enquiry.
- 7.8.3** Special Measures were introduced through legislation in the Youth Justice and Criminal Evidence Act 1999 (YJCEA) and include a range of measures to support witnesses to give their best evidence and to help reduce some of the anxiety when attending court. Measures in place include use of intermediaries from the onset of the police investigation, additional measures at court could include screens around the witness box, the use of live-link or recorded evidence-in-chief and the use of an intermediary to help witnesses understand the questions they are being asked and to give their answers accurately.
- 7.8.4** A criminal investigation by the police takes priority over all other enquiries. The police will always lead a criminal investigation. A multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing.
- 7.8.5** If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is

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not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

7.9 Urgent Medical Assessment

7.9.1 The person raising and the person receiving the concern should both ensure that any medical attention required by the person alleged to have been harmed is provided without delay. If an initial discussion advises a medical assessment (that is an assessment for enquiry purposes as distinct from care purposes), the adult must be assisted in arranging and attending as necessary. The police will decide whether a medical assessment of the person with care and support needs is called for and make arrangements for it to happen.

7.9.2 The reasons for the proposed assessment must be fully explained and consent obtained or a best interest decisions obtained from the carer and/or advocate if the adult appears not to have capacity in this respect.

7.9.3 Medical assessment must be considered in cases of suspected:

- Serious or unexplained injury or death.
- Sexual abuse or assault.
- Serious neglect.

7.10 Decisions not to initiate safeguarding procedures

7.10.1 A decision not to carry out a full scale enquiry under the safeguarding procedures will be based upon:

- A judgement and evidence that there is sufficient information available to make a decision that abuse has not occurred.
- A judgement and evidence that the impact on the person with care and support needs is minimal and that action through the most relevant care, support or health team is appropriate.
- A judgement and evidence that there is sufficient information available to make a decision that abuse has occurred and that there is no risk of further harm and slight amendments to the care and support plan are required to minimise potential re-occurrences.
- A decision that the person is not a person with care and support needs in which case the referral will be made to appropriate services such as police, housing, victim support or refuge.
- A decision that the allegations of abuse are without doubt malicious.

7.11 Notification to the person reporting the concern

7.11.1 In all cases the Safeguarding Team must inform the person reporting the concern in writing how the referral will be dealt with. This will be on the same working day as the decision.

7.12 S42 (Care Act) Enquiries by agencies other than the local authority

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- 7.12.1** The Care Act states that local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done. Regardless which agency is undertaking the enquiry, the person leading the enquiry should be of sufficient seniority e.g. a registered health or social care professional, and or a staff member with a degree of authority, such as a care home manager.
- 7.12.2** If the agency does not agree to undertake an enquiry or fails to meet timescales, does not undertake the recommended actions or fails to communicate the outcome (to be stipulated on a case by case basis) to the local authority, an escalation procedure is to be followed:
- Contact with the identified safeguarding lead or manager of the service
 - The Safeguarding Adults Board member or relevant senior manager for that organisation will be notified where relevant
 - The chair of the Safeguarding Adults Board will be notified if information is not provided through steps 1-2
- 7.12.3** The local authorities will ensure that a procedure is in place for assessing and monitoring the quality of S42 (Care Act) Enquiries undertaken by other agencies. If the response is not acceptable and fails to safeguard the person concerned or address the issues, then the option of further enquiries by the local authority will be considered.

7.13		Summary of the Stages		
Stage	Action	Maximum Time Frame	Responsibilities	
<p>The timescales above are indicators of good practice and the need to be timely in responding to safeguarding concerns. Safeguarding activity should be led by the principles of Making Safeguarding Personal as well as 'Think Family'. This means the person concerned and their wishes, feelings and desired outcomes, which may mean that the above timescales are not adhered to. Where timescales are not met reasons for this should be clearly documented.</p>				
1	<p>Concern/ report of concerns</p>	<p>Staff / volunteers report concerns of abuse maltreatment or neglect, to manager as soon as possible making sure that immediate protection or medical needs are addressed.</p> <p>Concerns are immediately reported to the local authority safeguarding team.</p>	<p>Within same day</p>	<p>Take the actions necessary to protect any person with care and support needs from identified risk of abuse immediately.</p> <p>Concerns from health, social care or partner agencies should be advised on the Safeguarding Concern from where possible, but reporting should not be delayed by the need to complete a form. As everybody is responsible for being concern to potential abuse and reporting concerns to the local authority, concerns may also be reported by others including the general public, who will not have access to the Concern Form. At weekends referral should be made through the Emergency Duty Team.</p>

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2	Informal Enquiries/ Triage/ Decision	Information gathering, risk assessment, determine degree / intensity of abuse, identify previous concerns, decide if S42 (Care Act) enquiry is required and who is most appropriate to undertake.	By the end of the working day following the one on which the referral was made	The safeguarding team check the concern from for completeness or complete the form if the concern is received by other means, load the concern form onto the electronic database and pass to the decision maker for evaluation. The decision maker decides on the appropriate course of action, completes the Decision Tool, loads it onto the electronic database and assigns to the manager of the appropriate team for enquiry (or refers to appropriate others for actions).
3a	Initial Safeguarding Visit	Ensure any people with care and support needs are safe and well, risk assessment and protection plan, consent to proceed with safeguarding, mental capacity assessment, advocacy supports required.	48 hours or sooner from receipt of decision by safeguarding team; dependent upon level of risk identified urgent visits on the same day	Manager assigns the enquiry to a member of staff who is trained and responsible for leading the enquiry and delivering on all requirements of the action column including ensuring the protection of people with care and support needs, compliance with procedures, completion of all documentation within maximum permitted timescales and ensuring all documentation is loaded on the electronic database.
3b	Safeguarding planning meeting / discussion	All relevant parties including the person with care and support needs and/or their advocate Identify details of abuse, confirm those who are at risk, confirm / approve safeguarding plan including the views, wishes and	Within 5 Working Days (or earlier based on risk) of receipt of the decision by the safeguarding team.	

		desired outcomes of the person concerned, formulate an inter-agency plan for enquiry with clear roles and responsibilities and timeframes for outcomes to be achieved.		<p>The Manager overseeing the enquiry is responsible for ensuring an effective safeguarding plan is put in place, for oversight of the case and provision of supervisory advice, guidance, direction and support for the practitioner leading the enquiry and for chairing the safeguarding planning meeting and case conference or securing an appropriate alternative chair.</p> <p>The Safeguarding Team are responsible throughout these phases for the provision of safeguarding advice, guidance and support, securing engagement from safeguarding partners including the Police and NHS accessing support from Safeguarding Adults Board members where necessary and for quality assurance including compliance with timescales and the quality of risk assessment and interim protection arrangements.</p> <p>Safeguarding Support Officers / Team Administrators are also responsible for tracking the</p>
4	Risk assessment and Enquiry	Enquiries by nominated agencies, including gathering records, taking witness statements, assessing risks and impacts, professional analysis of the information gathered and judgement based on presenting evidence, making recommendations for actions / improvements, preparation for safeguarding case conference including draft enquiry report.	Within 4 weeks of receipt of the decision by the safeguarding team.	

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				<p>progress of safeguarding enquiries, progress chasing and reporting on progress including compliance with timescales and that all documentation has been uploaded to the electronic database.</p>
5	<p>Safeguarding Case Conference</p>	<p>All relevant parties including the person with care and support needs and/or their advocate meet to discuss the enquiry report and findings. Complete a review of risk assessment, formulate ongoing safeguarding plan to address, identify lessons learnt and improvements to be made, by whom and by when. Decide if safeguarding concern can be closed or if further work is required. Record clear outcome and ensure all parties are informed</p>	<p>Within 4 weeks of the assessment being completed</p>	<p>Responsibilities as above.</p> <p>At the end of this phase the practitioner leading the enquiry is responsible for reviewing the case and completion of the final report and audit tool.</p> <p>The Manager is responsible for reviewing the case paperwork and approving the audit tool.</p> <p>The Practitioner leading the enquiry and their Manager are responsible for confirming that all objectives from the Decision/ Screening Tool in relation to safeguarding have been achieved, all relevant persons safeguarded and the safeguarding documentation and standards are fully completed in accordance with procedures. This includes ensuring that the</p>

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				person concerned has been fully involved throughout, their views and wishes have been taken into account and they understand the outcome of the enquiry.
5a	S42 Enquiry Report	All enquiries must culminate with a fresh risk assessment of the original and any new safeguarding concerns established and a set of recommendations and actions to protect the individual.	28 Days of the alert	At the end of the enquiry, the lead officer should meet with the individual to go through the findings and check if the person's expectations / wishes have been met. This may require the report to be produced in an appropriate format (Total Communication, signs and symbols, pictures, etc....) or language With the consent of the individual (wherever possible) the full Enquiry Report should be circulated to all parties involved at the same time
6	Safeguarding Review	If appropriate, assessment of current risks, post abuse needs and protection plan to meet needs. Decide if protection plan is still required.	Within 4 weeks of enquiry completion	

7.14 Initial Safeguarding Visit

- 7.14.1 The initial Safeguarding Visit is a critical element of risk assessment and empowering the adult.
- 7.14.2 **A visit to the adult must take place within 48 hours of the referral and on the same day if appropriate taking into consideration the nature, degree or intensity of the concerns.**
- 7.14.3 The Police must always be consulted prior to making a visit in cases where a crime is suspected to ensure that evidence is not inadvertently contaminated. Consideration should be given for joint visits.
- 7.14.4 The visit will contribute to an informed judgement regarding safety and the urgency for intervention and ensure that the adult's voice is heard. The urgency of the visit will be informed by the initial assessment of risk and urgency. Visits can be conducted jointly with a range of partners as appropriate.
- 7.14.5 In rare circumstances a visit may not always be appropriate as it may heighten the risks of further harm to the person. Where the decision has been made not to visit, this should be in consultation with the Safeguarding Team; the reason must be clearly documented and consideration given as to how risks may be minimised.
- 7.14.6 In all circumstances the person's (or their advocate's) views, wishes and desired outcomes from the safeguarding intervention should be gathered at the earliest opportunity as this should direct the subsequent planning.
- 7.14.7 During the visit the practitioner leading the enquiry will:
- Ask the person for their own account of any situations highlighted in the safeguarding concern, (subject to consultation with the Police in cases of suspected crime) and to assess any risk of abuse they may be facing.
 - Enable the person to make informed choices about the safeguarding process, including the person's wishes and expectations of the outcome.
 - Inform the person that a safeguarding adults' enquiry has been started and what will happen next.
 - Assess the person's capacity to make informed choices about actions that could be taken to decrease any risk of abuse.
 - Establish whether they give consent (if they are able to) for the procedures to be implemented and to information being shared with organisations and if so gain a signed consent form.
 - Establish whether they give consent (if they are able to) for family members and/or informal carers to be informed and whether they wish them to be included in any safeguarding meeting/case conference. This consent can be overridden if a partner organisation needs to interview these or other people as part of their duty to carry out an enquiry.
 - Inform the person with care and support needs and their family/supporters of their rights to make formal complaints and/or take civil action.
 - Offer advocacy services.

