



**Leeds Safeguarding  
Adults Partnership**

# **Safeguarding Adults**

**Leeds Safeguarding Adults Partnership  
Multi-Agency Policy and Procedures**

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In the event that an individual, group or organisation feels that Safeguarding Adult Partnership Multi Agency Policy and Procedures omit important areas of practice or policy that need to be included. They are invited to write to the Chair of the Safeguarding Adult Partnership Board detailing their recommendations.

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## PART 3: SAFEGUARDING POLICY AND PROCEDURE ANNEXES

### Annexes to the Safeguarding Policy and Procedures

- Advocacy, IMCA and Safeguarding Policy
- Contesting Safeguarding Decisions Procedure
- Practice Guidance: Legal Powers to Intervene
- Practice Guidance: Reporting An Unauthorised Deprivation Of Liberty And Considerations In Making A Safeguarding Adult Referral
- Practice Guidance: Coordinating Safeguarding Investigations (with other investigations)
- Investigating Institutional Abuse, Supplementary Guidance
- Information Sharing Agreement
- Serious Case Review Procedure
  
- Safeguarding Adult Partnership Forms:

All located on the Leeds Safeguarding Adults Partnership website:  
[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

Number of Form      Name of Form

|       |   |
|-------|---|
| SA1   | Alert / Referral Form   |
| SA2   | Type 1 Service Provider Report  |
| SA3   | Type 2 Investigation Report   |
| SA4   | Type 3 / Type 4 Investigation Report  |
| SA5   | Safeguarding Reports Continuation Sheet   |
| SA6   | Attendance Record/Confidentiality Agreement   |
| SA7a  | Strategy Meeting Agenda   |
| SA7b  | Strategy Meeting Minutes  |
| SA7c  | Strategy Discussion Minutes   |
| SA7d  | Strategy Review Meeting Agenda  |
| SA7e  | Strategy Review Meeting Minutes   |
| SA7f  | Request for a Case Conference   |
| SA8a  | Case Conference Agenda  |
| SA8b  | Case Conference Minutes   |
| SA9   | Safeguarding Adults Meeting Minutes<br>(Standard Covering Letter For Distribution of Minutes) |
| SA10a | Case Conference Review Agenda   |
| SA10b | Case Conference Review Minutes  |
| SA11a | Case Conference Appeal Meeting Agenda   |
| SA11b | Case Conference Appeal Meeting Minutes  |

## Structure of this report

These policy and procedures are divided into three parts:

### Part 1 – Policy

- Defines key policy areas that determine the scope of the procedures
- Defines who is an adult at risk and what constitutes abuse
- Identifies the various forms of abuse and their associated indicators, enabling the signs and symptoms of abuse to be identified
- Outlines safeguarding values and principles that guide the implementation of the safeguarding procedures
- Outlines responsibilities/considerations in the prevention of abuse

### Part 2 – Safeguarding Procedures

- Establishes a common procedure, agreed between agencies that must be followed when abuse is identified or suspected, including the [Alert](#) (p.40) and [Referral](#) (p.43) stages.

### Part 3 – Annexes To The Safeguarding Policy And Procedures

- Comprises additional policy, procedures and practice guidance that should be read alongside these safeguarding procedures, where appropriate.

These additional procedures and practice guidance are included separately for ease of access. Each can be located on [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

Annexes:

- Advocacy, IMCA and Safeguarding Policy
- Contesting Safeguarding Decisions Procedure
- Practice Guidance: Legal Powers to Intervene
- Practice Guidance: Reporting An Unauthorised Deprivation Of Liberty And Considerations In Making A Safeguarding Adult Referral
- Practice Guidance: Coordinating Safeguarding Investigations (with other investigations)
- Investigating Institutional Abuse, Supplementary Guidance
- Information Sharing Agreement
- Serious Case Review Procedure
- Safeguarding Adult Partnership Forms

### Further Information

These policy and procedures are available to any person. The information contained within however is at a level required by practitioners. Some people, for example, those who are unfamiliar with safeguarding procedures may benefit from referring to the following publications in the first instance:

- Safeguarding adults from neglect and abuse leaflet
- Keeping yourself safe from abuse (easy read) leaflet
- Safeguarding policy and procedures overview (for staff and volunteers) leaflet
- Safeguarding Adult: Fact Sheets

Each can be located on [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

## Introduction

Vulnerable adult is a term traditionally adopted within national guidance to refer to those individuals who may, due to their vulnerability, be at greater risk of abuse compared with other citizens and in need of additional systems of safeguarding as set out within this policy and procedure. However, during April 2011 the Association of Directors of Adult Social Services (ADASS) supported the replacement of the term vulnerable adult with the term 'adult at risk', reflecting an increasingly widespread view that the term is more respectful to those to whom it refers. These recommendations have been adopted within this policy and procedure.

Safeguarding adults refers to:

All the work which enables an adult [at risk] to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect (ADASS: Safeguarding Adults 2005:05)

The Department of Health guidance "No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" (2000) encouraged the development of partnership working amongst agencies in order to facilitate effective and coordinated safeguarding practices. ADASS 2005, building on the No Secrets recommendations highlighted that:

Strong partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities. These underpin partnership working in response to instances of abuse and neglect, wherever they occur (Safeguarding Adults 2005:06)

The Leeds Safeguarding Adult Partnership Multi-Agency policy and procedures seek to achieve these aims by:

- establishing common procedures that enable adults at risk within Leeds to receive the protection and support they are entitled to as citizens
- providing a consistent and cohesive framework for multi agency working and partnership
- providing a coherent framework for recognising and taking action to prevent the abuse of adults at risk
- identifying and defining the responsibilities of partner agencies in responding to safeguarding adult concerns/allegations
- providing common values, principles and practice that underpin the protection of adults at risk
- defining the different types of abuse, signs, symptoms and indicators
- setting standards of practice that safeguard adults at risk

These Leeds Safeguarding Adult Partnership Multi-Agency Policies and Procedures apply equally to:

- all adults at risk as defined within this policy,
- all agencies,
- all settings, and
- all forms of abuse

## Glossary and Acronyms

**Abuse** includes physical, sexual, emotional/psychological, financial, neglect or acts of omission, discriminatory and institutional abuse.

**ADASS (Association of Directors of Adult Social Services)** is the national leadership association for directors of local authority adult social care services.

**Adult At Risk** are people over 18 years of age who are or may be in need of community care services by reason of mental health, age or illness, and who are or may be unable to take care of themselves, or protect themselves against abuse or exploitation. The term replaces the term vulnerable adult within these policy and procedures.

**Advocacy** is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

**Alert** is a safeguarding adult concern that has been raised within an organisation. An alert may be a result of a disclosure, an incident, or other signs or indicators. A decision will usually be required by a line manager or designated officer as to whether a referral into the multi agency safeguarding process is required. A person who makes an alert is called an alerter within these procedures.

**Case Conference** is a multi-agency meeting held following Type 3 and Type 4 investigations in order to determine the conclusion of the investigation, assess risk and agree a protection plan where required.

**Case Conference Administrators** are employed by the Leeds Safeguarding Adult Partnership Support Unit. Their role includes minute taking and other administrative tasks in relation to convening and administering Case Conferences.

**Court of Protection** can make decisions in relation to the property and affairs, healthcare and personal welfare of adults who lack the mental capacity to make particular decisions for themselves.

**Deprivation of Liberty Safeguards (DoLS)** are measures designed to protect people in hospitals or care homes who lack the mental capacity to agree to care plans that place restrictions on their rights and liberty. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005.

**Emergency Duty Team (EDT)** is the social service team that responds to out-of-hours referrals, including safeguarding adult referrals.

**Harm** is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

**Independent Case Conference Chair** is an independent person with the responsibility to chair the case conference. They will hold the post of an Independent Safeguarding and Risk Manager and be part of the Leeds Safeguarding Adult Partnership Support Unit. They fulfil a role that is independent of agencies involved within the safeguarding investigation.

**Informed Consent** is the voluntary agreement of a person to a course of action, based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention.

**Investigating Officer** is the member of staff who leads a safeguarding investigation into an allegation of abuse or neglect. This will often be a social worker or a manager in the organisation that has been assigned to investigate. In Type 1 Investigations it will be a manager of the relevant service provider. Their role is overseen by the Safeguarding Coordinator.

**Multi-Agency Risk Assessment Conference (MARAC)** is a multi-agency forum of organisations that manage high-risk cases of domestic violence.

**Mental Capacity** is the ability to make a decision about a particular matter at the time the decision needs to be made. It is defined in the Mental Capacity Act 2005 and Code of Practice.

**Person/organisation alleged to have caused harm** is a term adopted to describe those alleged to be responsible for causing the abuse or neglect experienced by the adult at risk. Where criminal justice process are also taking place, there may be occasions where the term 'perpetrator' or 'alleged perpetrator', in all the circumstances, is also appropriate

**Public Interest** – a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

**Referral** – a referral occurs when a person contacts the safeguarding adult referral point with a safeguarding adult concern or allegation. This may be as a result of being informed of an Alert. A person who makes a referral is called the referrer within these procedures.

**Safeguarding Adults** is a term used to describe all the work undertaken to help adults at risk to be safe from abuse. It replaces the term 'adult protection'.

**Safeguarding Coordinator** – this is a role adopted by a designated person working for Leeds Adult Social Care or an NHS body who has overall responsibility for ensuring that a referral is appropriately responded to, for making the decision as to whether to investigate the allegation or concern within these procedures, for coordinating any investigation and overseeing any protection arrangements required.

**Strategy Discussion** is a multi-agency discussion between relevant people/organisations to share information, assess risk, decide how to investigate concerns/allegations and determine whether a protection plan is required. It can be by telephone and emails.

**Strategy Meeting** is a multi-agency meeting with relevant people/organisations in order to share information, assess risk, decide how to investigate concerns/allegations and determine whether a protection plan is required. This involves a face to face meeting and discussion.

**Vulnerable Adult** is the previously established term that has been now been replaced by 'adult at risk' within these policy and procedures. The term continues to be used in some other parts of the country. See 'Adult At Risk'.



# Leeds Safeguarding Adult Partnership Multi Agency Policy

## PART ONE: POLICY

### 1 Policy Definitions

#### 1.1 Definition of 'Adult At Risk'

An 'adult at risk' is a person, as defined within 'No Secrets' (DoH, 2000)

1. A person 18 years old or over:
2. Who is or may be in need of community care services by reason of mental or other disability, age or illness; and
3. Who is or may be unable to take care of him or herself, or
4. Unable to protect him or herself against... harm or exploitation

'Harm' rather than 'significant harm' has been adopted by the Leeds Safeguarding Adult Partnership Board as a more appropriate and more readily understood threshold for intervention within these procedures.

Explanation:

1. Where a concern relates to a person under the age of 18 years, consider the need for a child protection referral.
2. 'Community care services' refers to 'all care services provided in any setting or context' (No Secrets 2000). Further clarity was subsequently provided by ADASS in Safeguarding Adults: National Framework of Standards.

Adults who "[are or may be in need of] community care services" are those whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support (2005:04).

Such a definition includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury. Also included are people with a mental illness, dementia or other memory impairment, people who misuse substances or alcohol.

The definition includes:

- carers (family and friends who provide personal assistance and care to adults on an unpaid basis)
- people who are assessed as being able to purchase all or part of their community care services, and;
- people whose need – in relation to safeguarding – is for access to mainstream services such as the police.

FACS (Fair Access To Care Services) criteria for adult social care services should not be used in making decisions as whether a person is an adult at risk. The essential factor is whether the person meets this definition of an adult at risk.

3. It is necessary to consider whether the person is dependent on others for their basic needs (including the protection from abuse). That is, the person is or may be unable to take care of him/herself.
4. Is the person unable to protect themselves from abuse or neglect as a result of their circumstances (for example, as result of their health and social care needs, their mental capacity in relation to decisions about their personal safety or by virtue of living within a care setting)

## **1.2 What constitutes abuse?**

Abuse is defined in broad terms by No Secrets. Abuse is:

...a violation of an individual's human and civil rights by any other person or persons (No Secrets, 2000:09)

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in... harm to, or exploitation of, the person subjected to it (No Secrets 2000: 09)

## **1.3 What is Harm?**

Harm is defined in No Secrets (2000)

'harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical),

but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

## **1.4 Types / Indicators of abuse**

There are seven forms of abuse that should be used to describe the experience of adults at risk. These are listed below alongside possible indicators for each type of abuse.

Indicators are the suspicious signs and symptoms which draw attention to the fact that something is wrong. The presence of one or more indicators does not confirm abuse. However, a cluster of several indicators may indicate possible abuse and a need for further assessment. The lists of indicators are not exhaustive.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

**Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions

Possible signs and symptoms include:

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the adult at risk
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- clusters of injuries forming regular patterns or reflecting the shape of an article
- burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns
- multiple fractures, lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body, including slap marks, finger marks
- injuries at different stages of healing
- misuse of medication
- forced marriage
- unauthorised deprivation of liberty

**Sexual abuse** - including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Possible signs and symptoms include:

- significant change in sexual behaviour or attitude
- pregnancy in a woman who is unable to consent to sexual intercourse
- poor concentration
- the adult at risk appears withdrawn, depressed, stressed
- unusual difficulty or sensitivity in walking or sitting
- torn, stained or bloody underclothing
- bruises, bleeding, pain or itching in genital area
- bruising to thighs or upper arms
- self-harming behaviour
- sexually transmitted diseases, urinary tract or vaginal infection, 'love bites'

**Emotional/psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Possible signs and symptoms include:

- change in appetite
- low self esteem, deference, passivity, and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sleep disturbance
- self harming behaviour
- forced marriage
- unauthorised deprivation of liberty

**Financial abuse** - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible signs and symptoms include:

- sudden unexplained inability to pay bills or maintain lifestyle
- unusual or inappropriate bank account activity
- lasting power of attorney or enduring power of attorney obtained when the adult at risk lacks the mental capacity to give consent
- carer withholding money
- recent change of deeds or title of property
- unusual interest shown by family or others in the adult at risk's assets
- evasiveness from the person managing financial affairs

**Neglect and acts of omission** - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Possible signs and symptoms include:

- physical condition of the adult at risk, for example, bedsores, unwashed, ulcers
- clothing in poor condition, for example, unclean, wet, ragged
- inadequate physical environment
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- malnutrition when not living alone
- inadequate heating
- failure to give prescribed medication
- poor personal hygiene
- failure to respond to an identified risk of harm

**Discriminatory Abuse** - including abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Possible signs and symptoms include:

- lack of respect shown to an individual
- signs of a sub-standard service offered to an individual
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
- failure to follow the agreed care plans for discriminatory reasons, which can result in the person being placed at risk

### **Institutional Abuse –**

Neglect and poor professional practice... may take the form of isolated incidents of poor or unsatisfactory practice, at the one end of the spectrum through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse (No Secrets 2000:10).

The indicators for other forms of abuse will be relevant. However the service provision context of institutional abuse leads to additional signs and symptoms such as:

- inappropriate or poor care
- misuse or inappropriate use of medication
- neglect of service user(s)
- misuse of restraint or inappropriate restraint methods
- sensory deprivation e.g. denial of use of spectacles, hearing aid etc
- lack of respect shown to personal dignity
- restricted access to toilet or bathing facilities
- restricted access to appropriate medical or social care
- lack of flexibility and choice, for example, mealtimes and bedtimes
- lack of personal clothing or possessions
- denial of visitors or phone calls
- lack of privacy
- lack of adequate procedures e.g. for medication, financial management
- controlling relationships between staff and service users
- poor professional practice
- high number of complaints, accidents or incidents
- an unauthorised Deprivation of Liberty
- non-adherence to the Mental Capacity Act

### **1.5 Patterns of abuse**

Patterns of abuse vary and reflect very different dynamics. These include:

- serial abuse in which the perpetrator seeks out and 'grooms' vulnerable individuals (sexual abuse usually falls into this pattern as do some forms of financial abuse);
- long term abuse – may occur in the context of an ongoing family relationship such as domestic violence between spouses or generations;
- opportunistic abuse - such as theft occurring because money has been left around;
- situational abuse - arises because pressures have built up and/or because of difficult or challenging behaviour;
- neglect of a person's needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems;
- institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base within the service;
- unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over-medication;
- failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice;
- failure to access key services such as health care, dentistry, prostheses;
- misappropriation of benefits and/or use of the person's money by other members of the household;
- fraud or intimidation in connection with a will or property or other assets.

Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, within hospitals or other places previously assumed safe, or in public places.