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- Gain information about actions needed which will enable the person to participate in the process. E.g. to address communication, assistance and physical access needs
- Determine the person's physical and emotional needs and ensure that their safety and wellbeing are protected.
- Establish what the allegations of abuse are.
- Assess the presenting risks and agree protection arrangements.
- Obtain evidence.
- Give information about the input that partner organisations could make to the risk assessment and to any safeguarding plan.
- Explain any actions that an organisation has a duty to take, as a result of the referral and the interview, including actions to reduce immediate risk.

7.14.8 There may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is 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 or where it is in the public interest to take action 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 a responsible person or agency.

7.15 Right to Refuse Safeguarding Support

- 7.15.1** The individual has the right to refuse safeguarding support. However there may be situations where action must be taken, for example:
- There is a legal duty of care to do so, for example, in relation to children and other vulnerable individuals.
 - The alleged person causing harm is a paid worker, volunteer or in a position of trust.
 - The alleged person causing harm is another person with care and support needs.
 - Other people are at risk from the alleged person causing harm.
- 7.15.2** Initial enquiries may take place even where a person with care and support needs with or without mental capacity has asked for no action.
- 7.15.3** Remember the Local Authority has a duty to make enquiries and protect and check all of the facts before reaching a final decision on how to proceed.

7.16 Support for the person concerned

- 7.16.1** The initial and most important support is the creation of a robust safeguarding plan to address immediate risks and longer term support.
- 7.16.2** Where possible, as appropriate to the case and with the person's agreement the adult must be supported to:
- Live free from continuing abuse.
 - Build their confidence, self-esteem and acknowledgement of their right not to be abused.

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- Enable access to people outside the abusive situation, for example: social or educational activities.
- Access services where they can talk about the abuse they are experiencing, e.g. counselling services, victim support, domestic abuse outreach services or other support group.
- Gain more information about their options, e.g. advocate or legal advice
- Make a plan about what they would do if they changed their mind or if they wanted help in an emergency.

7.16.3 The information obtained during the visit must contribute to a judgement of the level of risk to independence of the adult and to other people with care and support needs that might also be at risk.

7.16.4 Support from partner agencies must be obtained promptly if there is a need for them to act with urgency in order to prevent further harm until a planning meeting has taken place.

7.16.5 When the person who is alleged to have been harmed has capacity and does not want any information to be shared this must be honoured unless any authority has an overriding duty of care to act or other people with care and support needs or children are at risk. If you have any doubt about this you should consult your manager or the Safeguarding Team for advice.

7.17 Support for Family and Carers

7.17.1 The nature of some safeguarding reports or concerns and especially any incident involving serious harm may also cause distress to the family and carers of the person with care and support needs. It is an important role for the practitioner leading the enquiry to consider at the initial welfare visit whether any support is required or referral to a statutory agency or other recognised body. Any safeguarding enquiry following the death of a person with care and support needs should specifically consider this at the planning meeting.

7.18 People alleged to be causing harm who have Care and Support Needs

7.18.1 If the alleged person causing harm is accessing services or may be in need of community care services, the practitioner leading the enquiry, in consultation with other agencies, must ensure that decisions are made and clear management plans are in place in relation to:

- The provision of services or change in provision of services to that person in the context of the allegations.
- Any requirements of an enquiry (e.g. not to concern the alleged person causing harm to the enquiry).
- The safety of other adults accessing services, staff.
- Reducing any trauma experienced by the adult who has experienced abuse.
- The need to pass on any information about allegations to other people. This must be done only on a need to know basis.
- If there is need to pass information to another agency this must be done either with the signed consent of the person against whom the allegations have been made or on the basis of information that needs to be shared for

- the purpose of preventing crime or further abuse.
- The provision of services to enable the person to recognise the impact of their behaviour and to choose not to carry out abusive behaviour in the future.

7.19 Safeguarding Planning Discussions and Meetings

- 7.19.1** The aim is to ensure that effective action is taken to assess immediate risk and to address any immediate protection needs.
The practitioner leading the enquiry and their manager are responsible for coordinating the enquiry and for including all relevant agencies. Particular care must be taken to involve the Police from the outset in cases where there is a crime or suspected crime.
The planning discussion must develop a plan for undertaking the enquiry, not to review documents, interview parties, or draw conclusions. There is a responsibility for all agencies signed up to these procedures to engage in the planning discussions as appropriate. If agencies are not engaging with meetings please refer to the escalation policy.
- 7.19.2** Sometimes a **Safeguarding Planning Meeting** involving the person concerned, the practitioner leading the enquiry and relevant other people will be the most effective method of formulating a strategy for the enquiry. On other occasions it will be necessary or more effective, to formulate the initial plan through a series of telephone conversations, e-mails, or through a virtual meeting - a **Safeguarding Adults Planning Discussion**. The practitioner leading the enquiry must decide on which course of action is most appropriate taking account of the level of risk and complexity of each case.
- 7.19.3** It is important to remember that planning discussions may need to take place immediately following the Safeguarding Team decision and prior to the initial safeguarding visit. The planning discussion may take place with the Safeguarding Team during the initial decision stage of the enquiry. It is the responsibility of the practitioner leading the enquiry to ensure that this is properly recorded on the safeguarding record.
- 7.19.4** The timing of planning discussions/meetings will be determined by the level of risk and urgency presented and in any case should be completed within five days of the decision being made but should not in any case prevent effective support planning proceeding without delay.
- 7.19.5** All partner organisations involved must work actively to co-ordinate the strategy and share their information. All information about the situation known to the organisations concerned at the time must be shared on the understanding that it is kept strictly confidential to workers with a definite role in the process.
- 7.19.6** The practitioner leading the enquiry is responsible for ensuring that the relevant organisations are informed of the need for a planning meeting and that they are invited. Safeguarding planning meetings should not be delayed by the lack of availability of people or rooms and full use should be made of technology and pre-meeting discussions to enable this stage of the safeguarding procedures to

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happen promptly.

- 7.19.7** The planning meeting / discussion must conclude with a clear plan and be fully documented on the record of the discussion / meeting.
- 7.19.8** The Chair of the planning meeting is responsible for ensuring that the meetings are recorded. Both planning meeting records and planning discussions must be entered on the electronic records system and copies faxed or e-mailed to the parties involved as quickly as the situation requires.
- 7.19.9** The practitioner leading the enquiry is responsible for ensuring that the relevant organisations are informed of the need for a planning meeting and that they are invited. Safeguarding planning meetings should not be delayed by the lack of availability of people or rooms and full use should be made of technology and pre-meeting discussions to enable this stage of the safeguarding procedures to happen promptly.

7.19.10 Key areas to consider:

Background:-

- Historical information about the person with care and support needs, age, health, status, social living and support arrangements, capacity.
- Details about the concern/concern.
- Brief outline of current well-being / situation of the person with care and support needs and views about the outcome.

Relevant information from each agency representative:-

- All agencies invited to share relevant information and concern.
- Discussion of any public interest considerations.

Risk Assessment:-

- Must evidence consideration of strength based approach. This means taking into account the supportive/protective factors that mitigate the risk.
- Risk to and safety of other people with care and support needs or children
- Whether any employee or volunteer should be suspended pending enquiry.
- Where staff are suspended the impact of that suspension on the service, people accessing the service, employer and employee and the steps needed to preserve continuity of service.
- Whether remedial actions are required against a provider to protect other people with care and support needs or children.

Safeguarding Plan

Where abuse appears to have taken place, or an ongoing risk is identified, a Safeguarding Plan will be agreed to prevent possible further abuse or to decrease the risk.

The Safeguarding Plan must:

- Include clear objectives and desired outcomes identified by the person concerned and practitioner leading the enquiry.
- Specify the responsibilities and roles of each named agency worker.
- Ensure that no tasks are assigned to an organisation or agency without

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confirming they are able and willing to carry out the role.

- Include active consideration in consultation with the police and legal services, of the potential use of relevant legislation in cases where abuse has occurred.
- Include consideration of referral to Witness Support Services of any person identified as entitled to 'special measures' under the police arrangements described in [Achieving Best Evidence](#) such as an appropriate adult.
- Include actions that may prevent the alleged person causing harm from abusing, maltreating or neglecting in the future.

Services and issues that should be considered and offered to the person who has experienced abuse and to others identified as at risk of harm:

- The wishes and aspirations of the person concerned in respect of their needs and expectations regarding the outcome of an enquiry into their concerns.
- Advocacy/ IMCA support services.
- Services, which improve self-esteem and confidence.
- Details of actions/objectives to be taken based upon completed risk assessment and milestones for outcomes for improvements within specified timeframes.
- Roles and responsibilities of individuals and agencies that have been identified as responsible for the actions identified within the risk assessment.
- New and/or increased support services to monitor actions agreed in the safeguarding plan.
- Where proportionate and in the best interests or in accordance with the wishes of the person concerned, protection from contact with the alleged person causing harm, in the first instance by measures which remove the alleged person causing harm from the situation.
- Activities that increase a person's ability to protect themselves.
- Security measures such as door locks, personal alarms, and telephone.
- Counselling and therapeutic services.
- Support or monitoring arrangements to others identified within the risk assessment that are in need of support.
- Remember that the person with care and support needs should agree to the safeguarding plan and sign the plan to say that they have agreed
- Any additional support required for family and carers.

Actions to be considered in relation to the person alleged to be causing harm include:

- Vulnerability of the alleged person causing harm.
- Increase the observation of behaviours that are abusive and make.
- Interventions to prevent such behaviour.
- Access to programmes supporting behaviour change.
- Review of staffing levels, organisational procedures and culture of care.
- Training needs assessment and supervision of staff and volunteers.
- Change / increase the care provided to an individual to decrease carer stress.
- Carry out a carer's assessment and provide support and information to carers to improve the care they are able to offer.
- Meeting with the alleged person causing harm (if appropriate) to feedback

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- the results of the risk assessment and to negotiate changes on their part.
- Change the service provided so that they are not in contact with a person/people that may pose risks of harm. If moving to another provider, assess the impacts upon the alleged person causing harm in terms of health and well-being.
- Where the alleged person causing harm is an employee or volunteer, consideration should be given to whether suspension is needed during the enquiry phase to ensure that people with care and support needs are safeguarded from further potential abuse and to protect the alleged person causing harm from further accusations. The decision to suspend must be taken by the employing organisation based on advice from police or investigating staff.
- HR or disciplinary proceedings, referral to professional regulatory bodies
- Prosecution by the court, CQC or a contracting authority.
- Application for a court order such as a restraining order or injunction.
- Civil remedies, e.g. suing the alleged person causing harm for damages caused to individual(s).

7.20 Primary Considerations for Safeguarding Planning Discussions and Meetings

- 7.20.1**
- The wishes, feelings and desired outcomes of the person concerned.
 - The protection of the person(s) concerned.
 - The dignity, safety and wellbeing of the person(s) concerned.
 - The identification and protection of anyone else who may be at risk.
 - To minimise the impacts of the alleged abuse for the person(s) who may have been harmed or their main carers. Care should be taken to ensure that the person experiencing abuse is not interviewed about what has happened to them more than once.
 - To gather initial evidence to enable action to be taken against the alleged person causing harm, e.g. by Police, CQC, or their employer. Care should be taken throughout that actions do not prejudice the gathering of evidence by partner organisations.
 - To determine roles and responsibilities for the completion of an enquiry.
 - To carry out enquiries without delay. The safety of those who made the concern.

7.21 Plans arising from planning discussions and meetings

7.21.1 Key Points

- Identify action required to address immediate risk to the adult concerned.
- Include an interim safeguarding plan.
- Identify any specific coordinated action required in respect of the alleged person causing harm to minimise risks to the person who has been harmed, witnesses and whistle-blowers.
- Determine a plan for carrying out the full safeguarding enquiry, if one is required.
- Aim for minimal interruption to the services being provided to the individual, or a group of people, during any safeguarding enquiry.

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- Determine whether any internal press officer / department within. Organisations needs to be concerned to any possible media interest
- Identify if further action is needed.

Planning the enquiry must take account of the main aims of an enquiry which are to:

- Establish what the person concerned wants to happen.
- Establish matters of fact.
- Achieve a thorough assessment of risk.
- Assess the needs of the adult for protection, support and redress.
- Inform decisions about follow-up action in respect of the alleged person causing harm and the service, or its management, if they have been culpable, ineffective or negligent.
- Enable the person to achieve resolution and recovery.
- Protect from the abuse in accordance with the person's wishes.

The enquiry plan must include:

- Establishing the facts.
- Identification of the agency or agencies with the appropriate legal powers and responsibilities to lead any enquiry or assessment.
- In cases where a joint enquiry is necessary, an agreement between the respective agencies as to their respective roles.
- Identification of staff to undertake the agreed actions.
- A specific plan and identified responsibility for interviewing the alleged abuser.
- A plan for communication between agencies.

7.22 Review of the Interim Safeguarding Plan

- 7.22.1** The purpose of the review is to ensure that the actions agreed in the protection plan have taken place and that the individual's needs are being met.
- 7.22.2** A date for reviewing the plan should be set at the safeguarding planning meeting. The date must be determined by the needs of the case but must in any case be within 4 weeks of the planning meeting in the first instance. Where there is an ongoing risk of abuse, review meetings should take place at least monthly. If it is known that the safeguarding plan will need to be changed at a particular date (e.g. when the perpetrator is released from prison) then a date should be set to review the plan in time to make the changes necessary to protect the individual.
- 7.22.3** The practitioner leading the enquiry has a responsibility to keep in touch with the person concerned according to their wishes, which may be via face to face visits, phone calls or in writing, and ensure the support plan is updated with their involvement in accordance with presenting risks.
- 7.22.4** A review meeting can be reconvened earlier at the request of the person concerned and any agency involved in supporting them. The meeting should decide responsibility for ongoing management of the support plan (if needed) and whether or not to set a date for further review

7.23 Actions to be considered in relation to the person alleged to be causing

harm

- 7.23.1**
- Vulnerability of the alleged person causing harm.
 - Increase the observation of behaviours that are abusive and make interventions to prevent such behaviour.
 - Access to programmes supporting behaviour change.
 - Review of staffing levels, organisational procedures and culture of care.
 - Training needs assessment and supervision of staff and volunteers.
 - Change / increase the care provided to an individual to decrease carer stress.
 - Carry out a carer's assessment and provide support and information to carers to improve the care they are able to offer.
 - Meeting with the alleged person causing harm (if appropriate) to feedback the results of the risk assessment and to negotiate changes on their part.
 - Change the service provided so that they are not in contact with a person/people that may pose risks of harm. If moving to another provider, assess the impacts upon the alleged person causing harm in terms of health and well-being.
 - Where the alleged person causing harm is an employee or volunteer, consideration should be given to whether suspension is needed during the enquiry phase to ensure that people with care and support needs are safeguarded from further potential abuse and to protect the alleged person causing harm from further accusations. The decision to suspend must be taken by the employing organisation based on advice from police or investigating staff.
 - HR or disciplinary proceedings, referral to professional regulatory bodies.
 - Prosecution by the court, CQC or a contracting authority.
 - Application for a court order such as a restraining order or injunction.
 - Civil remedies, e.g. suing the alleged person causing harm for damages caused to individual(s).

7.24 Involvement of Adults with Mental Capacity in Safeguarding Planning Discussions

- 7.24.1** It is assumed that the person concerned will be involved in all planning discussions and meetings unless there is clearly documented reason why this is not possible or appropriate.
- 7.24.2** Adults with mental capacity, who may be at risk, where practical should be involved as partners in the planning discussion (with appropriate use of independent advocacy and victim support services), unless prevented by other considerations, for example: for their safety; for the safety and rights of others (including the rights of the alleged person causing harm) or for the potential contamination of evidence.
- 7.24.3** Where an adult with mental capacity cannot be included as a full partner the practitioner leading the enquiry will agree with them how their views are to be incorporated into the planning process.
- 7.24.4** If it is unclear whether an adult has capacity to make decisions arising in the

safeguarding process, a capacity assessment must be arranged as a matter of urgency. The same will apply if expert evidence is required as to a person's capacity.

7.25 Involvement of the Care Quality Commission in Planning Discussions/ Meetings

7.25.1 Where an allegation of abuse is made concerning an adult who may be at risk living in a private, voluntary or local authority care (nursing or residential) home or is supported by a domiciliary care agency, the Care Quality Commission must be consulted and invited to any planning meeting or be involved in a planning discussion.

7.26 Decisions on the Involvement in Planning Discussions of a Service Implicated in Abuse

7.26.1 Where a service is implicated in abuse / maltreatment / neglect, a planning discussion will be held with the regulatory body and service commissioners; and a decision made as to how and at what level of seniority a representative of the service can appropriately be involved in all or part of the planning process. This includes a judgment as to whether they are likely to be implicated as party to the alleged abuse / maltreatment / neglect or a potential witness in a criminal enquiry.

7.27 Involvement of the Alleged Person Causing Harm in Planning Discussions in Very Exceptional Circumstances

7.27.1 The alleged person causing harm must only be included in planning discussions in very exceptional circumstances and with the agreement of the Safeguarding Team.

7.27.2 It may sometimes form part of the planning for the alleged person causing harm to be present at a meeting; for example, if information and support to an informal carer who has been neglecting a person's care needs is a key part of the protection plan. This must also be with the informed consent of the adult who is at risk (where they have mental capacity). If they do not have the capacity to make this decision, then it must be taken for them with input from an advocate. Any such decision must be clearly documented by the Safeguarding Team and safeguards put in place to ensure any safeguarding plan is not jeopardised.

7.28 Progressing the Enquiry

7.28.1 Each agency must carry out the actions agreed at the planning discussion / meeting and must report back to the practitioner leading the enquiry any changes to that plan.

If any agency obtains information that could change the agreed plan they must inform the practitioner leading the enquiry.

Management Issues to be considered:

- Identify key managers from all appropriate agencies to be involved in the enquiry.

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- Jointly agree staffing commitment and location of enquiry.
- Ensure that staff and volunteers involved do not, or are not seen to have any personal interests or other elements to be investigated.
- Prepare witnesses who may at risk for interview – specialist staff and interview to be made available (Police & Social Services).
- Agree and prepare joint press release/liase with press officer.
- Consider involvement of other local authorities.
- Consult on management action and where appropriate agree on issues relating to disciplinary action and suspension.
- Plan for security of records.

Planning issues to be considered

- Joint response and decision making between agencies.
- Clarify what issues are within the scope of the enquiry
- Agree roles and responsibilities for each agency (e.g. Local Authority, Police, Health, Provided Services, etc).
- Agree timing of actions (including complaints and staff disciplinary).
- Ensure any intervention does not compromise any possible Police enquiry (unless there are overriding safety needs).
- Obtain background information.
- Identify all people affected by enquiry (staff and people accessing services).
- Consider whether concerns warrant a recommendation for suspension of NHS or local authority placements or service contracts.
- Obtain documentary information e.g. protocols, care plans, plans of building of area.
- Need for expert legal advice or opinion.

Professional Issues to be considered

- Identify differing agency priorities.
- Regular briefing and information sharing for relevant staff, volunteers and managers; which may need to be daily for some high risk cases.
- Support and protection for referrers.
- Care arrangements for people with care and support needs; including therapeutic support.
- Consideration of individual needs in relation to race, culture, age gender, sexuality, religion and disability.
- Language and communication needs.
- Advocacy services, including IMCA.

7.29 Involving and Informing the Person Concerned

- 7.29.1** The voice of the person with care and support needs should be the driving force behind the enquiry and achieving this requires sensitive consideration of their communication needs, wishes and decision making capacity. These must all be assessed and taken into account throughout the process with appropriate use of independent advocacy, victim support services and interpreters. The adult, if they have mental capacity, must be involved at all stages of the enquiry and in reaching the outcome and conclusion of the enquiry.

7.30 Situations Where Staff or Volunteers are Implicated in Alleged Abuse

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- 7.30.1** Where staff or volunteers are implicated in a case of alleged abuse, immediate discussion must take place between (where appropriate) the police, the employer / volunteer-involving organisation, Adult Services and health care providers.
- 7.30.2** If it is deemed appropriate to conduct an enquiry prior to informing staff or volunteers who are implicated, a clear record needs to be made of who took the decision and why.
- 7.30.3** Where an enquiry requires the suspension of the member(s) of staff or volunteers implicated, this is the employer's decision and the employer's or volunteer-involving organisation's procedures must be followed.

7.31 Evidence Gathering in Criminal Cases

- 7.31.1** It will always be the responsibility of the police to preserve and gather evidence when a criminal offence is suspected.
The Police will make a decision as to whether a best evidence interview is appropriate.

7.32 Securing Files / Records

- 7.32.1** Where necessary, and to avoid tampering, relevant files and documents must be secured by removing them to a secure place or locking them away.

7.33 Keeping Accurate Records of the Enquiry

- 7.33.1** It is important that clear and accurate records are kept on the electronic records system as they may be used as evidence in court proceedings.
Note that the report does not have to be long or complicated and should:
- Be written in Plain English
 - Not include jargon or abbreviations
 - Be an easy to read story
 - Be understood by the person with care and support needs and their carer
- 7.33.2** It is good practice to prepare the report of the enquiry in draft for discussion, agreement and sign off at the Case Conference.
Any agency involved in the assessment that has a role in providing ongoing support and care must ensure that this is clearly recorded.
- 7.33.3** A guide to what should be included in a report of an enquiry / assessment:-
- Name, address, date of birth, ethnicity of the adult.
 - Details of next of kin and carers.
 - Allegation/suspicions reported – list each separately. If an allegation has been made, note who is making it; if a suspicion, the basis for it.
 - Record dates and locations where known.
 - Previous related allegations/history of abuse.
 - A brief description of the adult, including nature of support needs and communication needs.
 - Social situation/family network/carers and current services received.

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- Assessment of the person's mental capacity.
- Views of the adult who may be at risk and their expectations of the outcome
- Information about the person alleged to be responsible (if applicable).
- A description of the enquiry process and evidence gathered. Include information about the level of co-operation that you received from the various people involved.
- Your assessment of the enquiry and analysis and rationale for the outcome.
- Risk assessment.
- Recommendations for action and lessons learnt if appropriate.
- Your name, organisation, team, position and qualifications.
- Attach body maps, medical and other reports if appropriate to the case.