### **1.6 Who Might Commit Abuse?**

These procedures are relevant to all incidents of abuse, regardless of who has committed them. Anyone might commit abuse, including:

- a member of staff, a proprietor or service manager;
- a member of a recognised professional group;
- a service user, or other adult at risk;
- a volunteer;
- a member of a community group such as place of worship or social club;
- a spouse, relative or member of the person's social network a carer; i.e.: someone who is eligible for an assessment under the Carers (Recognition and Services) Act 1995;
- a neighbour, member of the public or stranger; or
- a person who deliberately targets adults at risk in order to exploit them

## **2 Safeguarding Values and Principles**

The Leeds Safeguarding Adult Partnership Multi-Agency Policy is founded on the following safeguarding principles and values that govern how the safeguarding procedures should be implemented. These overlapping principles and values have been developed based upon national guidance on achieving good outcomes for adults at risk.

(DoH, 2011) Safeguarding Adults: The Role of Health Services

### **2.1 Principle 1: Empowerment:**

Empowerment is the principle that adults should be in control of their lives and consent is needed for decisions and actions designed to protect them.

The purpose of safeguarding is to enable people to live free from abuse and neglect. It is therefore vital that if someone has mental capacity and is able to make their own decisions that they maintain control and that professionals support their decision-making at every stage of the process. This includes:

- working towards the outcome the person wants
- taking actions with a person's consent, unless there is a clear justification for acting contrary to the person's wishes, such as for reasons of public interest or mental capacity as detailed within the procedures
- being person centred
- listening to the individual and ensuring their voice is heard
- ensuring they have the support to participate (for example, with the support of friends/family/advocacy)
- enabling people to make informed decisions (for example, sharing assessments of risk, sharing information on available support options to reduce those risks, and providing support to weigh up risks and solutions)
- respecting the choices and decisions that people make
- allowing people to change their mind if their views or circumstances change

Where a person is without the mental capacity to make a particular decision themselves under these procedures, any decisions reached should be in that person's 'best interests' as established under the Mental Capacity Act 2005 and Code of Practice.

A person without mental capacity in relation to a specific decision should still be involved within the decision making process to the extent possible. Decision making must recognise their wishes, feelings, beliefs and values and ensure the person is appropriately represented.

### **2.2 Principle 2: Protection**

The safeguarding procedures provide a framework by which adults can be supported to safeguard themselves from abuse, or protected, where they are unable for reasons of mental capacity to make decisions about their own safety.

Protection encompasses each stage of the safeguarding process as detailed within the procedures. However, protection also includes managing this process in accordance with the following principles:

- Risk – safeguarding interventions designed to protect adults at risk must be based upon assessments of risk
- Mental Capacity Act – the legislative requirements of the Mental Capacity Act are a protection for those people without mental capacity in relation to specific decisions, and must be adhered to in applying the safeguarding adult procedures
- Protection of the law – adult at risks should be afforded their rights as citizens to the protection of the law
- Equality and diversity - every adult at risk has an equal right to support and protection within these procedures regardless of their individual differences or circumstances

### 2.2.1 Risk

Risk assessment and risk management are integral elements of the safeguarding adult procedures. Risk in its simplest terms is an assessment of the likelihood of an event occurring and the severity of its impact if it did. However, the process of risk assessment should also seek to understand why an event occurs. This understanding will in turn help in devising a protection plan (a form of risk management plan) to reduce this risk. It is a dynamic process; as such assessments of risk will need to be re-evaluated if there is new information or changing circumstances.

An understanding of risk should be based on the fact that some risk is an inevitable consequence of life. The objective is not necessarily to eliminate risk, but to reduce risk so as to enable a person to safely maintain their independence and wellbeing wherever possible.

Assessments of risk should be undertaken in partnership with the person at risk, who should be supported to weigh up risks against possible solutions. People need to be able to decide for themselves where the balance lies in their own life, between living with an identified risk and the impact of any protection plan on their independence and or lifestyle.

Where a person lacks mental capacity to make decisions about a particular risk, protection plans will need be decided upon in the person's 'best interests' (Mental Capacity Act 2005). These 'best interests' decisions need to take into account the principles of empowerment, protection and proportionality in any decisions reached.

#### **Checklist For Considering Risk**

The following checklist details important steps within the risk assessment process:

- Do other organisations need to be involved in this assessment of risk?
- Identify the risks (are there more risks than the one initially reported?)
- Assess how likely it is that the harmful event will occur (or recur)
- Assess the (potential) impact of the harmful event on the person or others
- Consider what makes the harmful event more likely to occur (or recur)?  
(For example, is there anything about a person's situation, understanding or behaviour that makes it more likely to happen? Can these things be changed?)
- Consider what make the harmful event less likely to occur (or recur)?  
(For example, are there personal strengths or situational factors that can be built upon to reduce the risk of harm?)
- How does the person assess these risks?

- What support does the person want to keep them safe? Are there other options that can be explored?
- Can capacity be presumed? Is there a need for a mental capacity assessment? Is a decision required in the persons 'best interests' (Mental Capacity Act 2005)?
- What is the impact of the protection plan on other aspects of the person's independence or wellbeing? Is the plan proportionate to the risk of harm?
- Can a contingency plan be put in place? Are we able to plan ahead and consider how the protection plan could be amended if this was needed?
  
- If a person declines support to keep them safe from abuse. Consider
  - Has the person been supported to make an informed decision?
  - Do other agencies need to be involved in order to understand or assess the risk? Is there another person/agency that is better placed to engage with the person at risk about their support needs?
  - Does the person know how to seek support if they should change their mind or if their circumstances change? Is a review required to support the person evaluate the risk and options at a later date?

### 2.2.2 Mental Capacity

The Mental Capacity Act 2005 is in itself a safeguard for adults at risk. Any application of the safeguarding adult procedures must be in accordance with these legislative requirements.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack mental capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken within the safeguarding adult procedures must comply with the Act.

The two stage test of mental capacity is:

- Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?
- If so, is the impairment or disturbance sufficient that the person lacks the mental capacity to make that decision?

A person is unable to make that decision if he/she is unable to.

- Understand the information relevant to the decision
- Retain that information (for as long as required to make the decision)
- Use or weigh that information as part of the process of making the decision
- Communicate their decision (whether by talking, using sign language or any other means)

Mental capacity is time- and decision- specific. This means that a person may be able to make some decisions but not others at a particular point in time. Their ability to make a decision may also fluctuate over time.

Guiding Principles of the Mental Capacity Act:

The Mental Capacity Act requires that five statutory principles should be adhered to:

1. An adult at risk has the right to make their own decisions and must be assumed to have mental capacity to make decisions about their own safety (unless it is assessed or determined otherwise)
2. Adults at risk must receive all practicable help and support to make decisions before anyone concludes that they cannot make their own decisions
3. An adult at risk has a right to make decisions that others might regard as unwise or eccentric and a person cannot be treated as lacking mental capacity for these reasons.
4. Actions taken or decisions made on behalf of an adult at risk who lacks mental capacity must be done in their 'best interests'
5. Before any act is undertaken or before any decision is made on behalf of an adult at risk who lacks mental capacity, consideration must be given as to whether the same outcome can be achieved in a way that is less restrictive on the person's rights and freedom.

Detailed guidance on mental capacity, including required considerations in determining a person's 'best interests' can be obtained from the Mental Capacity Act 2005 Code of Practice located at: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

### 2.2.3 Protection of the Law:

Adults at risk have the same entitlement as any other citizen to protection from violence or abuse, and practitioners should support and enable adults at risk to report crimes to the police where it is appropriate to do so. The safeguarding procedures provide guidance as to [when to refer an incident to the police](#) (p.45 & p.61).

A summary of legislation specifically relevant to safeguarding adults at risks is included within 'Practice Guidance: Legal Powers To Intervene' as a reference for practitioners.

### 2.2.4 Equality and Diversity

It is every person's human right to live a life free from abuse and neglect. It is a fundamental principle that every adult at risk has an equal right to support and protection within these procedures regardless of their individual differences or circumstances.

These Leeds Safeguarding Adult Partnership Multi-Agency Policies and Procedures apply equally to:

- all adults at risk as defined within this policy,
- all agencies,
- all settings, and
- all forms of abuse

### **2.3 Principle 3: Prevention**

Prevention of abuse is the primary goal. Prevention involves supporting people to safeguard themselves from the risk of abuse. This includes helping people to identify and make informed decisions about risks and develop forward plans that keep them safe. Prevention also refers to the actions of agencies to ensure they have systems in place that minimise the risk of abuse.

Prevention is covered within both Section 4 of the Policy ([p.29](#)) and forms the first Stage of the Leeds Safeguarding Adult Partnership Procedures as detailed on [page 39](#).

### **2.4 Principle 4: Proportionality**

The principle of proportionality concerns the responsibility of safeguarding professionals to ensure that their responses, in terms of whether to investigate, how to investigate and any protection arrangements are proportional to the allegation/concern. Decisions about proportionality will be linked to assessments of risk, empowerment and protection.

This principle of proportionality is encompassed within the Mental Capacity Act 2005, where a person lacks the mental capacity to make a particular decision, it must be made in the person's 'best interests'. This includes the responsibility to consider if the outcome can be achieved in a way that is 'less restrictive of the person's rights and freedoms'.

### **2.5 Principle 5: Partnerships**

Partnership means working together as partners to prevent and respond effectively to incidents or concerns of abuse.

Partnership means working together effectively to support the adult at risk in making informed decisions about identified risks of harm and helping them to access services or sources of support that keep them safe. Where a person lacks mental capacity, partnership includes working together to establish and act in the person's 'best interests' (as defined under the Mental Capacity Act 2005).

Partnership also means working cooperatively with other agencies to prevent, investigate and end abuse. Statutory, private, voluntary and specialist or mainstream services and their representatives should be considered partners within these procedures.

Relatives, friends, informal carers or other representatives such as an advocate with the adult at risk's consent (or in their 'best interests' in accordance with the Mental Capacity Act 2005) should also be considered partners throughout the safeguarding procedures, supporting the adult at risk to achieve positive outcomes.

### **2.6 Principle 6: Accountability**

The principle of accountability involves transparency and decision making that can be accounted for. Accountability includes a range of separate but related responsibilities including:

- duty of care
- defensible decisions

- fair process
- confidentiality and Information Sharing

### 2.6.1 Duty of Care

Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. A duty of care to adults at risk is fulfilled when all the acts reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe but will also 'include respecting the person's wishes and protecting and respecting their rights' (DoH, 2011 Safeguarding Adults: Role of Health Service Practitioner, p.21)

The nature of people's duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously, and owning one's responsibilities to safeguard adults at risk.

### 2.6.2 Defensible Decisions

Responding to safeguarding adult concerns or allegations requires decision making and professional judgements. A duty of care in relation to those decisions or judgements will be considered to be met where:

- all reasonable steps have been taken
- reliable assessment methods have been used
- information has been collated and thoroughly evaluated
- decisions are recorded, communicated and thoroughly evaluated
- policies and procedures have been followed
- practitioners and their managers adopt an investigative approach and are proactive

(Kemshall, H. 2008, reported in DoH 2011 Safeguarding Adults: The Role of Health Practitioners)

Defensible decision making is about making sure that the reasons for decisions, as well as the decision itself, have been thought through and can be explained.

### 2.6.3 Fair Process

The purpose of the safeguarding adult procedures is protection. The safeguarding adult investigation will need to establish whether abuse has occurred. This is important and necessary, as the investigation process establishes the need for a 'protection plan' that will keep the person safe from harm. Those people who have experienced abuse will need to be at the centre of the safeguarding process. However, the safeguarding process will need to be conducted in a manner that also recognises the needs of other parties, including the need for the person/organisation alleged to have caused harm to be treated fairly and with respect in relation to any allegations/concerns about their conduct or practice.

### 2.6.4 Confidentiality and Information Sharing

Information sharing will often be necessary in order to safeguard adults at risk. However, it is important that the sharing of information respects the confidentiality of the adult at risk and other parties and therefore must be in accordance with the Leeds

Safeguarding Adult Partnership Information Sharing Agreement  
[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk). Advice should be sought from organisational information sharing leads as required.

Additional guidance on information sharing can be located at:

- Leeds Interagency Protocol for Sharing Information date [www.leeds.gov.uk](http://www.leeds.gov.uk)
- HM Government (2008) - Information sharing – guidance for practitioners and managers [www.education.gov.uk](http://www.education.gov.uk)
- Information Commissioner's Office [www.ico.gov.uk](http://www.ico.gov.uk)

### **3 Associated Partnerships**

'Associated partnerships' is a term used within this policy to encompass those wider organisations or protective systems that overlap with the safeguarding adult procedures. Each associated partnership listed may need to be involved, as part of, or alongside the safeguarding adult procedures, so as to minimise the risk to either an adult at risk or another person.

#### **3.1 Safeguarding children and young people**

Safeguarding and promoting the welfare of children is defined in the Children's Acts 1989 and 2004 respectively as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully

It is essential that those working to safeguard adults at risk are also aware of their responsibilities to safeguard and promote the welfare of children and young people. There will be occasions when those working with adults at risk identify risks to children and young people, and occasions when safeguarding adult and safeguarding children procedures need to operate side by side.

#### A Child In Need:

Section 17 of the Children Act (1989) states that a child in need is:

- a child who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority (not just social care)
- a child whose health or development is likely to be significantly impaired, or further impaired, without the provision of services; or
- a child who is disabled

#### A Child At Risk Of Significant Harm:

Section 47 of the Children Act (1989):

- places a duty on children and young people's social care to make enquiries so as to decide whether action should be taken to safeguard or promote the welfare of a child or young person who is thought to be at risk of, or suffering, significant harm
- significant harm is the threshold that justifies compulsory intervention in the family life in the best interests of the child or young person.
- where any professional has a concern that a child or young person may be suffering or at risk of significant harm and may require immediate protection a referral to children and young people social care must be made.

How to report a child in need or a child at risk:

- Children and Young People's Social Care: 0113 2224403 (Minicom 0113 222 4410) Monday to Friday 08:00 – 18:00, except bank holidays)
- Outside of these times, contact the Emergency Duty Team on 0113 240 953.
- If you feel urgent action is needed because a child or young person is at immediate risk of harm, contact the police on 999.
- If you need to report a crime, but it is not an emergency, phone the police on 101

Contact: The Leeds Safeguarding Children Board website for further information and guidance [www.leedslscb.org.uk](http://www.leedslscb.org.uk).

### **3.2 Safer Leeds Partnership**

Safer Leeds is the Crime and Disorder Reduction Partnership for the city. It was established following the introduction of the Crime and Disorder Act in 1998 and further clarified in the Police and Crime Act 2009. The Safer Leeds vision is for people to be able to live without fear for their own safety or the safety of others and to secure sustainable reductions in crime and disorder and the fear of crime.

#### **3.2.1 Leeds Anti-Social Behaviour Team**

A council lead service which brings together experienced staff from Leeds City Council, the Arms Length Management Organisations (ALMO's), West Yorkshire Police and other organisations to prevent and resolve anti-social behaviour. The Leeds Anti-Social Behaviour Teams will manage incidents referred, working with the private housing sector to address incidents of anti-social behaviour.

Anti-social behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life. This might for example, include:

- persistent verbal abuse or threats
- assault or physical harassment
- racial harassment
- homophobic harassment
- graffiti or damage to property
- vandalism

Persistent anti-social behaviour can cause significant alarm, harassment and stress. The Leeds Anti-Social Behavioural Team may assist by a range of actions, including:

- setting up mediation sessions
- referring those committing anti-social behaviour to diversionary activities and support
- using acceptable behaviour contracts to deter the person or group from persisting with their action
- securing injunctions against individuals
- use of housing legislation to address persistent incidents within a local neighbourhood
- use of anti-social behaviour orders to prevent the person or group from persisting with their activities

Useful contacts:

Leeds City Council's Anti-Social Behaviour Contact Centre: 0113 222 4402

(In an emergency always call 999).

For further information go to: [www.leedsinitiative.org](http://www.leedsinitiative.org)

### 3.2.2 Domestic Violence

The Leeds City Council Domestic Violence Team was established in 1990 to develop a multi agency approach to improve the safety of people experiencing domestic violence in a personal or family relationship. The Domestic Violence Strategy has been developed by Safer Leeds Partnership.

Domestic violence is defined as “any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality’. (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family” (ACPO: Guidance on Investigating Domestic Violence 2004: 05)

The Domestic Violence team supports the work of the Multi-Agency Risk Assessment Conferences (MARACs). A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, children and safeguarding adults, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from statutory and voluntary sectors.

The four aims of a MARAC are as follows:

- to safeguard adult victims who are at high risk of future domestic violence
- to make links with other public protection arrangements in relation to children, the perpetrator and people at risk
- to safeguard agency staff and
- to work towards addressing and managing the behaviour of the perpetrator

If the person who is experiencing domestic violence is not assessed as being at high risk of further harm, there are alternative support options that are available. Consideration should be given to referring the individual to a local specialist domestic violence services. Specialist domestic violence services provide support and advocacy to the person experiencing domestic violence in relation to safety planning, housing options, legal options (that is, how to obtain an injunction) and counselling.

Useful Contacts:

MARAC Coordinator - 0113 241 3001

Domestic Violence Team - 0113 295 2140

National Domestic Violence Helpline - 0808 2000 247

The Safer Leeds Website: [www.leedsinitiative.org/safer](http://www.leedsinitiative.org/safer)

### 3.2.3 Hate Crime

Safer Leeds Partnership is responsible for the development of the Leeds Hate Crime Strategy. Hate Crimes happens because of hostility, prejudice or hatred of:

- disability
- gender identity
- race, ethnicity or nationality
- religion or belief
- sexual orientation

“Hate crime is taken to mean any crime where the perpetrator’s prejudice against any identifiable group of people is a factor in determining who is victimised”

(ACPO: Guide to Identifying and Combating Hate Crime 2000).

Hate Crime can be reported to Stop Hate UK, a Leeds-based voluntary organisation providing support for people affected by hate crime. Stop Hate UK can offer advice and refer relevant cases onto West Yorkshire Police Hate Crime Units, the Leeds Anti-Social Behaviour Team or Victim Support according to the nature and seriousness of the incident.

Useful contacts:

- Telephone 0800 138 1625 (24hours);
- Email: [talk@stophateuk.org](mailto:talk@stophateuk.org)

Where an urgent police response is required, people should contact the police directly.

### **3.3 Multi-Agency Public Protection Arrangements (MAPPA)**

The police, probation and prison service (MAPPA Responsible Authorities) are required to ensure that there is a risk management plan in place for the most serious offenders.

The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- identify all relevant offenders;
- complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies;
- devise, implement and review robust risk management plans; and
- focus the available resources in a way which best protects the public from serious harm

The police, probation and prison service are the responsible authorities required to ensure the effective management of offenders, however NHS, social services, education and housing all have a duty to cooperate under Section 325(3) of the Criminal Justice Act (2003).

Further information about MAPPA, including the document 'MAPPA Guidance 2009' produced by the National Offender Management Service, can be located on the National Probation Website [www.justice.gov.uk](http://www.justice.gov.uk)

### **3.4 Forced Marriage**

Forced marriage occurs when, one or both spouses do not consent to a marriage and some element of duress is involved. Duress might include both physical and/or emotional/psychological pressure. Forced marriage is recognised as a human rights abuse and will also constitute abuse within the context of these procedures.

The Forced Marriage Unit is a joint initiative between the Home Office and the Foreign & Commonwealth Office providing specialist advice and guidance. The Forced Marriage website [www.fco.gov.uk/forcedmarriage](http://www.fco.gov.uk/forcedmarriage) provides comprehensive resources and information, including the following guidance:

- Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage (June 2009), and
- Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines (December 2010)

These guidance documents can also be located on [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk) The *One Chance Rule* states that sometimes there will only be one chance to help a person facing forced marriage. Hence reference should be made urgently to the Multi Agency Practice Guidelines listed.

The police should always be contacted for advice in relation to suspicions or concerns about forced marriage. Contact the Leeds Police Safeguarding Unit 0113 241 4127 or via email at [leeds.safeguarding@westyorkshire.pnn.police.uk](mailto:leeds.safeguarding@westyorkshire.pnn.police.uk)

In addition the Forced Marriage Unit provides a confidential advice and assistance phone line 0207 008 0151 for:

- those who have been forced into marriage
- those at risk of being forced into marriage
- people worried about friends or relatives
- professionals working with actual or potential victims of forced marriage

### **3.5 Court of Protection**

The Mental Capacity Act provides for a new Court of Protection to make particular decisions in relation to the property and affairs, healthcare and personal welfare of adults who lack mental capacity. The Court also has the power to make declarations about whether someone has the mental capacity to make a particular decision.

The Court has the same powers, rights, privileges and authority in relation to mental capacity matters as the High Court. It is a superior court of record and is able to set precedents.

The Court of Protection has powers to:

- decide whether a person has mental capacity to make a particular decision for themselves;
- make declarations, decisions or orders on financial or welfare matters affecting people who lack mental capacity to make such decisions;
- appoint deputies to make decisions (on welfare, healthcare and or financial matters) for people lacking mental capacity to make those decisions;
- decide whether a lasting power of attorney (LPA) or enduring power of attorney (EPA) is valid; and
- remove deputies or attorneys who fail to carry out their duties, and
- hear cases concerning objections to register an LPA or EPA and make decisions about whether or not an LPA or EPA is valid.

The Court of Protection and the Office of the Public Guardian (OPG) complement each another. The Court provides the decision making functions and the OPG providing regulation and supervision.

Further information is available from [www.justice.gov.uk](http://www.justice.gov.uk)

### **3.6 Office of the Public Guardian (OPG)**

The Office of the Public Guardian (OPG), established in October 2007, supports the Public Guardian in registering Enduring Powers of Attorney (EPA), Lasting Powers of Attorney (LPA) and supervising Court of Protection (COP) appointed Deputies. The OPG is an agency of the Ministry of Justice. The OPG replaced the Public Guardianship Office, the former administrative arm of the Court of Protection.

The Office of the Public Guardian helps protect people who lack mental capacity by:

- setting up and managing a register of Lasting Powers of Attorney (LPA); Enduring Powers of Attorney (EPA); and court appointed Deputies;
- supervising Deputies
- instructing Court of Protection Visitors to visit people who may lack mental capacity to make particular decisions and those who have formal powers to act on their behalf such as Deputies;
- receiving reports from Attorneys acting under LPA's and from Deputies; and
- providing reports to the Court of Protection, as requested, and dealing with cases where there are concerns raised about the way in which Attorneys or Deputies are carrying out their duties

If someone is concerned about an attorney acting under a registered Enduring Power of Attorney or Lasting Power of Attorney, or a Deputy appointed by the Court of Protection, they should contact the Compliance and Regulation Unit of the Office of the Public Guardian (OPG).

The OPG can investigate the actions of a Deputy or Attorney and can also refer concerns to other relevant agencies. The OPG can also make an application to the Court if it needs to take possible action against the attorney or deputy.

There is a dedicated phone line for reporting such concerns: 020 7664 7734

Further information is available from [www.justice.gov.uk](http://www.justice.gov.uk)

### **3.7 Care Quality Commission**

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England, including those provided by the NHS, local authorities, private companies and voluntary organisations. Specifically this includes:

- medical and clinical treatment given to people of all ages, including treatment given in hospitals, ambulance services, and mental health services
- care provided in residential homes, in the community, in people's own homes for adults and in residential care homes for children
- services for people whose rights are restricted under the Mental Health Act
- care provided either by the NHS or by independent organisations

Before 1 April 2009, these functions were carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection.

All health and adult social care providers are required by law to be registered with CQC and must show that they are meeting the essential standards. Registration is combined with continuous monitoring of essential standards as part of a system of regulation.

The Care Quality Commission publication 'Our Safeguarding Protocol' states that they will attend Safeguarding Strategy Meetings where:

- a person or people registered with CQC to provide services are directly implicated
- urgent or complex regulatory action is indicated
- any form of enforcement action has started, which relates to risks to people using the service or their quality of care, or is under consideration in relation to the service or location involved

However, regardless of attendance, the CQC should receive copies of any strategy and case conference meeting minutes in relation to services they regulate.

CQC will provide relevant information to the chairs of all strategy meetings convened in relation to regulated services as requested. For example, information from CQC about the quality of service and regulatory track record of the provider may be useful to the chair of the meeting in determining the provider's level of involvement in the process.

CQC can be contacted via email [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or through the central phone number: 0300 616161. Further information about CQC can be located at [www.cqc.org.uk](http://www.cqc.org.uk).

### **3.8 Trading Standards Service**

The Trading Standards Service can help support and protect adults at risk from doorstep crime. Door step crime is a term used to describe situations when rogue traders, doorstep criminals and uninvited sales people gain access into people's homes with the intention of carrying out a theft, or to carry out unnecessary or substandard work and then use strong arm tactics to persuade consumers to part with sums of money. The Trading Standards Service can assist in a range of ways, including:

- Cold Calling Control Zones – Trading Standards Service will work with police, Community Safety Partnerships, Neighbourhood Watch Groups, Housing

Associations, local Councillors and local residents in setting up Cold Calling Control Zones where a problem is identified

- Provide advice – on peoples consumer rights and how to stay safe from door step crime
- Investigate Complaints – and taking appropriate enforcement actions in relation to traders.

For advice or to register a complaint, contact Consumer Direct: Tel: 08454 040506

[www.ts.wyjs.org.uk](http://www.ts.wyjs.org.uk)

### **3.9 Department of Work and Pensions (DWP)**

The Department for Work and Pensions is responsible for welfare and pension policy.

People who are incapable of managing their own financial affairs may have an appointee. An appointee is fully responsible for acting on the customer's behalf in all the customer's dealings with the Department. This includes the claiming of benefits.

Misuse of appointeeship will be investigated and potentially revoked by the Department of Work and Pensions.

### **3.10 Advocacy Organisations**

It is important that people who are involved within the safeguarding adult procedures are listened to, have their voice heard and are either supported to make decisions about their own lives or have decisions reached in their 'best interests' (Mental Capacity Act 2005). Some people will benefit from the support of advocacy to:

- express their views, wishes and concerns
- access information and services
- have their interests represented
- secure their rights
- explore options and choices

Both adults at risk and persons alleged to have caused harm may both benefit from advocacy representation. Support may be in the form of a non-statutory advocate (also referred to as an independent advocate) or where specific criteria is met, by a Independent Mental Health Advocate (IMHA) or Independent Mental Capacity Act advocate (IMCA).

The 'Advocacy, IMCA and Safeguarding Adult Policy' details the role of advocacy in its various forms within the Leeds Safeguarding Adult Partnership Multi-Agency procedures. This document can be located on [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

## 4 Prevention

Whilst the safeguarding procedures focus on responding to incidents of abuse, its prevention must always be the primary objective. Prevention is associated with a broad range of responsibilities and initiatives; each associated with making safeguarding adults a core responsibility within the context of providing high quality services. This can be considered to involve six key characteristics within organisations providing care or treatment or others services to adults at risk:

### 4.1 Components of Prevention



Adapted from DoH 2011, Safeguarding Adults: The Role of Health Services

#### **Safeguarding: a strategic objective**

Prevention involves active service planning to minimise the risk of abuse:

- Safeguarding should be a clear aim of every organisation; it should be at the heart of an organisations practice and service delivery
- There should be a system of leadership and accountability to ensure that safeguarding systems are in place
- Safeguarding should be an objective at each level of the organisation

#### **Leadership, staff and culture**

Prevention includes leadership that:

- Sets safeguarding strategies, objectives and priorities
- Provides support and guidance to employees and volunteers
- Provides for accountability in achieving safeguarding adult responsibilities, learning and improvement

Prevention involves a safe and appropriately skilled workforce

- Best practice in relation to safe recruitment and retention is adhered to, including the requirements of the criminal record bureau (CRB) and Independent Safeguarding Authority (ISA) Vetting and Barring Scheme.
- There are consistent staff teams and agreed staffing numbers are provided
- Practice is consistent, there is good communication between members of staff
- Staff and volunteers understand issues of empowerment and person/patient centred practice

- Staff and volunteers have a clear understanding of important concepts such as choice, capacity, consent, privacy and dignity
- Staff and volunteers have the skills, experience and aptitude to work with particular client groups.
- Staff and volunteers have read and understood the agency's safeguarding policy and procedure

Prevention involves training on required practice areas:

- Staff and volunteers are provided with safeguarding training at a level commensurate with their roles
- Wider training needs, such as those relating to Deprivation of Liberty Safeguards (where they apply) and Mental Capacity Act are identified and provided for
- Other training needs are identified and provided for

Prevention involves a culture of learning and improvement:

- Staff and volunteers are open to new ways of working, new ideas and initiatives
- There is openness and transparency – all staff and volunteers are listened to
- The service is working toward continuous improvement
- Quality is prioritised and measured

Prevention involves a safeguarding culture where:

- The users of the service are the primary concern
- Staff and volunteers are attuned to risks of neglect, harm and abuse
- Staff and volunteers are able and feel able to raise their concerns with managers
- Staff and volunteers understand their roles and responsibilities around safeguarding
- Colleagues can challenge each another's practice
- Safeguarding issues form part of supervision, team meetings and service development.

## **Partnerships**

Prevention involves working with partners to prevent, respond or end abuse.

- The organisation has a safeguarding policy and procedure that is consistent with the Leeds Safeguarding Adult Partnership Multi-Agency Policy and Procedure
- Staff understand their responsibilities to work with partner agencies to safeguard adults at risk
- Staff understand their responsibilities to work with adults at risk/service users, carers and others involved in their care as partners
- There is learning from other agencies as to good practice

## **Systems and processes**

Prevention involves having effective systems and processes in place:

- There is a safeguarding policy and procedure that has been tailored to the needs of their service users and the nature of their organisation

- Operational guidance is in place that addresses important aspects of health or social care practice and safeguards adults from abuse.
- Links are in place with complaints, serious incident, patient safety, disciplinary and governance processes as appropriate.
- Services have a 'Whistle Blowing' Policy in line with The Public Interest Disclosure Act 1998.
- Assessments of capacity and 'best interest' decisions are undertaken (and recorded) as required in accordance with the Mental Capacity Act.
- Hospitals and care homes have policies in relation to Deprivation of Liberty Safeguards (DoLS).

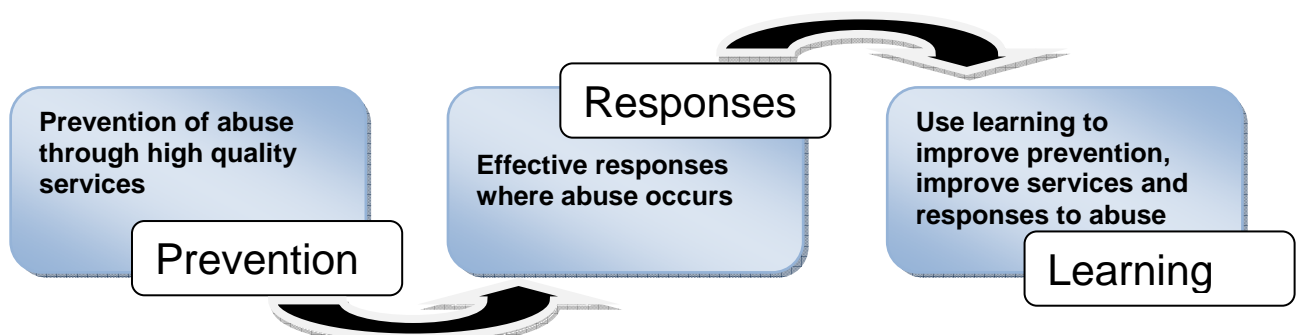
### **Person centred services**

Prevention involves ensuring service users are the primary concern of health and social care services.

- Services support people to be in control of decisions about their own lives
- Services support people to understand and exercise their rights and understand how to make complaints
- Services recognise vulnerability and act to safeguard individuals
- Relatives/informal carers are supported to understand their rights; their needs are recognised and are supported in fulfilling their role.
- Service users and carers are informed of and assisted with preventative safeguarding measures such as Lasting Power of Attorney and Advanced Decisions.
- Service user (and carer) experiences shape service provision
- Information is provided for service users and carers on how to report abuse and make complaints

### **Safeguarding measures are understood, assured and improved**

Prevention involves the organisation assessing the effectiveness of its practice and learning from its experience.



- Policies and procedures are kept under continual review
- Services strive for continual development, learning from incidents occurring and serious case reviews within the partnership
- Safeguarding processes are assured through governance processes. Incidents, patterns, trends are identified and actions taken accordingly.

## 4.2 Responsibilities of Commissioners

“Commissioners and regulators of community care services play a vital role in ensuring that people receive care services from organisations which implement standards that prevent abuse and neglect” (ADASS Safeguarding Adults: National Framework of Standards 2005:15)

Commissioning services should include safeguarding adults as a strategic objective, ensuring it is integral to service provision and that responsibilities are understood, assured and improved (DoH, Safeguarding Adults: The Role of NHS Commissioners 2011)

This includes:

- Agencies that commission services need to ensure that service specifications, invitations to tender and contracts reflect the need to safeguard adults from abuse.
- Contract monitoring arrangements should include terms and conditions that ensure that good practice in relation to safeguarding adult responsibilities are being achieved.
- Strategic plans are developed to deal with failing or poorly performing care settings

These responsibilities extend beyond those commissioning specialist services. Commissioners, regulators and licensing bodies of mainstream services (e.g. leisure centres, colleges, public transport, taxis and trading standards) should ensure that employers implement appropriate safeguards and responses to safeguarding adult issues.