7.34 Relationship between Section 42 Enquiry and other investigations

7.34.1 It is important to recognise that the three statutory agencies and partner organisations of the LSB may be required to undertake their own investigations, mandated by different legislative frameworks, along with contributing to Section 42 Enquiries. This will usually arise when the safeguarding concern relates to a serious incident and or an unexplained death, where there are lessons to be learnt from the case and which may help improve safeguarding of other people in the future.

7.34.2 Different investigations

There are a number of different investigations / reviews that may interface a Section 42 Enquiry such as:

- NHS organisations have a legal duty to undertake a Serious Incident (SI) investigation, in accordance with the SI framework / guidance from NHS England and as part of their statutory duties, under Health and Social Care Act 2012: <https://improvement.nhs.uk/resources/serious-incident-framework/>
- Under the Coroner and Justice Act 2009, the Judiciary is obliged to undertake inquest of unexplained deaths: <http://www.legislation.gov.uk/ukxi/2013/1616/contents/made>
- The Independent Police Complaints Commission is required to investigate deaths in police custody.
- A Domestic Homicide Review of the circumstances in which the death of a person aged 16 or over may have resulted from violence, abuse or neglect perpetrated by a person known to the victim, in accordance with Crime and Victims Act (DVCA) 2004 and its statutory guidance: <https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

7.34.3 Guidance

- All unexplained deaths within public services should also be raised as a safeguarding alert, because there may be other people at risk harm or abuse. In the interest of openness, transparency and in line with the public duty of candour, it is important to raise a timely safeguarding alert. A safeguarding alert and pending Section 42 enquiry does not stop the lead organisation undertaking an investigation.
- Once the safeguarding team has established that there is no further

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immediate risk to any other persons directly or indirectly relating to the case, the safeguarding enquiry may be deferred until a more detailed investigation by the lead organisation has been completed.

- This is an important part of safeguarding practice for many reasons, such as:
 - ensuring the lead organisation fulfils its duty to assess the risk fully and ensure the safety of all involved,
 - minimising the risk of interfering with any primary evidence that may be crucial later on in the process and
 - reducing unnecessary duplications and costs and disruption to people affected by the case.
- Different investigations are allowed different timescales for completing an investigation. For instance, under the SI framework, NHS organisations will require 60 days to complete the investigation. The Section 42 enquiry will have to wait for the completion of the planned investigation.
- Where the safeguarding alert relates to a Serious Incident or an unexplained death, Bedford Borough Council, Central Bedfordshire Council and Luton Council will retain the responsibility for deciding whether a Section 42 Enquiry is required. In cases where a safeguarding concern has been raised in relation to a person with care needs who has died a Section 42 Enquiry may be undertaken for the following purposes:
 - To enquire into the circumstances that surrounded the death where there is a potential to safeguard other people with care needs in similar circumstances - e.g. people receiving care from the same care agency or care home;
 - To support the gathering of information that will be required to assist the Safeguarding Board in determining whether the case would meet the criteria for a Safeguarding Adults.
 - The Lead organisation also has the responsibility to consider if the case should be referred to the Safeguarding Adult Review (SAR) Sub Group, in accordance with the Section 44 of the Care Act.
 - In order to manage the work plan for the SAR Sub Group and to keep the LSAB informed, all partner organisations undertaking a separate statutory investigation into a serious incident or an unexplained death within public services will be required to provide a brief summary of this work to the SAR Sub Group

7.35 The Safeguarding Case Conference

- 7.35.1** The purpose of the Safeguarding Conference is to coordinate a multi-agency response to the risk of abuse that has been identified and produce a Safeguarding Plan for the ongoing support of the person concerned.

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- 7.35.2** It is the responsibility of the practitioner leading the enquiry to have coordinated interviews, reports, and information gathering prior to the meeting. The case conference is not the correct forum to conduct detailed gathering of evidence or for interviewing. The case conference should be used for presenting summaries of the evidence collected and discussing the response and outcome of the concern. Where it has not been possible to collate all of the information, further case conferences may need to be arranged.
- 7.35.3** The adult concerned and their advocate must always be invited. The adult must also be asked if they want anyone else at the meeting. On occasions where it is decided that part of a meeting needs to take place without the adult concerned or their advocate, consideration could be given to holding the meeting in two parts. The reason for this must always be documented. Consideration should be given to the management of minutes. Attendees should receive minutes for the part of the meeting they attended.
- 7.35.4** Where an adult does not have the mental capacity to be included, their representative or advocate must be nominated to take part in the review of the risk assessment and Safeguarding Plan. The representative could be an advocate, key worker or relative.
- 7.35.5** Prior to the meeting reports of the safeguarding assessment / enquiry must be accessible to the adult concerned, with the involvement of a family member or advocate if appropriate. It is good practice to prepare the report of the enquiry in draft for discussion.
- 7.35.6** The Case Conference will be chaired by a Manager from the enquiry team. If several adults who are at risk are involved, a separate Safeguarding Case Conference can be considered for each person.
- 7.35.7** If the alleged person causing harm is a person with care and support needs the Safeguarding Case Conference must also look at his/her needs.
- 7.35.8** A multi-agency decision will be made on the outcome of the enquiry. This must include whether the desired outcomes of the person concerned were met; whether abuse, maltreatment or neglect took place; what happened to remove or reduce the risk; or if the risk remains and what plans are in place to manage this. If there are any unresolved issues all agencies are able to use the escalation process.

7.36 Positive Actions to Prevent Repeat Abuse, Maltreatment or Neglect by a Person or an Organisation

- 7.36.1**
- Access to behaviour change programmes.
 - Meeting with an individual who has caused harm, to negotiate changes in their behaviour.
 - Carrying out a carer's assessment and providing services that decrease the risk of abuse.
 - Increased observation of appropriate interventions to prevent abusive behaviour by other people accessing services.

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- Organisational review, e.g. of staffing levels, policies, procedures, working practices and culture.
- Training needs assessment and supervision (of employee volunteer).
- Changing service provision to a person who harms other people with care and support needs so that they are not in a position to continue abusing them.
- Application to the Court of Protection.
- Application to the Department of Work and Pensions to change.
- Appointeeship or agency.
- Disciplinary procedures by an employer.
- Volunteer management procedures by a volunteer-involving organisation.
- Criminal prosecution.
- Referral to the disclosure and barring service.
- Referral to registration body (e.g. NMC, HCPC, BMA)
- Enforcement action by CQC.
- Cancellation of registration of a care provider.
- Application for a court order, e.g. restraining contact or an anti-social behaviour order.
- Prosecution by Trading Standards.
- Civil Law remedies, e.g. suing for damages.

7.37 Actions to Promote the Safety of an Adult and for Recovery from Abuse, Maltreatment or Neglect

- 7.37.1**
- Activities that increase a person's capacity to protect themselves.
 - Activities that increase health and wellbeing.
 - Victim support services.
 - Security measures, e.g. door locks and entry devices, personal alarms, telephone, pager or CCTV.
 - Support to give Best Evidence in Court.
 - Application to the Court of Protection for an appropriate person to make decisions on behalf of a person without mentally capacity.
 - Application to the Court of Protection for an appropriate person to manage the person's finances.
 - Application for Criminal Injuries Compensation.
 - Supported decision making.
 - Advocacy and buddying.
 - Signs of Safety.
 - Dealing with risk.
 - Building resilience, confidence, assertiveness, self-esteem and respect.
 - Attachment based approaches.
 - Motivational interviewing and cycles of change.
 - Peer support, survivors networks, forums and circles of support.
 - Family and networks, including group conferences.
 - Therapeutic and counselling support.
 - Brief interventions and Micro skills.
 - Mediation and conflict resolution.
 - Restorative justice.

7.38 Closure of the Case

- 7.38.1** The closure of a case can occur at any stage once the safeguarding risk assessment has been completed, if;
- The person concerned does not want a safeguarding enquiry to take place, has mental capacity to make the decision and there is no wider public interest;
 - It is evidenced that there is no or very low risk to the person or others, making it disproportionate to continue with a safeguarding enquiry and support needs can be met through other means.
 - The enquiry has concluded and has achieved the objectives or outcomes set out in the safeguarding plan.
 - At the end of the enquiry a report must be completed and sent to all partners within 4 weeks.

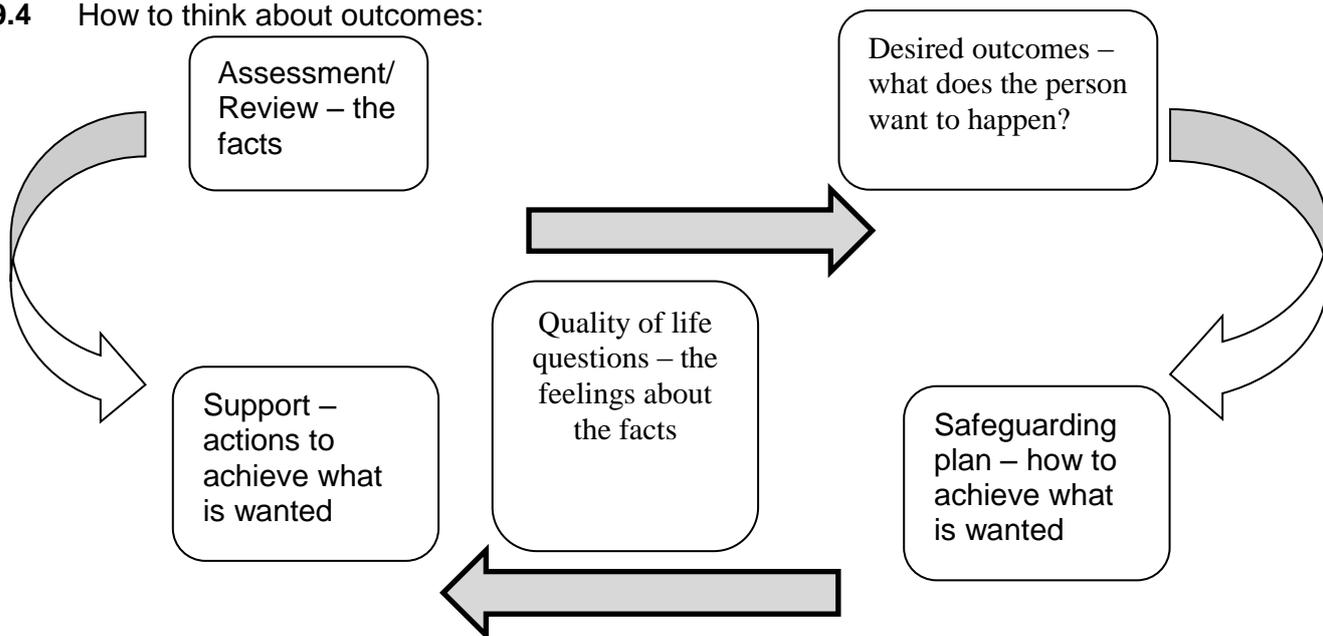
7.39 Safeguarding outcomes

7.39.1 Thinking about outcomes in adult safeguarding means focusing on what people who have experienced the process say, and the extent to which the outcomes they wanted (their wishes) have been realised.