## 4.3 Recognising Vulnerability

Some people may be more vulnerable to abuse due to a range of inter-connected factors or circumstances. Some of these are described in the table below. These factors or circumstances do not define an ‘adult at risk’ but indicate circumstances where abuse is more predisposed to occur. It indicates areas where support can be provided to minimise the risk of abuse occurring.

| <b>Personal characteristics that increase vulnerability include:</b>                           |   |
|--|---|
| Not having the mental capacity to make decisions about one’s own safety                        | Low self esteem: difficulty challenging others, unequal power relationships |
| Communication difficulties   | Difficulty anticipating abusive situations                                  |
| Difficulty understanding certain decisions or transactions                                     | Lack of understanding of rights   |
| Physical dependency – being dependent on others for personal care and activities of daily life | Difficulty understanding relationships                                      |
| Difficult or challenging behaviour that the carer finds stressful                              | Childhood experience of abuse   |
|  | Alcoholism or substance misuse  |
|  | Lack of understanding of carer’s needs                                      |

| <b>Social situational factors that increase the risk of abuse</b>                          |  |
|--|--|
| Not getting the right amount or the right kind of support                                  | Poor relationship with carer   |
| Isolation and social exclusion   | Stress, illness, substance misuse or disability of carer   |
| Lack of access to information and support  | The carer feels exploited, resentful, angry or guilty  |
| Being the focus of anti-social behaviour   | Isolation of carer from support  |
| Financial difficulties   | Dependency of carer (emotionally or financially) on the adult at risk  |
| Lack of understanding about the adult at risk's condition, resulting in inappropriate care | Poor or inappropriate accommodation; shared accommodation – living with people one has not chosen to live with |

#### **4.4 Personal budgets and self directed care**

No Secrets (2000) states that “anyone who is purchasing his or her own services through the direct payments system... should be made aware of the arrangements for the management of [safeguarding adults] in their area so that they may access help and advice through the appropriate channels” (2000: 36).

Partner agencies providing direct payments/personal budgets need to support adults to understand risks and how these can be managed. Support should be provided to enable service users to understand safe employment practices, understand how to respond to abuse by their employees or other people, and ensure there are systems of support to address these issues if needed.



# Leeds Safeguarding Adult Partnership Multi Agency Procedures

## PART TWO: PROCEDURES

### 5 Safeguarding Procedures

Part Two describes the procedures to be followed by all organisations when responding to concerns/allegations of abuse.

#### 5.1 Introduction to the Safeguarding Stages

The procedures are composed of key stages as summarised below.

- [Prevention](#) (p.35) – The prevention of abuse is each person’s and each agency’s first priority.  
Subsequent stages of the procedures concern how incidents, concerns or allegations of abuse must be responded to.
- [Alert](#) (Organisations Only) (p.40) – Alert as a stage applies to organisations only and refers primarily to the responsibility of each member of staff (or volunteer) to alert their manager of concerns/allegations of abuse.
- [Referral](#) (p.43) – Involves referring, where appropriate, the allegation or concern into the multi-agency safeguarding process for investigation and protection planning.
- Safeguarding Coordination – Includes several sub-stages:
  - [Decision to investigate](#) (p.52) – Is a safeguarding investigation needed?
  - [Strategy](#) (p.64) – What type of investigation? How should it be carried out?
  - [Investigation](#) (p.70) – Carrying out the investigation as agreed
- [Protection plan](#) (p.73) – Involves reviewing the outcome of the investigation and using the findings to make a plan that support the person to be safe from abuse
- [Review](#) (p.83) – Involves ensuring that the protection plan is working

An overview of each of these stages, their key tasks and relevant timescales are set out in the [Safeguarding Stages Table](#) (p.36). These are also represented as a [Safeguarding Stages Flowchart](#) (p.38).

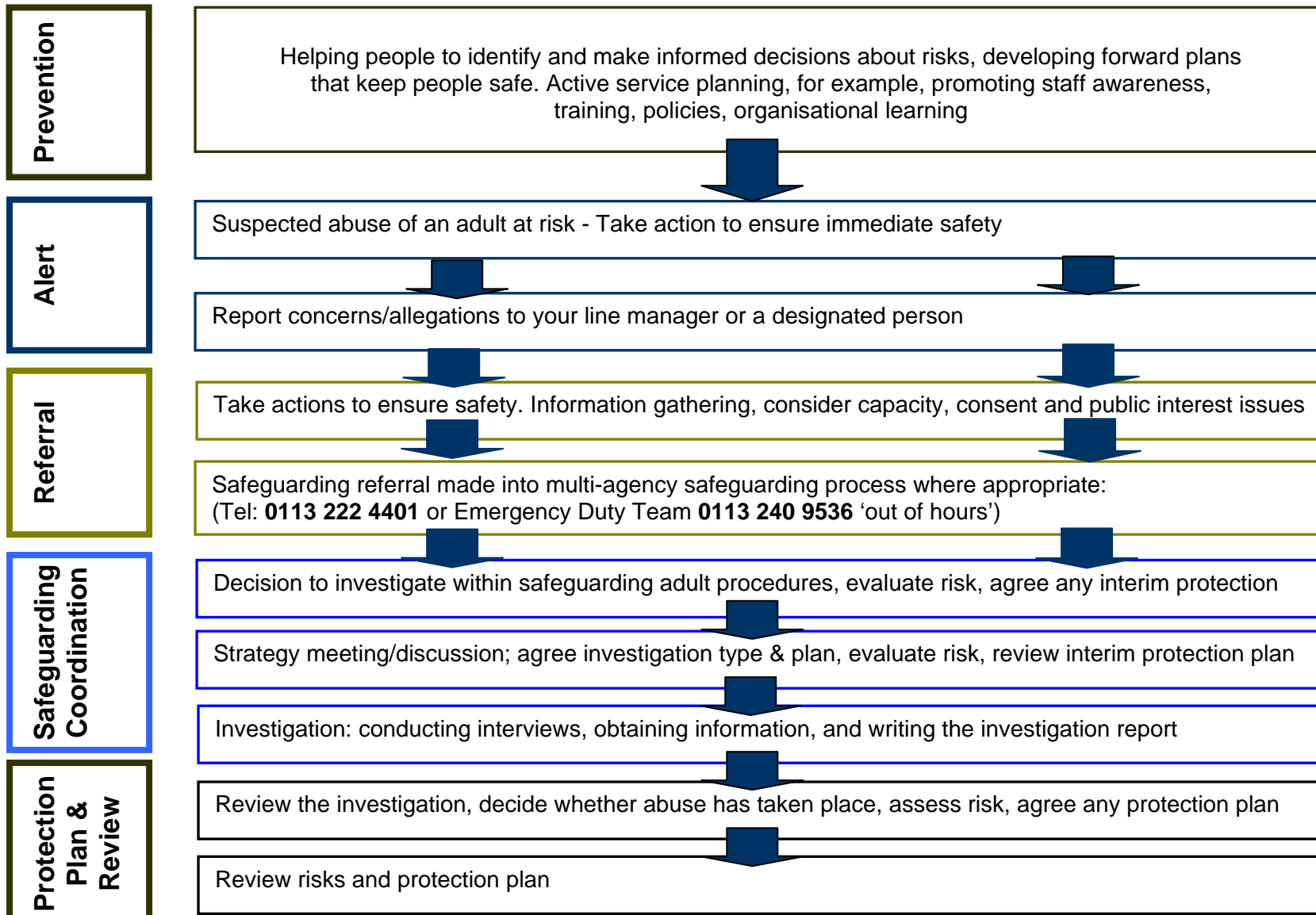
During each of these stages, the 6 safeguarding principles and values detailed within the Policy: Section 3 should be considered:

1. Empowerment – supporting the adult at risk to be in control of their own life
2. Protection – taking action to safeguard adults at risk from abuse (taking into account the need for risk assessment, adherence to Mental Capacity Act, their rights to protection of the law, and respect for equality and diversity).
3. Prevention – taking action to prevent abuse occurring and minimising the risk of abuse reoccurring in the future.
4. Proportionality – responding proportionally to the nature of the concern/allegation and the presenting risk; balancing the principles of empowerment and protection.
5. Partnerships – working together as partners to prevent and respond effectively to incidents or allegations of abuse
6. Accountability – ensuring decisions can be accounted for (taking into account: duty of care, defensible decision making, fair process, confidentiality and information sharing)

| <b>5.2 Safeguarding Stages Table</b> |  |  |   |
|--------------------------------------|--|--|---|
| <b>Stage</b>                         | <b>Main Activities</b>   | <b>Responsibility</b>  | <b>Timescales: For Organisations Only</b>   |
| Prevention                           | <ul style="list-style-type: none"> <li>• Helping people to identify and make informed decisions about risks, developing forward plans that keep people safe</li> <li>• Active service planning e.g. staff awareness, training, policies, organisational learning</li> </ul>  | All staff that assess, support or provide services to people who may be at risk of abuse | <ul style="list-style-type: none"> <li>• At all times</li> </ul>  |
| Alert<br>(Organisations Only)        | <ul style="list-style-type: none"> <li>• Taking actions to keep a person safe</li> <li>• Alerting your line manager or designated officer</li> <li>• Recording issues and actions</li> </ul>   | All staff or volunteers  | Alert your line manager: <ul style="list-style-type: none"> <li>• Immediately where the concern is urgent and serious</li> <li>• Within the same day for any other alert</li> </ul>   |
| Referral                             | <ul style="list-style-type: none"> <li>• Gather information</li> <li>• Decide if a referral is required</li> <li>• Refer into the safeguarding process</li> <li>• Consider reporting to the police</li> <li>• Notifying regulator and or contracting department</li> <li>• Record actions and decisions</li> </ul> | Any person but within organisations: Usually line managers or designated officers        | Action of making a safeguarding referral where required <ul style="list-style-type: none"> <li>• Immediately where the concern is urgent and serious</li> <li>• Otherwise within 24hours of an 'alert' being received</li> </ul>  |
| <b>Safeguarding Coordination</b>     |  |  |   |
| A - Decision to Investigate          | <ul style="list-style-type: none"> <li>• Gather information</li> <li>• Evaluate risk</li> <li>• Decide if safeguarding procedures apply</li> <li>• Agree interim protection plan</li> <li>• Notify referrer of decision</li> </ul>   | Safeguarding Coordinator   | Contact with adult at risk or representative: <ul style="list-style-type: none"> <li>• By end of the working day following the one on which the referral was made</li> </ul> Decision to investigate: <ul style="list-style-type: none"> <li>• By the end of the working day following the one on which the referral was made</li> </ul> Notify referrer of investigation decision: <ul style="list-style-type: none"> <li>• By end of the working day following the one on which the 'decision to investigate' was made</li> </ul> |

| Stage  | Main Activities   | Responsibility  | Timescales: For Organisations Only   |
|--|---|---|--|
| B - Strategy Discussion/ Meeting   | <ul style="list-style-type: none"> <li>• Hold strategy discussion/meeting</li> <li>• Agree investigation type</li> <li>• Agree investigation plan</li> <li>• Coordinate agencies involvement</li> <li>• Agree interim protection plan</li> <li>• Review strategy if indicated</li> </ul>                        | Safeguarding Coordinator  | Strategy meeting/discussion within 1 week of safeguarding referral being received  |
| C - Investigation  | <ul style="list-style-type: none"> <li>• Conduct investigation as agreed in strategy discussion/meeting</li> </ul>  | Relevant partner agencies as agreed by Safeguarding Coordinator | <p>Type 1 and Type 2 Investigations: Within 2 weeks of Strategy Discussion</p> <p>Type 3 and Type 4 Investigations: Within 6 weeks of the safeguarding referral being received</p>   |
| Protection Plan  | <ul style="list-style-type: none"> <li>• Evaluating investigation</li> <li>• Agree whether abuse has occurred</li> <li>• Agree protection plan</li> </ul> <p>Agreed by Safeguarding Coordinator (Type 1 and Type 2 Investigation)<br/> Agreed at Case Conference meeting (Type 3 and Type 4 Investigations)</p> | Safeguarding Coordinator/<br>Case Conference                    | <p>Type 1 and Type 2: Safeguarding Decision within 1 week of the investigation report being received.</p> <p>Type 3 and Type 4: Case Conference to be held within 8 weeks of referral</p> <p><a href="#">(Case Conference Administration Timescales are detailed on page 82)</a></p> |
| Review   | <ul style="list-style-type: none"> <li>• Review risk/protection plan</li> <li>• Case Conference Review meeting where required (Type 3 and Type 4 Investigations)</li> </ul>   | Safeguarding Coordinator/<br>Case Conference                    | <p>Protection plan reviewed:</p> <ul style="list-style-type: none"> <li>• Within 3 month</li> <li>• Subsequent reviews within 6 months</li> </ul>  |
| <p>Divergence from the timescales will be justified where it is necessary in order to achieve safe outcomes for the adult at risk. This may occur for example, due to the complexity of an investigation or where there are parallel processes such as criminal or serious incident investigations. Reasons for divergence from timescales should be recorded.</p> |   |   |  |

### 5.3 Stages Flowchart For Organisations



## **6 Stage: Prevention**

The prevention of abuse is the primary responsibility of every organisation and their employees or volunteers. Prevention is an active process based upon awareness of safeguarding adult procedures and the recognition of people's vulnerability to abuse. Prevention includes every day practice and service issues. They include, but are not limited to the following issues:

- Vulnerability and risk of abuse should be identified within assessments and reviews of health and social care needs. People should be supported to understand personal safety issues.
- People should be supported to identify risks, assess risks and weigh up solutions. People should receive support to make informed decisions about risk and be allowed to change their mind if they decline support initially.
- Practice should involve promoting awareness of the Mental Capacity Act amongst services, service users, relatives and informal carers.
- Practice should include an understanding of how to identify a deprivation of liberty and how to raise concerns.
- Awareness of Lasting Powers of Attorney (LPA) and Advanced Decisions should be promoted to support the protection of people's rights and wishes in the event that they should subsequently lose the mental capacity to manage their affairs.
- People should be supported to understand their rights, to recognise abuse, to know how to report abuse and how to seek support and advice.
- Practice should seek to promote personal confidence and assertiveness to enable people to speak up for themselves, express their concerns, views and wishes.
- Practice should involve challenging inappropriate or abusive practice of colleagues or other persons.
- People's communication needs and their need for help to represent their interests should be recognised and provided for.
- Staff and volunteers should be attuned to the risks of neglect, harm and abuse within day to day interactions and be able to rely on the support from managers in relation to safeguarding concerns.
- Practice should be person/patient centred, enabling people with mental capacity to be in control of decisions relating to their own lives.
- The needs of informal carers should be recognised within assessments, enabling their needs, alongside the person they care for, to be recognised and provided for.

## 7 Stage: Alert (within an organisation)

Anyone who has contact with a person thought to be at risk of abuse has a responsibility to report their concerns. Alert is a stage within the safeguarding procedures that applies to concerns raised within an organisation.