7.39.2 One of the six principles of adult safeguarding is Empowerment – people being supported and encouraged to make their own decisions and informed consent. This means: “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

7.39.3 It is vital that the views of the person are sought and recorded. These should include the outcomes that they want, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system.

7.39.4 How to think about outcomes:



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- 7.39.5** Safeguarding outcomes are measured by:
- Safeguarding enquiries where risk was reduced.
 - Safeguarding enquiries where risk remains.
 - Safeguarding enquiries where risk was removed.
 - For each enquiry was the individual or individual's representative asked what their desired outcomes were?
 - Of the enquiries recorded as Yes above, in how many of these cases were the desired outcomes achieved?
- 7.39.6** It is important that these are addressed at the safeguarding case conference in order to establish whether the desired outcomes of the enquiry were reached. This must be recorded as part of case closure. It is important that at the end of the enquiry the practitioner leading the section 42 enquiry returns to the individual and ensures that their desired outcomes have been met as far as possible.
- 7.39.7** Options for concluding a safeguarding enquiry can also include upheld, not upheld, partially upheld and inconclusive.

7.40 Audit

- 7.40.1** When an enquiry is finished, it is the responsibility of the practitioner leading the enquiry to use the Local Authority's Safeguarding Audit Tool to audit the case file ensuring that it meets the safeguarding good practice standards. A means of demonstrating that all the necessary and required information has been recorded accurately and timely on the person's record. This activity must be carried out at the completion of every safeguarding enquiry.
- 7.40.2** Once the practitioner leading the enquiry has completed the audit, it is the responsibility of the worker to pass this on to their line manager for review and sign off and for them to consider opportunities for improving practice and lessons learnt for the Safeguarding Adults Board.
- 7.40.3** The line manager should discuss the findings of the audit with the practitioner leading the enquiry, evaluate practice and identify lessons learned for future Adult Safeguarding enquiries.
- 7.40.4** The Safeguarding Adults Board will oversee a programme of audits as agreed in the Board's annual improvement plan.

7.41 Escalation Procedure

- 7.41.1** All professionals working with adults must be able to challenge each other appropriately. When they believe that others are not working well together and as a result the adult remains at risk or what is thought to be an unacceptable level of risk, then escalation should take place. This procedure provides for the resolution of professional disagreements or issues in work relating to the safety of adults at risk of abuse, for example, a failure to co-operate and share information or a failure to agree on thresholds for intervention. It is applicable to all agencies that have a role in the safeguarding of adults at risk of abuse. Effective working together

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depends on resolving disagreements to the satisfaction of workers and agencies and a belief in genuine partnership.



Escalation
Policy.docx

Serious Concerns/ Risk of Systemic Failures

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8.1 Purpose

- 8.1.1 The Serious Concerns Procedure outlines the arrangements for enquiry and management of multiple safeguarding concerns in a location or organisation. The purpose of the Serious Concerns procedure is to adopt a consistent and proportionate response when serious, non-compliance of minimum care standards are raised about a provider that has or is likely to result in:-
- a potentially life-threatening injury through abuse, maltreatment or
 - Neglect or an Act of omission
 - serious and permanent impairment of health or development through abuse, maltreatment or neglect
 - loss of choice, independence and well being
 - Single or multiple unexplained deaths
 - Or
 - an enquiry into specific concerns reveals wider issues about a provider
 - and
 - these cannot be resolved by local negotiation with the registered manager

8.2 Criteria for instigation of the Serious Concerns Procedure

- 8.2.1
- Reports of Serious Concerns from the Care Quality Commission arising from a regulatory inspection or other concerns
 - Accumulated complaints about the same service by people accessing the service their families or members of the public which amounts to serious safeguarding concerns
 - Serious Concerns of a safeguarding nature following several visits or individual reviews in the service
 - Serious Concerns of a safeguarding nature following contract compliance reviews of the service
 - Reports of serious safeguarding concerns from other professional services / organisations involved in the service
 - Serious Concerns as a result of whistle blowing
 - Serious Concerns following a Safeguarding Adults planning meeting or enquiry
 - This includes concerns relating to NHS and privately funded establishments as well as those contracted by the Local Authority.

8.3 Instigating Serious Concerns Meeting

- 8.3.1 The decision to hold a Serious Concerns Meeting is made by the Chair of the Safeguarding Adults Board, Director of Adult Social Services, or a delegated manager of the authority in whose area the service is based. Serious Concerns affecting both Bedford Borough and Central Bedfordshire Council's will be conducted jointly. Where the Serious Concerns involve other local authorities, the arrangements for joint management of the concerns will be agreed prior to the Serious Concerns meeting either by the Safeguarding Managers or Directors of Adult Social Services.

8.3.2 The ordinary Adult Safeguarding processes will carry on in parallel to ensure specifically identified individuals are safeguarded. Chairs of individual cases will always be invited to Serious Concerns meetings and will be the essential communication link between the two processes.

8.3.3 Special consideration will need to be made if it is anticipated there will be any pre-emptive action e.g. police arrests / interviews; Care Quality Commission unannounced inspection visit or seizing of documents, suspension of new placements or urgent review of existing placements etc.

8.4 Chairing of a formal Serious Concerns Meeting

8.4.1 The Serious Concerns meeting will be chaired by the Assistant Director of Adult Social Care, or Commissioning or a delegated manager.

8.5 Who attends a Serious Concerns Meeting?

8.5.1 There should be a core group of staff representing:

- The Local Authority
- Bedfordshire Clinical Commissioning Group (commissioner)
- Bedfordshire Police
- CQC
- The Safeguarding Adults Manager for the Local Authority

8.5.2 Other staff will be invited as appropriate and may include:

- Representatives of other commissioners of the service
- Legal representative from the Local Authority
- Manager from the care management team
- The professional raising the concerns
- Contract Manager from the Local Authority
- Complaints Manager
- Primary Care Team
- Community Health representative
- Probation
- Advocacy services / IMCA service
- Other investigating teams / authorities

8.6 When to involve the Service Provider

8.6.1 The chair of the meeting will decide whether and when the service provider should be invited to attend the meeting or how concerns will be shared with them.

8.6.2 Provider service managers / owners will need to be informed as soon as possible of the concerns leading to the entry into the 'Serious Concerns' process.

8.6.3 For a large service provider, the Area / Regional Manager or most senior

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manager will be contacted.

8.6.4 For smaller providers, contact will be with the Registered Manager and the registered responsible owner.

8.6.5 For voluntary or community organisations, contact will be with the Chairperson of the Trustee Board or Management Committee.

8.7 The Serious Concerns Meeting

8.7.1 Professionals should provide a brief written report to the meeting summarising the information they can contribute to the enquiry.

8.7.2 The meeting will consider the concerns, any action required to address immediate risk, and identify a plan to investigate and address the concerns. An aide memoire is included at the end of this section.

8.7.3 The Serious Concerns meeting will make a further date to meet, to review progress.

8.7.4 An appropriate delegated manager will lead in coordinating the planning and implementation of the Serious Concerns enquiry with operational staff from all involved agencies. Actions might include:

- Reviewing individual cases
- Interviewing people accessing services and / or family / carers
- Health examinations and / or reports
- Liaising with other professionals who access the service
- Liaising with other sponsoring authorities

8.7.5 A record of the Serious Concerns enquiry will be made on the case file of all people accessing the service who were involved and the appropriate delegated manager will collate a summary.

8.7.6 The host Local Authority is responsible for ensuring the immediate safety and welfare of all people accessing the service in their area, regardless of who has commissioned the service provider. As the enquiry progresses the host Authority will remain responsible for the individuals for whom it has commissioned the service and all those who are self-funding. Other funding / placing Authorities will be asked to ensure the ongoing welfare of those individuals they have responsibility for.

8.7.7 The Director of Adult Social Services or nominated representative will consider the recommendations of the Serious Concerns meeting and decide whether sanctions to restrict new placements or end existing placements should be implemented. If this is necessary, Contracts Compliance staff will arrange relevant written notification to the Service Provider, other placing Authorities and CQC.

8.8 Suspension of Services due to Safeguarding Concerns

- 8.8.1** Concerns about the quality of service provided by a provider service may be closely linked to the Safeguarding of people with care and support needs receiving that service. Consideration will need to be made with regards to the safety of all users of the service concerned and those who may become potential users of the service who are at risk of being harmed, mistreated or neglected by that service.
- 8.8.2** Serious Concerns meetings involve close working between the Purchasers, Contract and Commissioning Teams and the NHS Continuing Care Funding Team. Each of these sections have responsibilities in respect of suspending services in terms of temporarily ceasing to commission new business when the service is causing concern in respect of the safety of the people receiving that service. Existing placements or care packages will normally remain with the provider. More serious concerns may lead to consideration of transferring some or all existing services to other providers or ending the contractual relationship.

8.9 Serious Concerns Action Plan

- 8.9.1** Chairs of Serious Concerns meetings must ensure that there is a Serious Concerns action plan in place at the earliest point which is designed to rectify the concerns.
- 8.9.2** The details of Serious Concerns action plans will vary in content but should identify;
- What is to be improved
 - Who will be responsible for making which improvements
 - Who in the Council will be responsible for monitoring the improvements
 - Timescales and dates for completion of the improvements
- 8.9.3** Review dates should be set for further Serious Concerns meetings to monitor and progress forward the action plan until the Local Authority is satisfied that the service no longer presents concerns and they are able to meet and sustain their regulatory and contractual standard requirements.

8.10 Monitoring of Serious Concerns

- 8.10.1** The Safeguarding Adults Board will be informed each time the Serious Concerns procedure is implemented and they will be updated on the progress of the enquiry and action plan.
- 8.10.2** The Operational Group of the Safeguarding Adults Board will consider lessons learnt and ensure these are incorporated into training and practice.
- 8.10.3** When a Serious Concern enquiry is completed, the Safeguarding Adults Board will consider whether a Serious Case Review is required.
- 8.10.4** Serious Concerns meetings should consider:

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- Introductions, reminders of need to know confidentiality issues
- Brief synopsis of concerns raised, and who is involved / implicated
- Mental capacity of people accessing the service, in terms of decisions regarding their care
- What are the risks, who do they impact upon, likely outcome without intervention?
- What, if any, action has been taken to minimise risks?
- Are there any criminal proceedings to be considered?
- Are there any regulatory requirements / enforcements?
- Regulation and contractual history of service
- Contractual / legal implications
- Abilities and co-operation of the service provider to highlight concerns and take effective remedial action
- Details of funding arrangements / responsibilities
- Immediate known health and social care needs of people accessing the service
- Previous independent support offered by advocacy / IMCA
- Family or relevant other supports
- Are there appropriate risk, health and care management plans in place to safeguard people with care and support needs?
- Need for further enquiry
- Need for remedial contractual actions, e.g. suspension of new placements
- Immediate actions required with timescales
- Agree roles and responsibilities for completing and monitoring agreed actions
- Agree communications strategy
- Agree date of follow up case conference

Safeguarding Adults Reviews

No	Item	Page	Cross Reference to Care Act Statutory Guidance
9	Safeguarding Adults Reviews	109-111	14.162 – 14.173