Someone who does not work within an organisation, such as an adult at risk, their relatives or friends or members of the public should go straight to Stage: [Referral](#) (p.43)

Alert refers to the duty of all staff (professionals and volunteers) to inform the relevant manager of their safeguarding concerns. This includes all concerns that a person:

- has been abused
- is being abused
- or is at risk of being abused

A concern may be:

- something they have been told by the adult at risk or any other person
- something they have witnessed, for example changes in the adult at risk's behaviour, or how the adult at risk is being treated by another person

### **Doing Nothing Is Not An Option.**

**It is the responsibility of every member of staff (professionals and volunteers) to inform their line manager or a designated officer of their concerns.**

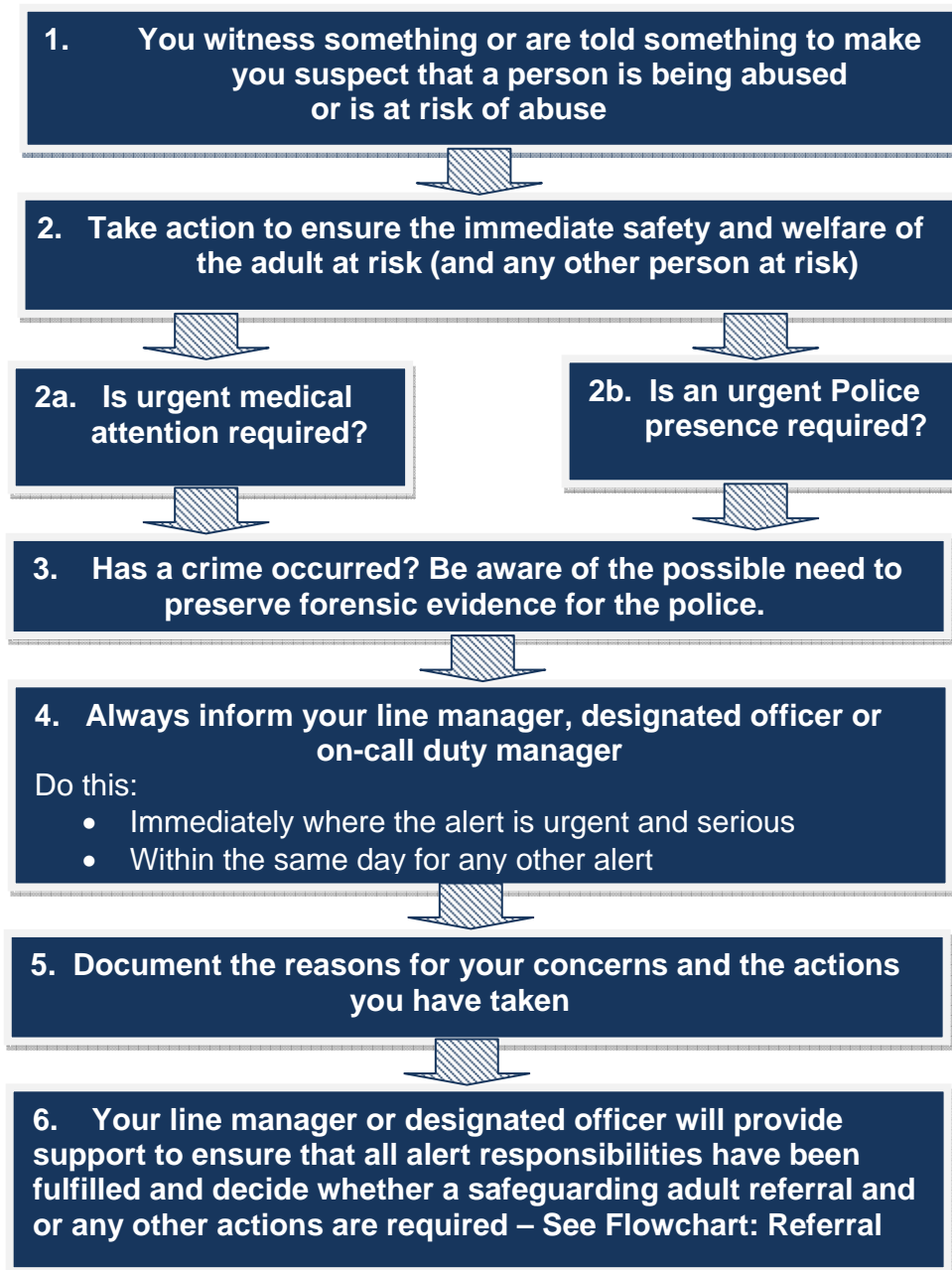
The member of staff or volunteer who raises the alert is referred to within these procedures as an Alerter.

### **7.1 Alerter Responsibilities**

Your priorities as an alerter are illustrated in the [Alert flowchart](#) on page 41.

You should follow the alert flowchart and refer to the 'Additional Guidance: Alert Responsibilities' on the subsequent page in order to inform your decisions and actions.

7.1.1 Alert Flowchart (Organisations Only)



7.1.2 Alert: Additional Guidance

- 1. If a person discloses abuse to you directly, use the following principles to respond to them:**
  - Assure them that you are taking the concerns seriously
  - Do not be judgemental or jump to conclusions
  - Listen carefully to what they are telling you, stay calm, get as clear a picture as you can. Use open ended questions
  - Do not start to investigate or ask detailed or probing questions
  - Explain that you have a duty to tell your manager or designated officer
  - Reassure the person that they will be involved in decisions about them

**2. Take action to ensure the immediate safety and welfare of the adult at risk (and any other person at risk)**

Consider:

- Are there any actions you can take to keep the adult at risk safe?
- Are there any actions you can take to keep yourself, other staff or volunteers and other service users/adults at risk safe?
- **2a:** Does the person need emergency medical treatment?  
Do you need to call an ambulance?
- **2b:** Do you need to call the police to ensure any person's safety?

**3. If a crime has occurred, try to preserve evidence in case there is a criminal investigation. Seek advice from the police where necessary. This may involve:**

- Discouraging a person from washing/bathing
- Not handling items which may hold DNA evidence
- Putting any bedding or clothing which has been removed, or any significant items given to you (an item used as a weapon etc) in a safe dry place
- Disturbing the 'scene of crime' as little as possible until advice has been sought from the police
- Not alerting the person alleged to have caused harm
- Not conducting your own interviews

**4. Always inform your manager or the designated person of the safeguarding concerns/allegations**

If the concerns relate to your manager or the designated person, alert an alternative or more senior manager within your organisation of your concerns.

Your line manager or designated person (or more senior manager) will share the alert responsibilities and must take action to ensure these are completed as required, supporting you where necessary.

If contacting an appropriate manager would result in undue delay and thereby place someone at risk. You should make a safeguarding adult referral yourself.

**5. Make a record of your concerns and any actions you have taken. Do this as soon as possible before you start to forget information:**

Include the following information in the record, if known:

- Date and time of the incident
- Exactly what you have been told (record the person's own words) and or exactly what you have witnessed
- The appearance and behaviour of the adult at risk and any injuries observed
- The record should be factual. If however the record does contain your opinion or an assessment, it should be clearly stated as such
- Information from another person should be clearly attributed to them
- The name and signature of the person making the record

This record must be kept safe as it may be may potentially be used as evidence within criminal proceedings.

An organisation may use the Alert/Referral form (SA1) to record the Alert.

## 8 Stage: Referral

### 8.1 Guidance for members of the public:

Any person can make a safeguarding referral into the Leeds Safeguarding Adult Partnership Multi-Agency safeguarding process. This includes those at risk of abuse, their friends, family members, informal carers and other members of the public.

If the person you are concerned about is over the age of 18 years of age, they need or they may need health and social care support, and you feel they are being abused or at risk of abuse from another person, you should consider making a safeguarding referral.

If you are not sure if they meet this criteria you can make the referral and safeguarding professionals will be able to advise you whether this is the most appropriate way of seeking help for the person you are concerned about.

Wherever possible involve the person at risk in decisions about making a safeguarding adult referral. Sometimes this may not be possible and sometimes you may need to act in their 'best interests' because they do not have the mental capacity to decide this for themselves. There are also occasions where a safeguarding adult referral is needed without a person's consent because other people are also at risk or because the person is too intimidated to agree to a referral or because they are at risk of serious harm.

Dealing with allegations or concerns about abuse can be very difficult and distressing for everyone involved. Deciding what the right thing to do is, can be stressful, particularly if the person you are concerned about is reluctant to accept support. If you are not sure what to do you can always seek advice. You can do this anonymously if you wish:

If you need advice or support to decide what to do about a safeguarding adult concern/allegation you can contact the Safeguarding Adult Partnership Support Unit Advice Line – 0113 224 3511 (Office Hours: Monday-Friday) for advice.

The Safeguarding Adult Leaflets on the [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk) website or these procedures can be shared with the person you are concerned about, to help them understand what a safeguarding adult referral involves and how it might help them.

To make a Safeguarding Adult Referral, simply follow the guidance below:

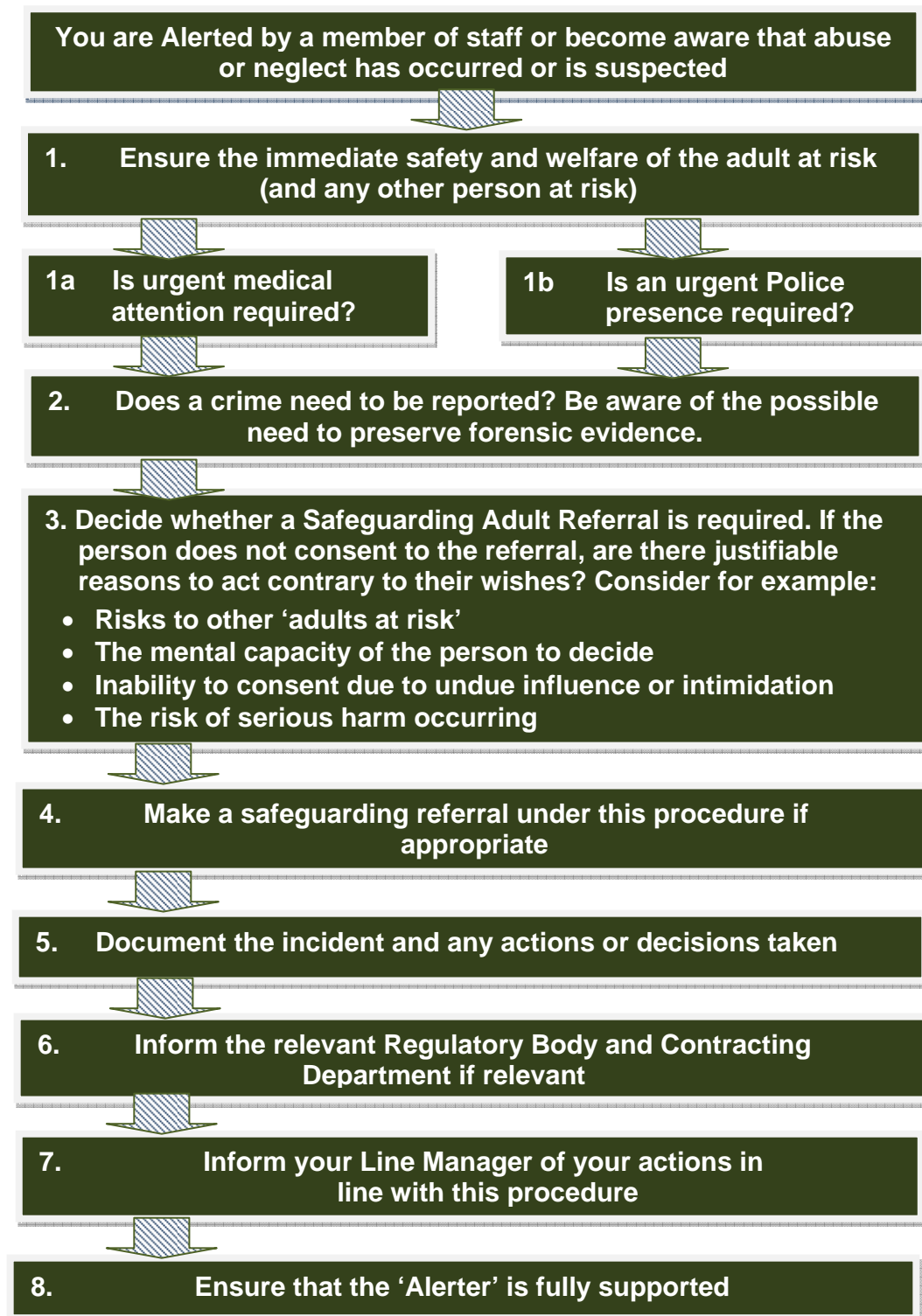
- Call Adult Social Care: Contact Centre on 0113 222 4401 (Minicom 0113 222 4410) between 8am – 6pm Monday to Friday, except Bank Holidays; and tell them you wish to make a Safeguarding Adults Referral
- If the matter is urgent and outside of the times above, contact the Emergency Duty Team on 0113 240 9536 and tell them you wish to make a Safeguarding Adults Referral.
- The person you speak to will ask you for details about the allegation/concern. If you have reported the incident to the police, tell the person this as well.
- The referral will be allocated to an appropriate team, who will then contact you to discuss the referral further

If someone is at an immediate risk of a crime, inform the police on 999.

## 8.2 Guidance for organisations (employees and volunteers)

Within an organisation an employee or volunteer must alert their line manager or designated officer to a safeguarding adult concern or allegation. The line manager or designated officer must then follow the Referral Flowchart and refer to the additional guidance on the subsequent page in order to inform their decisions and actions.

### 8.2.1 Referral Flowchart (Organisations Only)



**Referral Target Timescales (Organisations Only):**

The action of making a safeguarding referral where required:

- Immediately where the concern/allegation is urgent and serious
- Within 24 hours of an 'alert' being received

8.2.2 Referral: Additional Guidance

**1. Ensure the immediate safety and welfare of the adult at risk (and any other person at risk)**

Review the actions of the alerter and see if any further actions are required.

- What measures can be put in place immediately to keep all parties safe?
- **1a:** Is urgent medical attention required? Is an ambulance required?
- **1b:** Is an urgent police presence required to keep a person safe?

**2. Deciding whether to report an allegation/concern to the police:**

If you believe a crime has been committed you should consider the need to report the incident to the police, taking the following guidance into account:

- If you believe a crime has been committed, seek the person's consent to report the incident to the police.
- If the person does not consent to the police being informed. Consider if there are justifiable reasons to act contrary to the wishes of the adult at risk. For example:
  - Other adults or children are at risk of a crime being committed against them
  - The person lacks mental capacity to consent and it is assessed to be in their 'best interests' for the allegation/concern to be reported to the police (Mental Capacity Act 2005).
  - A person is being unduly influenced or intimidated, to the extent that they are unable to give consent
- If a serious crime has occurred and a person with mental capacity does not wish for this to be reported. Seek advice from your line manager and if necessary from the police. Advice can be sought without disclosure of the victim's name.

Record your decision and your reasons.

- To report a crime on the non-emergency phone number, telephone 101
- If an urgent response is required, telephone 999
- The police can also be contacted for advice, telephone 101

NB: Consider if the adult at risk wants another person, such as a family member or supportive friend, to be informed of a matter being reported to the police. Provide assistance as required. Where a person is without the mental capacity to make this decision themselves, a decision will be required in their best interests.

### 3. Decide whether to make a safeguarding adult referral

#### Gather information:

If you are Alerted to safeguarding concerns or allegations, you must take them seriously however trivial they might seem at first. You may need to gather information in order to make a safeguarding adult referral. This may involve for example, checking relevant records, ascertaining concerns from colleagues, gathering background information etc. This is not an investigation. Gather only the information you need in order to make the decision as to whether to make a referral.

#### Key Safeguarding Referral Considerations:

##### **A: Is the person an 'adult at risk' as defined within this policy/procedure?**

Where required refer to Page 8 for guidance as to who is an 'adult at risk'.  
If a person is not an adult at risk, consider which alternative sources of support the person can access and advise/support them accordingly.

##### **B: Does the person appear to have experienced harm from abuse or neglect?**

The occurrence of harm in one of its forms indicates the need for a safeguarding adult referral. The definition of harm on page 9 and the 'Referral Decision Support Tool' on page 50 can be referred to inform decision making.

##### **C: Is the person at risk of harm from abuse or neglect if a safeguarding referral is not made?**

The person may not have experienced harm but they may be at risk of harm. If the risk cannot be (or is not being) addressed robustly by an alternative process, the need for a safeguarding adult referral will be indicated.

##### **D: Has the adult at risk the mental capacity to consent to the referral?**

If the adult at risk has mental capacity to decide about a safeguarding referral their consent should be sought, unless to do so may place a person at risk or it is not possible to seek that person's consent.

The two stage test of mental capacity is:

- Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?
- If so, is the impairment or disturbance sufficient that the person lacks the mental capacity to make that decision?

A person is unable to make that decision if he/she is unable to.

- Understand the information relevant to the decision
- Retain that information (for as long as required to make the decision).
- Use or weigh that information as part of the process of making the decision,
- Communicate their decision (whether by talking, using sign language or any other means).

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the decision will need to be made in their best interests (Mental Capacity Act 2005).

If the adult at risk has mental capacity and does not consent to a referral and there are no justifiable reasons to act contrary to their wishes their decision should be respected (See Section E). Wherever possible they should be given information about how to access support if they should change their mind for any reason.

The organisation will continue to have ongoing responsibilities to support and safeguard the person's wellbeing outside of these multi-agency safeguarding procedures.

**E: Is a safeguarding referral appropriate without the persons consent?**

Any actions taken without the adult at risk's consent should be proportional to the risk of harm. The following are examples of when a decision to refer without consent will be required:

- other 'adults at risk' are also at risk of abuse
- the concern is about institutional abuse
- the concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk
- the person lacks mental capacity to consent and a decision is made to make the referral in the person's 'best interests' (Mental Capacity Act 2005)
- a person is being unduly influenced or intimidated, to the extent that they are unable to give consent
- there is a risk of serious harm occurring
- the abuse or neglect is potentially life threatening

The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

**If you are not sure what to do, seek advice from your organisational lead on safeguarding adult issues and/or contact Leeds Safeguarding Adult Partnership Support Unit for advice: 0113 224 3511**

NB: Consider if the adult at risk wants another person, such as a family member or supportive friend, informed of an incident occurring or a safeguarding referral being made. Provide assistance as required. Where a person is without the mental capacity to make this decision themselves, a decision will be required in their best interests (Mental Capacity Act 2005).