9.1	Safeguarding Adults Reviews
9.1.1	<p>The Care Act 2014 states that:</p> <ul style="list-style-type: none"> • Safeguarding Adult Boards (SAB's) must arrange a SAR (Safeguarding Adults Review) when an adult in its area dies as a result of known or suspected abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult. • SAB's 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 SAR's, it could be considered serious abuse or neglect if for example the individual would have likely died without intervention, or has suffered permanent harm, reduced capacity to quality of life (due to physical or psychological effects) as a result of abuse or neglect. SAB's are free to arrange for a SAR in any other situations involved an adult within its area with care and support needs.
9.1.2	<p>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. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SAR's may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.</p>
9.1.3	<p>The purpose of SAR's is described very clearly in the statutory guidance as to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring.</p>
9.1.4	<p>The purpose of a SAR is not to hold any individual or organisation to account. Other processes exist for that purpose, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation run by the Care Quality Commission (CQC) and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council etc.</p>
9.1.5	<p>In Luton, Bedford Borough and Central Bedfordshire each potential SAR will be considered on a case by case basis and the most appropriate methodology will be selected according to the case. Reference will be made to following good practice guidance: Safeguarding Adults Reviews under the Care Act</p>
9.1.6	<p>SARs need to establish:</p> <ul style="list-style-type: none"> • What happened • Any errors or problematic practice and/or what could have been done differently • Why those errors or problematic practice occurred and/or why things

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	<p>weren't done differently</p> <ul style="list-style-type: none"> Which of those explanations are unique to this case and context, and what can be extrapolated for future cases so become findings.
9.1.7	The SAB's approach to the quality assurance of SAR's will support and reinforce the focus on learning and improvement action.
9.1.8	SAR's will be led by individuals independent of the case and the organisations whose actions are being reviewed.
9.1.9	A Safeguarding Adult's Review Sub Group will be set up to carry out quality assurance of the SAR; the sub group will be made up of a range of agencies, and is likely to include those agencies subject of the review.
9.1.10	<p>A SAR policy and procedures has been adopted by Bedford Borough and Central Bedfordshire and Luton SAB and provides the overall governance of our SAR approach.</p> <p>This framework has drawn on the Windsor and Maidenhead SAR framework as well as drawing directly on the statutory guidance.</p>  <p>SAR Framework CBC&BB.docx</p>
9.1.11	Luton SAR Sub Group commissions and oversees the conduct of Safeguarding Adult Reviews in line with recommended best practice. It will consider learning from other SAR's to help inform local practice and enable the sharing of this information. The group is made up of partner agencies and others by invitation. It is chaired by the Chair of the Safeguarding Adults Board and reports to the Safeguarding Adults Board.
9.2	Relationship between SI & S42
9.2.1	<ul style="list-style-type: none"> All unexplained deaths within public services should be raised as a safeguarding alert. This is because there may be other people at risk harm of abuse. A safeguarding alert and pending S42 enquiry does not stop the host organisation undertaking an investigation, in conjunction with the police to get the timing right. NHS organisations have a legal duty to undertake an SI, so as part of their statutory duty under Health and Social Care Act 2012, backed up by an SI framework / guidance from NHS England: https://improvement.nhs.uk/resources/serious-incident-framework/ Usually if no-one is at further immediate risk the safeguarding team would defer to the SI process in agreement with the multidisciplinary team involved, and work to the 60 days timescale. The S42 enquiry would still conclude by analysing and reviewing the findings / outcome of the SI to ensure that it has addressed terms of reference of the S42 Enquiry. The purpose of the SI is to investigate the cause and learn from this to ensure safety for other patients. The purpose of the S42 is to investigate the allegation of abuse declared in

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	<p>the alert and arrive at a protection plan for the current person and make recommendation for others.</p> <ul style="list-style-type: none">• Complex S42 enquiries with or without an SI must culminate into an adult protection conference to resolve any ongoing concerns people may have.
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Information Sharing

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10.2	Legislation And Guidance	114-116	
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10.1 Introduction

- 10.1.1** The Safeguarding Adults Board is committed to effective sharing of information to safeguard people from abuse maltreatment and neglect. The partners to these procedures commit to the responsible sharing of information including personal identifiable data for the protection of people with care and support needs.
- 10.1.2** This agreement is a means of establishing a standard for sharing information for the protection of people with care and support needs between agencies operating in Bedford Borough and Central Bedfordshire.
- 10.1.3** This agreement covers the sharing of information for the purposes of safeguarding adults with care and support needs and comprises the common principles and procedures, which will be adopted wherever, and whenever organisations have to share information for these purposes.
- 10.1.4** An SAB may request a person to supply information to it or to another person. The person who receives the request must provide the information provided to the SAB if:
- the request is made in order to enable or assist the SAB to do its job;
 - the request is made of a person who is likely to have relevant information and then either
 - the information requested relates to the person to whom the request is made and their functions or activities or;
 - the information requested has already been supplied to another person subject to an SAB request for information.
- 10.1.5** If information requested is not provided within the specified time (to be stipulated on a case by case basis), an escalation procedure is to be followed:
- Contact with the Designated Adult Safeguarding Manager, identified safeguarding lead or manager of the service
 - If the information request is still not provided, contact should be made with the local authority safeguarding lead to facilitate escalation within the organisation concerned. The Board member for that organisation will be notified where relevant.
 - The chair of the Safeguarding Adults Board will be notified if information is not provided through steps 1-2.
- 10.1.6** Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the [Caldicott Review](#) 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

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requirement

- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- 10.1.7** Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.
- 10.1.8** Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.
- 10.1.9** Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.
- 10.1.10** 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 1998 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.

10.2 Legislation and Guidance

- 10.2.1** *Note: this section of the policy will be updated following publication of the Care Bill. SCIE Report 50: Safeguarding adults at risk of harm: A legal guide for practitioners can be used as a more comprehensive guide to safeguarding and the law.* The guidance in this protocol supplements that contained in the SCIE guide on sharing information.
- 10.2.2** The key legislation and guidance affecting the sharing and disclosure of information in respect of adult protection including but not limited to:
- Date Protection Act 1998 – enables individuals to access information about themselves and places legal obligations on organisations with regard to the keeping and processing of personal information.
- Human Rights Act 1998 (incorporating the European Convention on Human Rights into domestic law) protects a person's right to family and private life though this is a qualified right.
 - Freedom of Information Act 2000 – allows for people to access information held by organisations which is not personal information. There are exemptions to providing information. Management and legal advice must be sought before a disclosure is made under the Freedom of Information Act.

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- Crime and Disorder Act 1998 – enables the sharing of information with relevant authorities in the enquiry into and prevention of crime.
 - Access to Health Records Act 1990 – an act to establish a right of access to health records by the individuals to whom they relate and other persons
 - Mental Capacity Act 2005 – creates arrangements for determining whether and when people with care and support needs have the mental capacity to make decisions for themselves and protects them whenever they do not.
 - Equality Act 2010 – consolidates legislation and protects people with any of 9 identified characteristics from discrimination
- 10.2.3**
- There is a common law “Duty of Confidence”, where a person has a right to expect information given in confidence to be kept confidential by the person receiving the information i.e. doctor and patient, solicitor and client.
 - The “Duty of Confidence” is not absolute, disclosure can be justified:
 - i) If when looked at the information is not of a confidential nature and can be accessed elsewhere
 - ii) If it is in the public interest to disclose the information
 - iii) If a Court orders the disclosure
 - iv) If there is another legal obligation to disclose
 - When deciding on disclosing information without consent of the person the disclosure would have to be proportionate to the need to protect the person with care and support needs.
 - If there is a doubt whether to disclose such information the person wishing to share the information should obtain advice from their legal advisors.
 - The Care Act 2014 statutory guidance recognises that there are circumstances in which it is necessary to share confidential information.
- 10.2.4**
- In January 2002 the Department of Health circular LAC (2002)2 introduced the Caldicott standards into social care. These are a set of standards designed to offer increased protection for personal data processed by Health organisations and Local Authorities.
 - There are six principles contained within the Caldicott standards, two of which relate to information sharing.
 - i) Principle 3: use the minimum necessary patient-identifiable information.
 - ii) Principle 4: Access to patient-identifiable information should be on a strict need-to-know basis.
 - If you are unsure how these principles relate to information sharing or you require further information, you should seek the advice of your organisation’s Caldicott Guardian where applicable and your organisation’s legal advisers for agencies without Caldicott Guardians.
- 10.2.5**
- It is good practice to seek consent of an adult where possible. All people aged 16 and over are presumed, in law, to have the capacity to give or withhold their consent to sharing of confidential information, unless there is evidence to the contrary.
- 10.2.6**
- Under the Mental Capacity Act 2005:
- Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for

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themselves just because they have a particular medical condition or disability.

- A person must be given all practicable help to make their own decisions. This means that you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.
- People have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason.
- All decisions taken on behalf of a person who lacks capacity must be taken in their best interests.

10.2.7 If you consider that an adult may not have the capacity to give 'informed consent' for information sharing, you must follow the Mental Health Act 2005 Code of Practice or seek a formal assessment of mental capacity from the relevant social work team.

10.2.8 There are some circumstances when you would not seek consent to share information and/or inform the person that information is being shared, for example if doing so:

- Would place the person concerned at risk of significant harm
- Prejudice the prevention, detection or prosecution of a serious crime or
- Lead to an unjustified delay in investigating the risk of abuse, maltreatment or neglect.

10.3 Objectives

10.3.1 This agreement provides a framework for the secure and confidential sharing of information between organisations to:

- Ensure people with care and support needs receive appropriate information and services to protect them from abuse, maltreatment or neglect.
- Ensure there is a consistent and effective response to any concerns, allegations or disclosures of abuse, maltreatment or neglect.
- Work effectively and efficiently together to conduct enquiries.
- Prevent abuse, maltreatment or neglect occurring in our communities.
- Meet the needs of communities and individuals for care, protection and support.
- Set out for people with care and support needs the reasons why information about them may need to be shared and how this sharing will be managed and controlled so that confidentiality is maintained.

10.4 Purposes for Which Information May Be Shared

10.4.1 For the purpose of protecting people with care and support needs, information about the person will be shared to:

- Keep them at the centre of Safeguarding enquiries
- Involve them in the decision making process
- Standardise the enquiry process
- Share information to prevent unnecessary duplication
- Ensure that people have support throughout safeguarding processes

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- Help identify other people with care and support needs who may be abused, maltreated or neglected and take appropriate steps to ensure their protection
- Assist with the detection and prevention of crime against people with care and support needs
- Investigate complaints

10.4.2 To manage the protection of people with care and support needs, anonymous / aggregated information may be shared to:

- Co-ordinate partnership working and improve delivery of services
- Train staff and set professional standards
- Manage, plan, commission and contract services
- Develop inter-agency strategies
- Improve performance management and audit
- Inform local and national research initiatives

10.5 Principles Guiding the Sharing of Information in the Partnership

10.5.1 In seeking to share information for the purposes of protecting people with care and support needs, organisations will adhere to the following principles:

- To enable data to be shared in a manner that is compliant with their statutory and legal responsibilities.
- People with care and support needs will be fully informed about information that is recorded about them and as a general rule, be asked for consent before their information is shared with colleagues or another organisation. There may be justifications to override this requirement if others are at risk.
- If the person with care and support needs has capacity and was the data subject of information held it would be for them to either give consent or not to information sharing, though this can be subject to certain exemptions where consent is not required.
- If the person with care and support needs lacks the capacity to consent to the sharing of information or there is doubt as to their capacity, the Mental Capacity Act principles must be followed in accordance with section 4 of the multi-agency adult safeguarding policy, practice and procedures.
- Organisations will ensure that staff receive appropriate training around confidentiality.
- Where professionals request that information supplied by them be kept confidential from the people who use services, the outcome of this request and the reasons for taking the decision will be recorded with the information.
- The principles of confidentiality designed to protect the management interest of an organisation must never be allowed to conflict with those designed to promote the interest of the person with care and support needs

10.6 Commitment to Developing Standard Procedures

10.6.1 Partners are committed to standardisation of operational procedures and use of consistent terminology and reporting systems wherever possible to facilitate easy exchange of information.

10.7 Formal Approval and Adoption

- 10.7.1** The Bedford Borough and Central Bedfordshire Safeguarding Adults Board is responsible for the approval, maintenance and review of this agreement and the development of any additional service specific procedures.
- 10.7.2** This agreement applies to all organisations operating in the Board's area. It also applies to all staff, agency workers and volunteers working within organisations that are party to this agreement.

10.8 Dissemination / Circulation of The Agreement

- 10.8.1** This agreement will be publicised within the multi-agency safeguarding adult procedures and on the Safeguarding Adults Board's website (at the addresses in the footer of this agreement).
- 10.8.2** The principles in this agreement will be communicated to people accessing services / patients/ carers and voluntary organisations to ensure that individual rights in relation to the disclosure and use of personal information are upheld.
- 10.8.3** Information leaflets will be made available to all people with care and support needs, carers and members of the public.

10.9 Organisational Responsibility With Regard To Information Sharing

- 10.9.1** Each organisation involved in the protection of people with care and support needs should have in place a mechanism for recording what information about individuals is shared. Each agency / organisation must follow any protocol prescribed by law or guidance both nationally and locally with regard to sharing information.
- 10.9.2** This should include:
- Adequate recording if the consent of the person was obtained and if not, why not
 - What information was shared and with whom and how the request was received and recorded, and how the decision was made to share the information
 - If third party information is involved, if consent was obtained and if not which exemptions applied
 - All agencies involved must follow the appropriate statutes and guidance

10.10 Arrangements for Sharing Information

- 10.10.1** Decisions about whether or not to share information need to be taken on a case-by-case basis. The over-riding principle is that information should be shared where doing so may prevent avoidable harm. Therefore before you share information you need to ask yourself the following questions.
- Do I have the permission of the person with care and support needs to disclose personal information?
- If not*

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- Is there an overarching duty of care to share information in order to protect people from risk?
- Do I have the legal power to disclose this information?
- Is there a duty to protect the wider public interest; are other people at risk?
- Do I have the correct level of seniority to disclose this information?

10.10.2 Any doubts about the sharing or withholding of information must always be discussed with a senior manager and / or the organisation's Legal advisors.

10.10.3 The person with care and support needs and when relevant their carers must be advised why and with whom information will be shared.

10.10.4 All decisions made in terms of withholding or sharing information must be recorded in writing.

10.11 People with care and support needs who are alleged to be causing harm

10.11.1 If it is assessed that they may continue to pose a risk to other people a risk then this should be included in any information that is passed on to service providers.

10.12 Discussions / Meetings

10.12.1 In working with people with care and support needs and other members of the public, all Agencies have agreed boundaries of confidentiality.

10.12.2 All meetings held under the Safeguarding Procedures respect those boundaries of confidentiality and are held under a shared understanding that:

- The meeting is called in circumstances where there are concerns that the safety of a person with care and support needs is threatened and that this safety may outweigh some rights of confidentiality.
- The disclosure of information outside the meeting, beyond that, which is agreed at the meeting, will be considered as a breach of the subject's confidentiality and a breach of the confidentiality of the agencies involved.
- All documentation should be marked 'CONFIDENTIAL'.
- If consent to disclose outside the meeting is considered essential, permission should be sought from the Chair of the meeting and a decision will be made on the principle of a public safety 'need to know' and resolved.

10.13 Methods of Communication

10.13.1 Information is only shared effectively if it reaches the person intended to receive it in a timely manner and in a form which they can successfully interpret and act upon.

10.13.2 When sending by fax, the information provider should ensure that the destination fax machine is in a secure location. The information sender must not regard the information as having been passed on unless they have received confirmation from the person receiving the fax that they received all

parts of the transmission. This requires action with human interaction and a fax receipt is evidence that the information has been sent, not that the intended recipient has successfully received it.

- 10.13.3** Information containing personal identifiable data sent by email should only be exchanged over secure or encrypted networks. Information senders must not regard the information as having been passed on unless they have received confirmation from the person receiving the email that they have received the message. This requires action with human interaction. An email receipt is only evidence that the information has been delivered and email receipts do not provide evidence that the email has been read by the intended recipients.

10.14 Summary of Core Principals

10.14.1 All information sharing, record keeping should be compliant with the following:

- Justify the purposes of using confidential information
- Only use when absolutely necessary
- Use the minimum that is required
- Access should be on a strict need to know basis
- Everyone should understand their responsibilities
- Everyone must understand and comply with the law
- Personal data must be: processed lawfully, processed for specific purposes, adequate, relevant, not excessive, accurate and up to date, not kept for longer than necessary, processed in accordance with the rights of the data subject, protected by appropriate security and not transferred to a country outside the EEC without adequate protection

- 10.14.2**
- The views and wishes of the person with care and support needs will normally be respected when sharing the information they give us in the context of an overarching duty of care.
 - Decisions to share information about the person with care and support needs must be made by the agency holding the information and not any member of staff acting on their own.
 - Agencies should ensure they have clear guidelines for when the duty to protect the wider public outweighs their responsibility to protect the abused person's right to confidentiality.
 - Staff must never confuse confidentiality with secrecy.
 - Agencies cannot give assurances of absolute confidentiality in cases when there are concerns about abuse, maltreatment or neglect, particularly when other people may be at risk. There will be circumstances when a duty to protect others will outweigh the responsibility to any one individual.
 - Information given to an individual member of staff or agency representative belongs to the agency not that member of staff.
 - Information will be shared for the purpose of providing care or for the protection of the abused person.
 - Information given to an agency must only be used for the purpose for which it was intended.
 - If confidentiality is broken, who decided and why the decision was taken should be recorded on the file.

Recording

No	Item	Page	Cross Reference to Care Act Statutory Guidance
11.1	Principles	122	14.180
11.2	Key Practice Points in Relation to Adult Safeguarding	122-123	14.180-14.186
11.3	What to Record	123-124	14.181
11.4	How to Record and Store Information	124	14.182

11.1 Principles

- 11.1.1** Staff in all agencies must refer to and act in accordance with the recording policy of their own agency e.g. Health professionals must record all information in line with the record keeping guidance of their own professional body and Adult Social Care Staff act in accordance with their Local Authority Record Standards Policy for Adult Services.
- 11.1.2** Record keeping is an integral part of professional practice and should assist the safeguarding process. Effective recording is part of the total service to the user.
- 11.1.3** Case records are essential to effective safeguarding services requiring accurate and detailed recording of ongoing work including risk assessments and safeguarding plans. This will be scrutinised during service inspections.
- 11.1.4** Accurate recording is essential from first contact to case closure. Record keeping is central to the processes of assessment, decision making, risk assessment, protection planning and safeguarding.
- 11.1.5** All staff involved in managing records will receive the necessary training and formally acknowledge their duty of care with regard to records.
- 11.1.6** Case records must provide accurate, factual, verifiable information and specify where they are based on direct observation.
- 11.1.7** Effective recording should promote an effective working partnership with people accessing services and carers and should show evidence of how information has been shared with the user. The feelings and wishes of the person and carer and will be recorded.
- 11.1.8** Routine monitoring and auditing of safeguarding records will be undertaken by all agencies in accordance with record keeping and quality assurance processes.
- 11.1.9** All records should meet the standards required by the Care Quality Commission.

11.2 Key Practice Points in Relation to Adult Safeguarding

- 11.2.1** Accurate comprehensive timely ethical record keeping that respects legal rights is essential for all agencies so that if they are challenged they are able to demonstrate that decisions were not taken unlawfully or with maladministration. Remember that records may be used as evidence in court proceedings.

- 11.2.2** It is essential to 'evidence' your actions and decision making through record keeping. Simply stating the decision and action you took without giving the reasoning behind this is not acceptable. Evidencing your decision making (even if the actions taken turn out to be problematic) will help to demonstrate your intentions.
- 11.2.3** Whenever a complaint or allegation of abuse is made all agencies must keep clear and accurate records and each agency must identify procedures for incorporating all relevant agencies and abused person's records into a file to record all action taken. In the case of providers of services these must be available to the commissioners of services and to The Care Quality Commission and other regulatory authorities.
- 11.2.4** All records must be non-judgmental and non-discriminatory. It may be a useful guide to record information with an assumption that the person you are writing about will read it.
- 11.2.5** Records should be made as soon as possible after the event and always within 24 hours.
- 11.2.6** Minutes of planning meetings and case conferences should be circulated within 5 working days in order to ensure that those involved are clear about their responsibilities and actions.
- 11.2.7** All records concerned with Adult Safeguarding are strictly confidential and must be shared in accordance with the information sharing protocol.

11.3 What to Record

- 11.3.1**
- All entries must provide accurate factual information e.g. times, dates, names of people contacted or contacting you
 - All contact with the abused person and alleged person causing harm
 - The exact words the abused person and alleged person causing harm used
 - Hearsay and third party information must be clearly recorded as such
 - Use body maps to illustrate any physical injuries
 - All consultations with a manager and / or senior manager
 - Risk assessments
 - Care plans
 - Safeguarding plans
 - Reviews
 - When contacting other agencies the questions asked and information received
 - Telephone calls received and made in relation to the abuse even if there was no reply to outgoing calls
 - If a decision is made not to contact the police, the details of why this

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- decision was made and on whose authority it was made
- Those who are invited to and who attend Planning Meetings and Case Conferences must be named
- The decisions taken at all meetings
- It is essential to demonstrate how an assessment of risk, capacity, rights and protection of the abused person was undertaken
- If no enquiry is to take place the reasons why and on whose authority this decision was taken
- The full name of the person recording the information

11.4 How to Record and Store Information

- 11.4.1**
- Records must be kept from the time that a concern, allegation or disclosure is made
 - Records must be made as soon as possible after the event
 - Always check accuracy, particularly after recording in a stressful situation
 - All records should be typed
 - If this is not possible they must be written in black ink
 - Any alterations to records must be made by drawing a single line through the word(s)
 - Correction fluid must not be used
 - All records must be stored in accordance with your own agency policies
 - Any rough notes made during the enquiry must be kept with the case file
 - All safeguarding meeting minutes must be kept with the case file
 - All safeguarding plans and reviews must be kept with the case file
 - If the alleged person causing harm is accessing services then information about his or her involvement in an adult protection enquiry including the outcome of the enquiry must be included on his or her case records
 - It is inappropriate to document certain information in the place normally used for records, if the suspected alleged person causing harm or associates may have access to that record.