#### 4. How to make a Safeguarding Adult Referral:

- A. Call the Adult Social Care Contact Centre on 0113 222 4401 (Minicom 0113 222 4410) between 8am – 6pm Monday to Friday, except Bank Holidays; and tell them you wish to make a Safeguarding Adults Referral;
- If the matter is urgent and outside of the times above, contact the Emergency Duty Team on 0113 240 9536 and tell them you wish to make a Safeguarding Adult Referral.
- B. The person you speak to will ask you for details about the allegation/concern. If you have reported the incident to the police, tell the person this as well.
- C. Complete the Alert/Referral Form; sometimes called the SA1 Form. This can be downloaded from [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)
- D. The referral will be allocated to an appropriate team, who will then contact you to discuss the referral further and advise you to whom the Alert/Referral Form should be sent.

#### 5. Document the incident and any actions or decisions taken

Ensure all actions and decisions are fully recorded. It is possible that your records may be required as part of an investigation. Be as clear and accurate as you can. Record the reasons for your decisions and any advice given to you in making these decisions.

Ensure that appropriate records are maintained, including details of:

- the nature of the safeguarding concern/allegation,
- the wishes of the adult at risk,
- the support and information provided to enable the adult at risk to make an informed decision
- assessments of mental capacity where indicated
- the decision of the organisation to make or not make a safeguarding referral

The Alert/Referral Form (SA1) can be used by an organisation to record the decision as to whether or not to make a safeguarding referral.

6. If you are a service provider and a safeguarding referral is required, **notify your regulatory body and the authority that commissions your service** for the adult at risk. For example:

- Care Quality Commission (CQC) – 0300 616161
- Charities Commission (0845 300 0218)
- Supporting People – (0113 2476752)
- Relevant Contracting/Commissioning Department

**7. Inform your line manager of your decisions and actions** in line with these procedures. If the allegation or concern relates to a member of your staff team inform your Human Resource Manager as well.

**8. Ensure the person making the 'Alert' receives support** in relation to their experience. Incidents of alleged or actual abuse can be very distressing. People who have witnessed abuse or had abuse disclosed to them may need support in their own right.

### **8.3 Whistle blowing - Public Interest Disclose Act 1998**

Members of staff working within an organisation may become aware of safeguarding concerns or allegations but concerned about the impact on their employment if they were to report them.

Where people have these concerns, they should refer to their employer's Public Interest Disclosure policy, sometimes called the 'Whistle-blowing policy'. The policy is so named, because it provides advice in relation to those circumstances when an employee is protected for reporting concerns.

Where an employer does not have a 'whistle-blowing policy' or the policy is unclear or if further advice is needed. Independent advice can be obtained from 'Public Concern at Work'. Public Concern at Work (PCaW) is an independent authority on public interest whistle-blowing.

Free Helpline: 020 3117 2520 / 020 7404 6609 (Monday to Friday, 9 am to 6 pm)

Email on [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk)

Website: [www.pcaw.co.uk](http://www.pcaw.co.uk)

### 8.4 Referral Decision Support Tool (Safeguarding)

The Referral Decision Support Tool is provided as a support to and not a replacement for professional decision making. It should be used alongside other guidance provided and with consideration of the specific unique circumstances of the allegation or concern.

| Types of Abuse/<br>Types of Response | <b>Examples: Safeguarding referral may not be required</b><br><br>Consider Alternatives - disciplinary, complaints, incident/serious incident processes, training etc  | <b>Examples: Safeguarding referral is likely to be required</b>  |
|--------------------------------------|--|--|
| <b>Physical</b>                      | <p>One service user ‘taps’ or ‘slaps’ another but not with sufficient force to cause a mark or bruise and the victim is not intimidated. Isolated incident, care plans amended to address risk of reoccurrence</p> <p>Or</p> <p>One service user shouts at another in a threatening manner, but the victim is not intimidated. Care plans amended to address risk of reoccurrence.</p> | <p>Predictable and preventable (by staff) incident between two adults at risk resulting in harm</p> <p>Harm may include: bruising, abrasions and/or emotional distress caused</p>  |
|                                      | <p>Adult at risk has been formally assessed under the Mental Capacity Act. Actions taken in best interests are not the ‘least restrictive’. Harm has not occurred and actions are being taken to review care plans. Application for Deprivation of Liberty Safeguards may be required.</p>   | <p>An unauthorised deprivation of liberty results in a form of harm to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home</p> <p>Harm may include: loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress</p> |
| <b>Psychological/<br/>Emotional</b>  | <p>The adult at risk is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff or family carer. Respect for them and their dignity is not maintained but they are not distressed. Actions being taken to prevent reoccurrence.</p>   | <p>Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.</p> <p>Harm may include: distress, demoralisation, loss of confidence or dignity. Insults contain discriminatory elements e.g. racist or homophobic abuse</p>  |
| <b>Neglect</b>                       | <p>Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions being taken to prevent reoccurrence.</p>   | <p>Recurring event resulting in harm, or is happening to more than one adult at risk.</p> <p>Harm may include: hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity</p>  |
|                                      | <p>Isolated incident where a person does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. Action being taken to prevent reoccurrence</p>  | <p>Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.</p> <p>Harm may include: pain, constipation, loss of dignity and self confidence, skin problems</p>  |
|                                      | <p>Patient has not received their medication as prescribed. Appropriate actions being addressed to prevent reoccurrence.</p>   | <p>Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.</p> <p>Inappropriate use of medication that is not consistent with the person’s needs</p> <p>Harm may include: pain not controlled, physical or mental health condition deteriorates/kept sleepy/unaware; side effects</p>               |
|                                      | <p>Appropriate moving and handling procedures are not followed or the staff are not trained or competent to use the required equipment but the patient does not experience harm. Action plans are in place to address the risk of harm.</p>  | <p>The person is injured or action is not being taken to address a risk of harm.</p> <p>Harm may include: injuries such as falls and fractures, skin damage, lack of dignity</p>   |

**Part Two: Procedures:  
REFERRAL**

|                       |   |  |
|-----------------------|---|--|
| <b>Neglect</b>        | The person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs  | Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.<br><br>Harm may include: missed medication and meals, care needs significantly not attended to.   |
|                       | Person is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice.   | The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence.<br><br>Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.  |
|                       | Adult at risk is known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management, but no discernable harm has occurred. Actions being taken to prevent a future incident reoccurring.  | Person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred<br><br>Harm may include: avoidable tissue viability problems  |
|                       | Person does not have within their care plan/service plan/treatment plan a section that addresses a significant assessed need such as: <ul style="list-style-type: none"> <li>• Management of behaviour to protect self or others</li> <li>• Liquid diet because of swallowing</li> <li>• Cot sides to prevent falls and injuries</li> </ul> However, no harm occurs and actions being taken to address. | Failure to specify in a person's plan how a significant need must be met and action or inaction related to lack of care planning results in harm, such as injury, choking etc.<br><br>A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable actions to identify risk. As a consequence one or more persons are placed at an avoidable repeated risk of harm. |
|                       | The adult at risk's needs are specified in a treatment or care plan. Plan not followed, needs not met as specified but no harm occurs.  | Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm.  |
| <b>Sexual</b>         | Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one service user to another, whether or not they have mental capacity. Care plans being amended to address. Person is not distressed or intimidated.  | Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm<br><br>Harm may include: emotional distress, intimidation, loss of dignity   |
| <b>Discriminatory</b> | Adult at risk in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required/requested medical attention in a timely fashion.   | Adult at risk is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions.<br><br>Harm may include: pain, distress and deterioration of health  |
| <b>Financial</b>      | Staff member has borrowed items from service users with their consent, professional boundaries breached, but items are returned to them. Actions being taken to prevent reoccurrence  | Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer   |
| <b>Institutional</b>  | Care planning documentation is not person centred or there are few opportunities to engage in social and leisure activities, but harm is not occurring. Actions being taken to address  | Rigid inflexible routines, or lack of stimulation resulting in harm<br><br>Harm may include: impairment/deterioration of physical, intellectual, emotional or social development or health; loss of person dignity   |
|                       |   | There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).<br>(See also Indicators of Abuse: Page 9)   |

## **9 Stage: Safeguarding Coordination:**

The safeguarding coordination stage follows from the safeguarding adult referral being received.

Safeguarding coordination is the responsibility of the safeguarding coordinator. A nominated person who has overall responsibility for ensuring that the safeguarding referral is appropriately responded to, for making the decision as to whether to investigate the allegation or concern within these procedures, for coordinating any investigation and for overseeing any protection arrangements required. The safeguarding coordinator will be a senior person within health or social care.

Safeguarding coordination comprises three sub-stages as detailed here:

- Decision to investigate
- Strategy
- Investigation

## **10 Safeguarding Coordination: Decision to investigate**

Upon receipt of a safeguarding adult referral a process of information gathering will often be needed in order to decide whether an investigation under these procedures is required.

### **Target Timescales - Decision to Investigate**

The 'Decision to Investigate' under Safeguarding Adult procedures should be made by the Safeguarding Coordinator:

- By end of the working day following the one on which the referral was made.

### **10.1 Information Gathering**

Information gathering is not an investigation, but a process of collecting enough information on which to decide whether a safeguarding investigation (or an alternative process/action) is required.

In considering whether or not adult safeguarding procedures should be used, their relevance should be assumed until or unless, information suggests that this is not the case.

The referrer should always be contacted in relation to their referral, in order to:

- acknowledge receipt of their referral
- clarify and or gather more information about the allegation/concern
- acknowledge the referrers concerns

Additional information may be required in order to reach a decision as to the need for a safeguarding adult investigation, this may involve consulting:

- Relevant Contracting Departments

- Care Quality Commission
- Supporting People
- Complaint Departments
- Health and Safety Departments
- Other agencies involved with a service/service user
- Safeguarding Coordinators of other recent/current safeguarding investigations with that service provider
- Your Line Manager

The purpose of information gathering is:

- To establish whether the person is an 'adult at risk' as defined within the policy
- Establish whether harm appears to have occurred (or if there is a risk of harm occurring if these procedures are not followed)
- Establish the specific nature of the allegation/concern
- Establish whether the person has mental capacity and consents to these procedures
- Establish (where consent has not been given) whether there are justifiable reasons to investigate without the person's consent
- Evaluate any immediate risks and the need for an urgent interim protection plan to keep the person safe from harm.
- To establish whether an alternative process (other than the safeguarding procedures) is more appropriate and proportional to address the identified concern.
- To determine whether the police need to be informed of a crime or possible crime

**Target Timescale: Contact with adult at risk or representative**

Contact with the adult at risk or representative should be made in order to acknowledge concerns and or gather information on which to base a decision as to the appropriateness of the safeguarding adult procedures. A representative may sometimes be the referrer.

Contact should be:

- By end of the working day following the one on which the referral was made

## 10.2 Summary of Decisions

1. Is the person an 'adult at risk' as defined within this policy/procedure?

Refer to the definition of an ['adult at risk'](#) for guidance (p.8)

If a person does not meet this criteria they should still be supported to identify alternative sources of support and advice.



2. Abuse is 'a violation of an individual's human or civil rights by any other person or persons'. Has the person experienced or at risk of experiencing one of the following forms of abuse?

- |   |  |
|---|--|
| <input type="checkbox"/> Physical                     | <input type="checkbox"/> Psychological/emotional abuse |
| <input type="checkbox"/> Financial                    | <input type="checkbox"/> Discriminatory                |
| <input type="checkbox"/> Sexual                       | <input type="checkbox"/> Institutional                 |
| <input type="checkbox"/> Neglect (or act of omission) |  |



3. Does the person appear to have experienced harm?

Refer to the section ['Investigation Decision Considerations'](#) (p.55) for guidance.

Where an adult at risk experiences harm through a form of abuse, safeguarding investigation will be indicated.

4. If the person has not been harmed, is there a risk of harm occurring if actions are not taken within these procedures? In other words, can a risk of harm be addressed robustly through another process?

Where there are no alternatives to safeguarding investigation available or appropriate to robustly address the risk of abuse or neglect, investigation within safeguarding adult procedures will be required. Refer to ['Investigation Decisions Considerations'](#) (p.55) for additional guidance if required.



5. Can the mental capacity of the 'adult at risk' be presumed in relation to decisions within these procedures? If not assess mental capacity as required by the Mental Capacity Act 2005. Refer to [pages 16](#) and [59](#) for guidance if required:

- If the person does not have mental capacity, decide and act in the person's 'best interests' as detailed in the Mental Capacity Act 2005: Code of Practice.
- If the person has mental capacity, and declines support, consider if there are justifiable reasons to act contrary to the adult at risk's expressed wishes. Refer to [page 59](#) for guidance.
- If the person has mental capacity, and declines support within these procedures, and there are no justifiable reasons to act contrary to their wishes, their decision should be respected. Take steps to check the person has made an informed decision and knows how to access support if they should change their mind.



6. If there is uncertainty as to whether the safeguarding adult procedures should be used. Seek advice. Contact the lead(s) for safeguarding adults within your organisation.

### **10.3 Investigation decision considerations**

#### **10.3.1 Assessing Harm**

The safeguarding adult procedures are relevant where harm is being experienced by an 'adult at risk', or where there is a risk of harm occurring if the procedures are not followed.

Harm is defined in No Secrets (2000)

'harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical),

but also the impairment of, or an avoidable deterioration in, physical or mental health;

and the impairment of physical, intellectual, emotional, social or behavioural development'.

The same incident may impact on people differently, it is therefore important to focus on the impact of an incident rather its nature.

#### **10.3.2 There is a risk of harm (but harm has not occurred)**

Safeguarding adult procedures must be used not only where harm has occurred but also where necessary to prevent a clear risk of harm from occurring.

Where the concern relates to a risk of harm, safeguarding adult procedures will be indicated where:

- Alternative processes are not adequate or appropriate to robustly address the risk of harm. Examples of 'Alternatives to Safeguarding Investigation' are included on page 60.
- Where the incident or concerns are of a nature and degree that indicates the need for independent scrutiny of a safeguarding investigation. For example, there has already been a serious or repeated failure to respond robustly to an identified risk of harm.

#### **10.3.3 Poor practice and abuse**

Distinguishing between poor practice and neglect/abuse will often require a professional judgement to be made. In so doing it is necessary to consider the impact of the incident on the adult at risk. Where practice is resulting in harm, a response using the safeguarding procedures will be indicated.

The risk of harm occurring through poor practice can usually be addressed by other systems such as commissioner contract monitoring processes/quality assurance systems; care management reviews, complaint investigations; human resource processes, incident or serious incident procedures (see list of Alternatives to Safeguarding Investigation (p.60). These usually be the most appropriate and proportionate response.

#### 10.3.4 Institutional Abuse

There is no single definition of institutional abuse. No Secrets however states that:

Neglect and poor professional practice... may take the form of isolated incidents of poor or unsatisfactory practice, at the one end of the spectrum through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of a more serious problems and this is sometimes referred to as institutional abuse (No Secrets, DoH, 2000:10)

Institutional abuse refers to those incidents of abuse that derive, to a significant extent, inadvertently or otherwise, from an organisation's practice, culture, policies and or procedures.

Institutional abuse is also defined by certain characteristics.

- It is widespread within the setting (e.g. the abusive practice is not confined to the practice of a single staff member)
- It is evidenced by repeated instances of poor care/professional practice
- It is generally accepted – it is not seen as poor practice
- It is sanctioned – it is encouraged or condoned by line managers
- There is an absence of effective monitoring or management oversight by managers that has allowed the practice to have occurred.
- There are environmental factors (e.g. unsuitable buildings, lack of equipment, reliance on temporary staff) that adversely affects the quality of care
- It is systemic (e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of institutionally abusive practice)

Institutional abuse may also be indicated by a number of service users experiencing harm. However, institutional abuse may occur in relation to a single service user. This could occur for example where a person is the sole user of a service or has differing needs to other service users.

It is not necessary for each of these characteristics to be present. However, the presence of one or more characteristic increases the likelihood that institutional abuse is taking place.

Further definitions are included within the Investigating Institutional Abuse Supplementary Guidance located at [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

#### 10.3.5 Abuse of one 'adult at risk' by another

It is the harm caused (or risk of harm) rather than the nature of the relationship that is the important factor in determining the need for safeguarding investigation. The impact of an incident may be more significant where it occurs within a service, for example where both people are living in a care setting, the risk of harm may be increased and compounded by the emotional distress of living with an abusive person.

The safeguarding adult procedures will not usually be needed in relation to an incident occurring if it did not involve harm, providing that care/risk/management plans have been

amended as required and are being monitored to ensure that harm does not subsequently occur.

**10.3.6 Abuse in relation to a person without mental capacity**

Those people who unable, for reasons of mental capacity, to make decisions about their safety and wellbeing are often those most in need of protection within these safeguarding procedures.

Where a person is without the mental capacity to make decisions about their personal welfare and safety, actions within these procedures will need to be undertaken in their best interests in accordance with the Mental Capacity Act and Code of Practice.

In some circumstances, due to mental impairment, a person may not be aware of an incident occurring. This should not preclude investigation within the safeguarding procedures. The definition of harm within these procedures includes ‘Ill treatment’, understanding of that ill-treatment however is not always a necessary factor.

For example, a person with advanced dementia or a profound learning disability may not comprehend abusive/insulting comments by a carer, however the ill-treatment and loss of perceived dignity will amount to emotional/psychological abuse.

The Mental Capacity Act introduced the offence of ‘Ill-treatment or Wilful Neglect’ (Section 44) specifically to safeguard people without mental capacity.

**10.3.7 Recognising Individual Circumstances**

The consideration of individual circumstances is essential in order to recognise the extent of harm or the risk of harm and the appropriateness of the safeguarding adult procedures. Each person’s circumstances will be unique. An understanding of a person’s individual circumstances is essential in determining whether and what kind of safeguarding response is required.

| Consider:                              | Decide:   |
|--|---|
| The vulnerability of the adult at risk | <ul style="list-style-type: none"> <li>• Does the person lack capacity to assess risk or make decisions about their safety or welfare?</li> <li>• Is the person able to communicate concerns, describe incidents or recall what has happened?</li> <li>• Is the person unable to ensure their own human or civil rights are met or unable to respond to an identified risk?</li> <li>• Is the person reliant on the assistance of others to meet their basic needs?</li> <li>• Are there others in control of the person’s life, either by controlling access to services, delivering care or by exerting duress?</li> <li>• Does the person feel powerless and unable to change their situation? Has the person been subject to abuse previously?</li> <li>• Is the person without access to supportive family, friends or advocates that can help safeguard their interests?</li> </ul> |
| Nature and extent                      | <ul style="list-style-type: none"> <li>• Abuse can consist of a single incident or a series of incidents</li> </ul>   |

**Part Two: Procedures:  
DECISION TO INVESTIGATE**

|   |  |
|---|--|
| of the concern                            | <p>that result in harm over a period of time.</p> <ul style="list-style-type: none"> <li>• Does the allegation suggest other adults at risk may also be experiencing harm?</li> <li>• Is institutional abuse indicated?</li> <li>• Has the adult at risk been targeted or 'groomed'? Was the abuse opportunistic?</li> <li>• Do the allegations concern a serial perpetrator?</li> <li>• Are there underlying unmet needs of an adult at risk or their carer?</li> </ul>   |
| Length of time it has been occurring      | <ul style="list-style-type: none"> <li>• Is there a pattern of incidents suggesting this is not a one-off event and that there is a pattern of abuse or neglect occurring?</li> <li>• Even minor incidents can result in harm if they are repeated or longstanding.</li> </ul>   |
| The impact of the incident                | <ul style="list-style-type: none"> <li>• The impact of abuse may not always be immediately visible. A physical assault might not cause a physical injury but the emotional / psychological impact might be more serious. Consider the impact on the person's overall health and wellbeing.</li> <li>• Even minor acts can be devastating if committed by someone the person trusts or is their only source of support</li> <li>• Whether abuse is intentional or not is irrelevant, what is important is the harm done and whether the abuse might be repeated.</li> </ul>   |
| Risk of repeated incidents for the victim | <ul style="list-style-type: none"> <li>• Is the incident likely to reoccur because the person alleged to have caused harm is also responsible for their care or lives with them?</li> <li>• Is there a risk that the person is being directly targeted by people who have set out to exploit them?</li> <li>• Is the person alleged to have caused harm addicted to substances or have unmet support needs of their own?</li> <li>• Has anything changed since the incident that makes it more or less likely to happen again?</li> <li>• Is the alleged abuser dependent on the adult at risk's income?</li> <li>• Is the person alleged to have caused harm working in a position of trust?</li> </ul> |
| Risk of repeated incidents for others     | <ul style="list-style-type: none"> <li>• Are others at risk if actions are not taken under these procedures?</li> <li>• Are the concerns related to a person employed to work with adults at risk?</li> <li>• Has anything changed since the incident that makes it more or less likely to happen to someone else?</li> <li>• Is there a need to make a safeguarding children referral?</li> </ul>   |

### 10.3.8 Mental capacity and consent

People have the right to make decisions about their own lives. They may choose to live with risk or make decisions that others believe to be unwise. This means adults at risk are entitled to accept or decline support in relation to their own safety and wellbeing, including actions within these procedures.

Mental Capacity should be presumed. It is time and decision specific. If the adult at risk is assessed as not having mental capacity to make decisions about their own safety the decision will need to be made in their best interests (Mental Capacity Act 2005).

The two stage test of mental capacity is:

- Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?
- If so, is the impairment or disturbance sufficient that the person lacks the mental capacity to make that decision?

A person is unable to make that decision if he/she is unable to.

- Understand the information relevant to the decision
- Retain that information (for as long as required to make the decision).
- Use or weigh that information as part of the process of making the decision,
- Communicate their decision (whether by talking, using sign language or any other means).

Where a person is subject to duress or coercion, this does not necessarily mean the person lacks mental capacity in relation to the decision. It may however indicate the need for additional support in order to reach a decision.

### 10.3.9 Safeguarding Investigation without consent

Consent to a safeguarding investigation is an important consideration. It is not however the only consideration. Sometimes it will be necessary to act contrary to a person's expressed wishes, for example:

- the person lacks mental capacity to consent and a decision is made to investigate in the person's best interests (Mental Capacity Act 2005)
- the person is being unduly influenced or intimidated, to the extent that they are unable to give consent. Legal advice may be required.

Public interest considerations involve balancing the rights of the individual to privacy with the rights of others to protection. Sometimes it will be necessary to act contrary to the person's expressed wishes in order to safeguard others, for example:

- other adults at risk are at risk from the person alleged to be causing harm
- the concern is about institutional abuse
- the allegation or concern relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk

Where a person with mental capacity declines support within these procedures, and thereby places themselves at risk of serious harm the safeguarding coordinator should

consider the need to inform their line manager, and should always do so if the risk is life threatening. The need for legal advice may also be indicated. Alternative process may be appropriate to explore in order to provide the person with support through other means.

No person has the right to place another at risk. Therefore a person's consent is not required to take actions that safeguard the safety and wellbeing of others. However, it would be good practice to inform the person of actions being taken, unless to do so would place any person at further risk.

#### 10.3.10 Alternatives to safeguarding investigation

An incident or concern that does not meet the criteria for a safeguarding investigation will still need to be responded to appropriately. The following list of alternatives processes will not be exhaustive.

##### Assessment of health and social care needs

The reported concern/incident may indicate the need for (additional) support to be provided. Furthermore, where a risk of harm is identified the assessment of needs and provision of new or alternative services may prevent harm from being experienced e.g. community care assessment, health assessment.

##### Review of needs and services

The reported concern/incident may relate to a person's needs or circumstances changing and alternatives services or care plans being required. Alternatively, it may be that services are not being delivered as originally intended. Where harm has not occurred, an appropriate response may be for a review of needs or services to be undertaken e.g. care management review or CPA review.

##### Complaint Investigation

A person may make a complaint to the service provider or their commissioning authority about the quality of service being provided.

##### Complaint to Care Quality Commission

The Care Quality Commission is the regulator for health and social care providers, and will investigate breaches of care standards.

##### Incident Investigation

Each service provider has a responsibility to undertake appropriate internal investigation in order to learn from incidents occurring and improve the quality of services. Such processes can be an effective response, enabling the organisation to put in place systems to prevent an incident occurring or reoccurring.

##### Serious Incident investigation

Serious incident investigations are a requirement of the National Patient Safety Agency on NHS bodies, and those services they commission, in order to learn from incidents and improve the way services are provided. Such processes can be an effective response, enabling the organisation to put in place systems to prevent an incident occurring or reoccurring.

##### Disciplinary procedures

Where an employee has breached their responsibilities as employees, disciplinary processes can be used to investigate and take appropriate action.

Training and supervision needs

Poor practice by an employee (or volunteer) may indicate the need for additional training or supervision to be provided in order to address the identified concern.

Contract monitoring/quality assurance processes

Commissioners have a responsibility to ensure contractual requirements, including those relating to the quality of care, are maintained. Commissioners can collate concerns and use these to inform quality assurance monitoring processes.

Advice and support to access other services

A person may not fall within the criteria of an adult at risk, or may decline (with mental capacity) support within these procedures but benefit from assistance from other services. In particular, individuals should be signposted to organisations such as those that provide support in relation to domestic violence, hate crime, forced marriage and carer support groups.

Police/Criminal Investigation

Where a person is a victim of crime and the perpetrator is not a carer or in a position of trust and there are no protection planning needs, then a safeguarding investigation may not be additionally required.

Anti-Social Behavioural Unit (Safer Leeds)

Leeds Anti-Social Behaviour teams, based within Safer Leeds will advise and respond to incidents of anti-social behaviour.

Referral/notification of MAPPA (Multi-Agency Public Protection Arrangements)

Identified concerns that a person poses a risk of committing serious criminal offences should be notified to the police. Such concerns will be managed by the public protection unit/MAPPA process.

Trading Standards Investigation

Serve to ensure a fair and safe trading environment for consumers and businesses. Their responsibilities include advice and support for people in relation to investigating and responding to door step crime.

MARAC (Multi-Agency Risk Assessment Conference)

Where an adult at risk is experiencing domestic violence and is being supported through the MARAC process, then safeguarding procedures should only be used where there is an additional benefit to the adult at risk of engaging in this additional process. In these particular circumstances a person may actually meet the criteria/threshold for support through safeguarding adult procedures, but this alternative multi agency risk management process may be more appropriate depending on the circumstances.

**NB:** Where an alternative process is followed and it becomes evident that this is not sufficiently robust to prevent abuse or neglect from occurring then a safeguarding referral will be indicated. Furthermore, these identified processes will sometimes need to take place alongside, and be coordinated with, a safeguarding investigation.

## **10.4 Risk and Protection Planning**

The nature and extent of the presenting risk will need to be evaluated by the safeguarding coordinator and the need for urgent protective measures considered.

Those protective measures already been put in place by the referrer (or where relevant a current service provider) will need to be evaluated and additional protective measures put in place where required.

These actions will sometimes be urgent and will need to be taken before there is opportunity for a strategy meeting/discussion to be held. The strategy meeting/discussion process can further evaluate these actions and can review whether they need to remain in place, be amended or added to. Actions taken that impact on the welfare of the adult at risk should be taken in consultation with them.

Where a person is suspected to be at risk of forced marriage, refer immediately to the Home Office and the Foreign & Commonwealth Office guidance listed on [page 25](#) and contact the police for advice. Use this guidance to inform protection planning arrangements.

### **10.5 Decision to inform police**

The police may have already been informed of the safeguarding concern/allegation at the point of referral. If this has not happened, but a crime has potentially been committed, the safeguarding coordinator will need to consider whether to report the issue to the police taking the following guidance into account:

- If you believe a crime has been committed, seek the person's consent to report the incident to the police.
- If the person does not consent to the police being informed. Consider if there are justifiable reasons to act contrary to the wishes of the adult at risk. For example:
  - Other adults or children are at risk of a crime being committed against them
  - The person lacks mental capacity to consent and it is assessed to be in their 'best interests' for the allegation/concern to be reported to the police (Mental Capacity Act 2005).
  - A person is being unduly influenced or intimidated, to the extent that they are unable to give consent
- If a serious crime has occurred and a person with mental capacity does not wish for this to be reported. Seek advice from your line manager and if necessary from the police safeguarding unit 0113 241 4127. Advice can be sought without disclosure of the victim's name.

Reporting a crime to the police:

- To report a crime on the non-emergency phone number, telephone 101
- If an urgent response is required, telephone 999

### **10.6 Who to inform of the decision to investigate**

- The adult at risk and or their representatives as appropriate
- Relevant friends, family members or informal carers (as determined by the adult at risk who has capacity to decide who they want informed or in their 'best interests' where they lack the mental capacity to decide)
- Relevant professionals/agencies that need to know at this stage of the process in order to fulfil their safeguarding responsibilities to the adult at risk.
- The referrer: (see details and timescale below)

**Notify Referrer: Target Timescale:**

The referrer should be notified of the 'decision to Investigate or not to Investigate' under the safeguarding procedures.

- By end of the working day following the one on which the 'decision to investigate' was made.

Where the referrer is a member of the public, the referrer's concerns should be acknowledged but details of subsequent actions and decision making should only be shared with the permission of the adult at risk(s) concerned

**10.7 Recording Decisions**

The decision to investigate or not investigate the allegations/concerns under safeguarding adult procedures should be clearly recorded, together with the reasons for this decision. If an adult at risk has declined to participate within the safeguarding adult process, it will be necessary to record attempts to engage the person in this process.

## **11 Strategy**

The purpose of the strategy meeting/discussion is:

- to share information regarding the safeguarding concern/allegation
- to determine the type of investigation
- to plan an investigation
- to assess the current level of risk
- to agree an interim protection plan

With the exception of the police, where vital evidence gathering is required, the strategy meeting or discussion should take place before any investigation.

### **11.1 Strategy meeting/discussion invites**

The safeguarding coordinator will arrange and chair the strategy meeting/discussion. Their decision as to who to involve in a strategy meeting/discussion should be limited to those who need to know and who can contribute to the decision-making process.

The decision as to whether to hold either a strategy meeting or a strategy discussion, should be proportional to the seriousness of the allegations/concerns and the extent to which multi-agency involvement is required within the investigation or protection planning process.

Participation should include an appropriate representative of any organisation that has a specific role in:

- investigating the allegation of abuse or neglect, or
- assessing the risk, or
- developing or carrying out the interim protection plan, or
- taking action in relation to the person alleged to have caused harm, or
- undertaking related investigations such as those relating to complaints, serious incident, disciplinary, criminal investigation etc.

Those people participating should be of sufficient seniority to make decisions concerning the organisation's role. Invitations to attend a meeting may need to include an overview of the nature of allegations/concerns so that professionals are able to come to any meeting prepared and able to actively contribute.

- Involvement should include the adult at risk

Please note: The adult at risk should be provided with the opportunity to attend a strategy meeting or participate within a strategy discussion. They are entitled to be supported or represented by an appropriate person(s), such as a family member, friend or advocate or alternatively to forward their views in writing if they prefer. Where the adult at risk lacks the mental capacity to decide about participating in a strategy meeting/discussion, a decision will be required in their 'best interests' as to their involvement and how decisions will be communicated to them.

An adult at risk and or representatives may be requested to leave a strategy meeting whilst investigations are planned or confidential information is shared.

Where the allegation/concern involves abuse occurring within a regulated or contracted service, the safeguarding coordinator should consider involving, as appropriate:

- Care Quality Commission
- Supporting People
- Contracting Department

(These organisations should receive minutes of strategy discussions/meetings regardless of invitation or not to the strategy discussion/meeting)

Any organisation requested to participate in a strategy discussion or strategy meeting should regard the request as a priority. If the invited person (nor an appropriate representative) is able to attend a strategy meeting, they should provide information as requested and make sure it is available to the Safeguarding Coordinator in advance of the meeting.

Strategy Meetings will be recorded using the following:

- Attendance and Confidentiality Agreement (Form SA6)
- Strategy Meeting Agenda Form (Form SA7a)
- Strategy Meeting Minutes Form (SA7b)

Strategy Discussion will be recorded using:

- Strategy Discussion Minutes Form (SA7c)

## **11.2 Assessment of Risk and Protection Planning**

The strategy discussion/meeting will need to review the risk of harm and protection arrangements required. The initial assessment of risk made at the referral and decision to investigate stages may be enhanced with additional information gathered in the strategy discussion/meeting process. Any initial interim protection plan may need to be amended in light of this re-assessment of risk.

A person with mental capacity may choose not to accept a protection plan in relation to a risk of harm to themselves. The person however should be supported to make an informed decision about the presenting risks and the ways by which the risk could be reduced. If a person declines support to keep themselves safe, they should be permitted to change their mind for whatever reason.

Where a person is assessed as lacking mental capacity in relation to decisions about their personal safety, any protection plan devised will need to be done so in the person's best interests (Mental Capacity Act 2005).

Where a person is suspected to be at risk of forced marriage, refer immediately to the Home Office and the Foreign & Commonwealth Office guidance listed on [page 25](#) and contact the police for advice. Use this guidance to inform protection planning arrangements.