Resources

No	Item	Page	Cross Reference to Care Act Statutory Guidance
12.1	Competency Framework	126	
12.2	Useful Websites	126-127	
12.3	Useful Publications	127-128	
12.4	Glossary	128-129	

12.5	Contacts	129-131	
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12.1 Competency Framework

- 12.1.1** To supplement safeguarding training programmes, the Safeguarding Adults Board has developed a competency framework for assessing the expertise of staff in safeguarding work.
- 12.1.2** The framework has been developed to achieve:
- a standard for knowledge, skills and behaviours specific to the person's role
 - a requirement for staff and volunteers to provide demonstrable evidence of meeting standards
 - a benchmark to measure effectiveness and quality of training
 - professional development across all levels of staff
 - better outcomes for people accessing services
- 12.1.3** Following training, support, information and guidance all staff should be able to meet the competencies relevant to their role. This should be assessed by seeking evidence in the form of observation, direct questioning, witness testimony, feedback from the person with care and support needs and relevant documentation.
- 12.1.4** The Luton, Bedford Borough and Central Bedfordshire Multiagency Safeguarding Adults Competencies Framework can be obtained from the Safeguarding Adults teams.

12.2 Useful Websites

- 12.2.1** In addition to the Safeguarding Adults Board's own web pages which are hosted by Bedford Borough on behalf of Luton, Bedford Borough and Central Bedfordshire at www.bedfordboroughpartnership.org.uk/adultsafeguarding, these organisations provide useful information about protecting people with care and support needs from abuse. The list is by no means comprehensive.
- 12.2.2** [Action on Elder Abuse](#) - A leading voluntary organisation focussing on the abuse of older people.
- 12.2.3** [Age UK](#)—(formerly Age Concern England and Help the Aged) - Offers information and advice, on a wide range of issues. Local groups are listed in the telephone directory under Age Concern. Some offer advocacy services.
- 12.2.4** [Ann Craft Trust](#)- A national organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

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- 12.2.5** [The British Institute of Human Rights](#) - an independent charity based in London which raises awareness and understanding about the importance of human rights. It works for some of the most disadvantaged and vulnerable communities in the UK, seeking to ensure that the principles of equality, dignity and respect are incorporated into practice and policy at all levels of public service.
- 12.2.6** [The Disclosure and Barring Service](#) - The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).
- 12.2.7** [Bedfordshire Domestic Abuse Partnership](#)- comprising the main statutory and voluntary agencies that provide services in relation to domestic abuse in Bedfordshire. The Partnership actively implements the Bedfordshire Domestic Abuse Strategy and Action Plan and its website has local advice, resources and contacts.
- 12.2.8** [Mencap](#)- A leading learning disability charity working with people with a learning disability and their families and carers.
- 12.2.9** [Mind](#) -A charity which helps people take control of their mental health by providing information and advice, and campaigning to promote and protect good mental health for everyone
- 12.2.10** [Modern Slavery](#)- Government information website including helpline
- 12.2.11** [Practitioners Alliance for Safeguarding Adults \(PASA\)](#) - PASA organises a network of Adult Protection staff throughout the UK.
- 12.2.12** [Public Concern at Work \(PCAW\)](#) - is the leading authority on public interest whistle blowing. They focus on the responsibility of workers to raise concerns about malpractice, and the responsibility of those in charge to investigate and remedy such issues.
- [Whistleblowing](#)- Information on whistleblowing.
- 12.2.13** [Stop Hate UK](#)- a national charity that provides independent and confidential support to people affected by Hate Crime.
- 12.2.14** [Victim Support](#) - Is the independent charity that helps people to cope with the effects of crime. It provides free and confidential support and information to help people deal with their experiences.
- 12.2.15** [Women's Aid](#)- A national domestic abuse charity; also runs a domestic abuse helpline.
- 12.2.16** [Social Care Institute for Excellence](#)- Guidance on Safeguarding

12.3 Useful Publications

12.3.1 [Care and Support Statutory Guidance issued under the Care Act 2014](#)

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online at www.bedfordboroughpartnership.org.uk/adultsafeguarding

www.centralbedfordshire.gov.uk/safeguardingadults

http://www.luton.gov.uk/Health_and_social_care/safeguarding_adults/Pages/default.aspx

- 12.3.2** [Making Safeguarding Personal](#) is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end. The work is supported by LGA with the Association of Directors of Adult Social Care and other national partners. The programme reports to the Towards Excellence in Adult Social Care Programme Board.
- 12.3.3** [Research in Practice for Adults](#)- Research in Practice for Adults – Practice Tool – Working with Outcomes
- 12.3.4** [Statement of Government Policy on Safeguarding](#)- Government policy on the safeguarding of adults
- 12.3.5** [Safeguarding Adults- Advice to Directors](#)- Advice and Guidance to Directors of Adult Social Services, ADASS, March 2013
- 12.3.6** [Counter-Terrorism Policy](#) HM Government Prevent Strategy
- 12.3.7** [Disability Related Harassment](#) - final report of inquiry into disability-related harassment.
- 12.3.8** [Deprivation of Liberty Code of Practice](#)
- 12.3.9** [Mental Capacity Code of Practice](#)

12.4 Glossary

12.4.1		
	Advocate	A person's representative who may be paid or informal, for example their family. The local authority must arrange for an advocate where an adult has 'substantial difficulty' in being involved in safeguarding enquiries and where there is no other suitable person to represent and support them
	Care Act 2014	The Care Act 2014 introduces major reforms to the legal framework for adult social care, to the funding system and to the duties of local authorities and rights of those in need of social care
	Case conference	Meeting with the person concerned or their representative to establish whether the enquiry has achieved what was planned including the wishes of the person concerned. There may be more than one case conference.
	Concern	Previously known as a safeguarding alert – when a concern that a person with care and support needs is being abused or neglected
	Disclosure and Barring	The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It

	replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).
Enquiry	Previously a safeguarding investigation, an enquiry An enquiry is the action taken or instigated by the local authority in response to concern that abuse or neglect may be taking place
Informal Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
Making safeguarding personal	A guiding principle for safeguarding which is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.
Person alleged to be responsible	Previously known as a person alleged to have caused harm
Person with care and support needs	Previously a person at risk, who for the purposes of these safeguarding procedures, is unable to protect themselves from abuse or neglect due to their needs for care and support
Planning meeting/ discussion	Previously known as strategy meeting/ discussion. Multi agency meeting with the person concerned or their representative to establish what they want to happen and plan the response.
Risk assessment	An assessment of risks with the person concerned including risk reduction measures and strengths and abilities of the person to keep themselves safe
Safeguarding Adults Board	The SAB is a statutory partnership board whose objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who met the criteria
Safeguarding Adults Review (SAR)	Previously known as a serious case review.
Safeguarding plan	Previously known as a protection plan – the plan made with the person concerned about what will happen to support them
Three stage test	Test defined by the Care Act statutory guidance for establishing whether section 42 duties apply
Well-being principle	A broad concept enshrined in the Care Act 2014 – there is a duty on the local authority to promote well-being in all decision made with and about people; well-being is the outcome the person seeks for themselves.

12.5 Contacts

12.6.1

Bedford Borough Council	Borough Hall, Cauldwell Street, Bedford, MK42 9AP Tel: 01234 276 222 Fax: 01234 276 076 Email: adult.protection@bedford.gov.uk Emergency Duty Team (out of hours service) Tel: 0300 300 8123
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Central Bedfordshire Council	Houghton Lodge, Houghton Close, Ampthill, Beds MK45 2TG Tel: 0300 300 8122 Fax: 0300 300 8239 Email: adult.protection@centralbedfordshire.gov.uk Emergency Duty Team (out of hours service) Tel: 0300 300 8123
Luton Borough Council	Luton Borough Council, Town Hall, Luton LU1 2BQ Tel: 01582 547730/547563 Email: adultsafeguarding@luton.gov.uk Emergency Duty Team (out of hours service) Tel: 0300 300 8123
Bedfordshire Clinical Commissioning Group	Capability House, Silsoe, Bedfordshire, MK45 4HR Tel: Nursing and quality team: 01525 864430 ext. 5869 Email: enquiries@bedfordshireccg.nhs.uk
Luton Clinical Commissioning Group	The Lodge 4 George Street West Luton LU1 2BJ Telephone: 01582 532017 E-mail: contactus@lutonccg.nhs.uk
EPUT Community Health Services	Trust Head Office, The Lodge, The Chase, Wickford, Essex, SS11 7XX Tel: 0300 123 0808 Website: http://www.sept.nhs.uk/contact-us/
East London Foundation Trust Bedfordshire and Luton Mental Health Services	Charter House, Alma Street, Luton, LU1 2PJ Telephone: 0330 124 1771 Email: webadmin@elft.nhs.uk
Bedfordshire Police	Woburn Road, Kempston, Bedford, MK43 9AX Tel: 01234 846 960 Emergency: 999 Non-Emergency Crimes: 101
Bedford Hospital NHS Foundation Trust	Kempston Road, Bedford, MK42 9DJ Tel: 01234 355122
Luton & Dunstable Hospital NHS Foundation Trust	Lewsey Road, Luton LU4 0DZ Tell: 0845 127 0127
Bedfordshire Fire and Rescue Service	Southfields Road, Kempston, Bedford MK42 7NR Tel: 01234 845000 Fax: 01234 845035 Email: contact@bedsfire.com
Her Majesty's Prison Bedford	St Loyes Street, Bedford, MK40 1HG Tel: 01234 373000 / Fax: 01234 273568

Safeguarding Adults

East of England Ambulance Service NHS Trust	Cambourne Building 1020, Cambourne Business Park, Cambourne, Cambs. CB23 6DN Tel: 01954 712400
Advocacy Services POhWER	21-23 Mill Street, Bedford MK40 3EU Telephone: 0300 456 2362 / Fax: 01234 220099
Voluntary and Community Action	Bossard House, West Street, Leighton Buzzard LU7 1DA Tel: 01525 850559 Email: mail@action-centralbeds.org.uk
Community and Voluntary Service	Bedford Centre for Voluntary Services, 43 Bromham Road, Bedford MK40 2AA Tel: 01234 354366 Email: info@yourcvs.org
Central Bedfordshire Healthwatch	Capability House Wrest Park Silsoe MK45 4HR Tel: 0300 303 8554 Email: info@healthwatch-centralbedfordshire.org.uk
Bedford Healthwatch	21-23 Gadsby Street Bedford Bedfordshire MK40 3HP Tel 01234 718018 Email: enquiries@healthwatchbedfordborough.co.uk
Luton Healthwatch	102 Hitchin Road, Luton, LU2 0ES Telephone: 01582 817060 Email: info@healthwatchluton.co.uk
Care Quality Commission	Citygate Gallowgate Newcastle upon Tyne NE1 4PA Tel: 03000 616161 Email: enquiries@cqc.org.uk
LocalSafeguarding Children's Boards	Bedford Borough Tel: 01234 223599 Central Bedfordshire Tel: 0300 300 8149 Luton Borough 01582 547624 or 01582 547590