The safeguarding coordinator will need to ensure that agreed protection arrangements are implemented. Any party that is unable to complete an agreed action should notify the safeguarding coordinator at the earliest opportunity.

### 11.3 Investigation Strategy

The Leeds Safeguarding Adult Partnership Multi Agency Procedures have a framework that includes four types of response that can be used to investigate a safeguarding adult concern or allegation. The different types allow for a proportionate and tailored response to be taken according to the nature and seriousness of the concern/allegation.

The safeguarding coordinator, through the strategy meeting/discussion process will need to agree an investigation plan. This will involve:

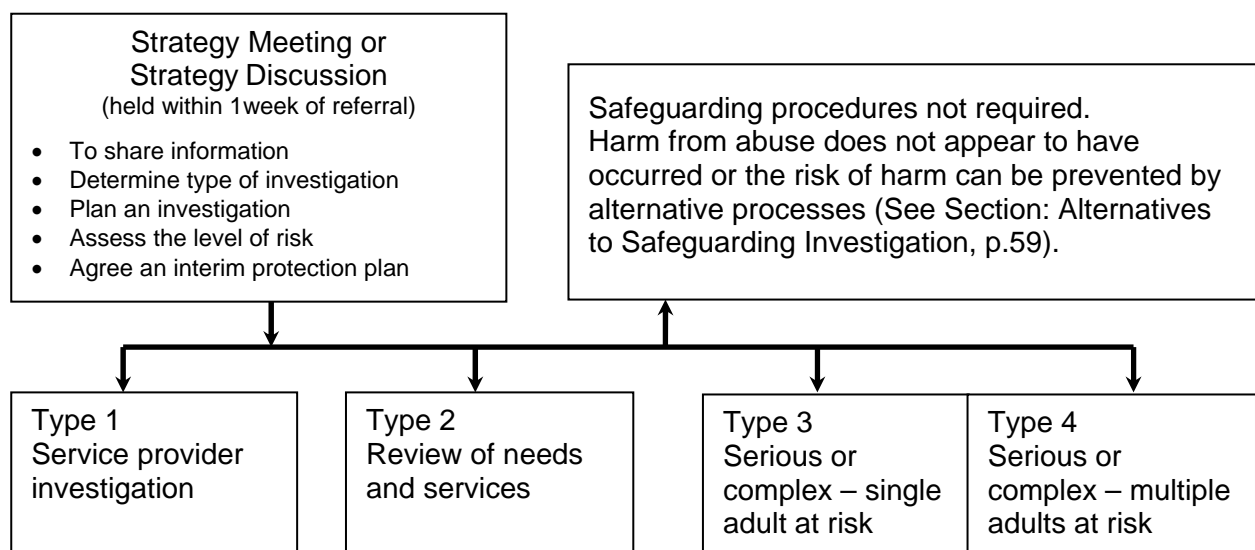
- Clearly articulating the safeguarding concern or allegation that requires investigation
- Distinguishing those wider allegations or concerns that can be addressed through other processes e.g. contract monitoring, complaints, disciplinary, or incident/serious incident processes etc.
- Determining the Type of investigation required. Refer to Safeguarding Strategy Decision: Investigation flowchart and [Indicators for Types of Investigation](#) (p.66)
- Devising, where required, a plan to coordinate the safeguarding investigation with other investigations.
- Establishing the need to obtain specialist advice or reports from other organisations that are essential to progress the safeguarding investigation. For example, reports from specialist health services.

The following additional guidance should be consulted as required in compiling the investigation plan:

- Practice Guidance: Coordinating Safeguarding Investigations (with other investigations)
- Investigating Institutional Abuse, Supplementary Guidance
- ADSS: Protocol for inter-authority investigation  
This protocol details respective responsibilities when abuse or neglect occurs in one local authority area, but the person receives services funded/commissioned by another. The protocol is adopted as part of these procedures.

All these guidance documents are located at [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

### 11.4 Safeguarding Strategy Decisions: Investigation Flowchart



11.5 Indicators for Types of Investigation -

| <b>Indicators for Types of Investigation</b>  |   |
|---|---|
| <b>Allegations/concerns that may not require a response through the safeguarding adult procedures</b>   |   |
| <ul style="list-style-type: none"> <li>• An incident has occurred or has been alleged, but no harm was incurred.</li> <li>• A risk of abuse/harm has been identified but it can be (or has been already) prevented by an alternative process</li> </ul>   |   |
| <b>Type 1: Service Provider Investigation</b>   | <b>Type 2 Investigation: Review of needs and services</b>   |
| <p><b>Incident(s) resulting in harm (or risk causing harm if actions are not taken under these procedures)</b></p> <p><u>Indicators:</u></p> <ul style="list-style-type: none"> <li>• The incident(s) has occurred within the context of health or social care provision</li> <li>• The nature of the incident(s) is such that it can be investigated impartially by the service provider</li> <li>• The service provider is able to assess and advise on any protection plans required</li> <li>• The incident(s) may relate to one or more adult at risk</li> <li>• The concerns relate to isolated or infrequently occurring incidents rather than a pattern of abuse</li> </ul> | <p><b>Incident(s) resulting in harm (or risk causing harm if actions are not taken under these procedures)</b></p> <p><u>Indicators:</u></p> <ul style="list-style-type: none"> <li>• The concerns/allegations indicate gaps or tensions in the way current support is provided (either by services or by informal support networks)</li> <li>• A review of support needs and service provision is required</li> <li>• The incident(s) may relate to one or more adult at risk</li> <li>• Independent investigation is required</li> <li>• Single agency protection planning is (predominantly) required</li> <li>• It is not appropriate to request a Type 1 Service Provider Investigation</li> </ul> |
| <p>NB: Selecting the Type of investigation required will involve a professional judgement taking into account these indicators, the principle of proportionality and the particular circumstances of the safeguarding concern/allegation.</p>   |   |

| Type 3: Investigation – serious or complex – single adult at risk  | Type 4: Investigation – serious or complex – multiple adults at risk  |
|--|---|
| <p><b>Serious or complex incidents resulting in harm (or risk causing harm if actions are not taken under these procedures) to an ‘adult at risk’</b></p> <p><u>Indicators:</u></p> <ul style="list-style-type: none"> <li>• Independent investigation is required</li> <li>• Multi-agency protection planning is required</li> <li>• The incident requires a multi-agency Case Conference to quality assure the process/share decision making</li> <li>• The referral indicates a pattern of incidents or abuse against a particular individual or by a particular individual or a health or social care service</li> <li>• Institutional abuse is indicated or suspected</li> <li>• There is a significant impact on the adult at risk’s independence or wellbeing</li> <li>• There has been a significant impairment or avoidable deterioration in the person’s independence or wellbeing</li> <li>• A deliberate intent to exploit or harm an adult at risk</li> </ul> | <p><b>Serious or complex incidents resulting in harm (or risk causing harm if actions are not taken under these procedures) to more than one ‘adult at risk’</b></p> <p><u>Indicators:</u></p> <ul style="list-style-type: none"> <li>• Independent investigation is required in relation to more than one adult at risk</li> <li>• Multi-agency protection planning is required in relation to more than one adult at risk</li> <li>• The incident requires a multi-agency Case Conference to quality assure the process/share decision making</li> <li>• The referral indicates a pattern of incidents or abuse against more than one adult at risk by a particular individual or a health or social care service</li> <li>• There is a significant impact on the independence and wellbeing of the adults at risk.</li> <li>• There has been a significant impairment or avoidable deterioration in the adults at risk’s independence or wellbeing</li> <li>• A deliberate intent to exploit or harm an adult at risk</li> <li>• Institutional abuse is indicated or suspected</li> <li>• Where, for the purposes of effective investigation, protection planning or case conclusion, it is necessary to combine separate allegations/concerns into a single investigation process.</li> </ul> |
| <p>NB: Selecting the Type of investigation required will involve a professional judgement taking into account these indicators, the principle of proportionality and the particular circumstances of the safeguarding concern/allegation.</p>  |   |

## **11.6 Media Interest**

There may be occasions when safeguarding allegations or concerns attract media attention. Under no circumstances should a member of staff give a comment or interview to the media. The strategy meeting/discussion may need to consider if there is a need to notify responsible departments/persons within their organisation of potential media interest.

## **11.7 Strategy Review Meetings**

A strategy review meeting (or a series of review meetings) may sometimes be required. The purpose of a strategy review meeting would be:

- to share information
- to review the investigation type
- to review the investigation plan
- to reassess the risk
- to review the interim protection plan

Further information may come to light during the course of an investigation that indicates a need to change how the investigation is being carried out or the type of investigation being undertaken. Strategy Review meetings can be used to discuss and consider required changes to the investigation.

Where during the course of an investigation, substantially new concerns or allegations are identified, a new safeguarding adult referral and investigation may be required.

It is important that the effectiveness of protection plan arrangements are kept under review. This may also be achieved through a safeguarding review meeting. However, where there are other processes that are sufficiently robust to review the interim protection plan, a strategy review meeting may not be required. For example, an interim protection plan may be monitored and reviewed via Care Programme Approach meetings, other planned reviews, or via close contact of relevant professionals. The safeguarding coordinator will need to be involved in or informed of the findings of these reviews.

Strategy review meetings will be arranged and chaired by the Safeguarding Coordinator.

Strategy Review Meetings will be recorded using the following:

- Attendance and Confidentiality Agreement (Form SA6)
- Strategy Review Agenda Form (Form SA7d)
- Strategy Review Meeting Minutes Form (SA7e)

### **Target Timescales – Distribution of Strategy Review Meetings Minutes**

Strategy Review meetings minutes should be circulated within 1 week of the meeting being held.

## **12 Investigation**

### **12.1 Purpose**

- To establish matters of fact about an incident or incidents in which abuse is alleged or is a concern
- On the basis of the investigation's findings, make recommendations as to whether abuse has occurred and if so, its type
- To identify any protective measures required and take action to address these needs

The scope of the investigation and the specific allegations to be addressed should be agreed as part of the strategy meeting/discussion, and form the focus of the subsequent investigation. Where clarity is required as to the required actions, the safeguarding coordinator should be contacted for advice.

### **12.2 Investigation activities**

The investigation should be focused on the specific concerns/allegations agreed within the strategy meeting/discussion or strategy review meeting as requiring investigation.

The investigation may involve a range of activities, including:

- Examination of documentary evidence such as files, accident and incident reports, daily logs, accounts, medical records etc;
- Interviews with the adult at risk, witnesses, the person alleged to have caused harm and others who can provide relevant information;
- Assessing relevant information provided by partner agencies
- Learning from own observations obtained during the investigation

The safeguarding investigation may be informed by other investigations, for example, serious/incident investigations or disciplinary investigations. In using information obtained from other investigation processes, the investigating officer will need to assure themselves that the service provider's investigation has been robust, undertake any additional investigative actions as required, form their own view about the occurrence of abuse or neglect and the protection planning needs of the adult at risk. The relevant safeguarding investigation template will need to be completed. See Practice Guidance: Coordinating Safeguarding Investigations (with other investigations) located at [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

### **12.3 Amendment to the investigation plan**

Where during the course of an investigation:

- new/additional safeguarding allegations/concerns are identified
- the investigated concern, is proving to be more or less serious than initially assessed

the Investigating Officer should immediately inform the Safeguarding Coordinator in order to consider the need to review the investigation type/plan.

- Where during the course of an investigation substantially new concerns or allegations emerge, a new safeguarding adult referral and separate investigation may be required.

#### **12.4 Planning Interviews**

Any interview needs to take into account the particular needs of the person being interviewed, including:

- Does the person wish to have a person accompany them during the interview to provide emotional support?
- Are there particular communication needs that need to be catered for?
- Are there relevant cultural, spiritual or gender issues that need to be taken into account?
- Has the interview taken into account a person's cognitive abilities (for example, the person's concentration span, the complexity of questions being asked)

#### **12.5 Investigation Delay**

Where due to the complexity of the investigation the target timescale cannot be achieved relevant persons should be kept informed of progress/delays as appropriate by the Investigating Officer/Safeguarding Coordinator (or in a Type 1, by the Investigating Service Provider Manager).

#### **12.6 Standards of proof:**

In determining whether abuse has occurred, the standard of evidence is 'on the balance of probability'.

#### **12.7 Principles of fairness**

- An investigation should be conducted without pre-judging its outcome.
- The investigation should be undertaken objectively, based upon the establishment of facts.
- An investigation should always be sufficiently thorough to ensure a balanced perspective is obtained in relation to the incident occurring (or alleged to have occurred).
- The adult at risk should have the opportunity to give their account of what has happened to them.
- Wherever practicable a person alleged to have caused harm should be enabled to respond to allegations and the investigations findings in respect to their actions/conduct. However, there will need to be consideration as to the timing that a person is informed, so as not to prejudice any investigation required or place any person at risk.
- An 'adult at risk', and a 'person alleged to have caused harm' are entitled to have a person accompany them to provide them with emotional support during any interview arranged.

### **12.8 Compiling the investigation report**

- The report should be based upon the facts established within the investigation.
- Any opinions expressed within the report should be referenced as such.
- The investigation report should be focused on the experience of the adult at risk, whether the person has experienced abuse and what actions can safeguard them from future harm.
- If any person could not be interviewed or if certain records could not be accessed, the investigation report should record this along with the reasons why.
- The report should evidence how conclusions or recommendations have been reached.
- Personally identifiable information concerning the adult at risk, the person alleged to have caused harm or any other parties should be kept to the minimum necessary for the purposes of the report.

### **12.9 Sharing of the investigation report**

Investigation reports should be written in a manner that can be shared as appropriate.

In Type 3 and Type 4 investigations these will ordinarily be shared with participants to a case conference (that may include the adult at risk and the person alleged to have caused harm).

The following factors should be taken into account:

- People contributing to the investigation should be informed as to the process being followed and how the information shared by them will be used.
- In exceptional circumstances a person's details may be removed from the circulated report, where:
  - there is an identified risk to a person being identified within a report, or
  - a person withholds consent for their name/initials to be included within a report and it is not necessary for the purposes of the safeguarding process to act contrary to their wishes
- More than one version of a report may be required in some circumstances or the Safeguarding Reports Continuation Sheet (Form SA5) used, to ensure that personal information relating to one adult at risk is not shared with another, or with the person alleged to have caused harm, without consent.
- In order to ensure that any criminal investigation or prosecution process is not compromised, permission should be sought from the police prior to including information shared by them within reports that are subsequently shared.
- Consult information sharing leads for your organisation and or information sharing guidance where required (Refer to [page 19](#) for details of Information Sharing Guidance)

## **13 Stage: Protection Plan**

The protection stage of the safeguarding procedures involves the following responsibilities:

- Determining a case conclusion
- Reviewing risk
- Agreeing a protection plan

### **13.1 Determining a Case Conclusion**

The focus of the safeguarding procedures is protection. It is necessary to establish whether abuse has occurred in order to assess the extent of any ongoing risk. This assessment of risk will guide the development of any 'protection plan' that is needed to keep the person safe from future harm.

It will necessary to decide a case conclusion in respect of each allegation of abuse. The decision will need to be made on the basis of the evidence obtained within the investigation. There are three possible outcomes to this decision:

- Substantiated – the evidence indicates that, on the balance of probabilities, abuse has occurred
- Not Substantiated – the evidence indicates that, on the balance of probabilities, abuse has not occurred
- Inconclusive – it is not possible to decide, on the balance of probabilities, whether abuse has or has not occurred. This may be because there is not enough evidence to decide one way or the other.

Where there have been more than one allegation of abuse it will be necessary to also record an overall case conclusion. There are four possible outcomes to this decision:

- Substantiated – the evidence indicates that, on the balance of probabilities, all the allegations of abuse have occurred
- Partly Substantiated – the evidence indicates that, on the balance of probabilities, that some allegations of abuse have occurred and others have not. For example, an allegation of physical abuse is 'substantiated' but an allegation of financial abuse was either 'not substantiated' or 'inconclusive'
- Not Substantiated – the evidence indicates that, on the balance of probabilities, none of the allegations of abuse have occurred
- Inconclusive - it is not possible to decide, on the balance of probabilities, whether any allegation of abuse has or has not occurred. This may be because there is not enough evidence to decide one way or the other. If all the allegations of abuse were a combination of 'inconclusive' and 'not substantiated', the overall case conclusion will be 'inconclusive'.

Case conclusion considerations:

1. Where a Safeguarding Coordinator in Type 1 and Type 2 investigations or Case Conference, in Type 3 and Type 4 investigations, identifies that important actions have not been taken during the investigation, it will be necessary to consider

whether it is appropriate to defer the case conclusion decision until these actions have been taken.

2. The case conclusion should focus on the impact on the adult at risk. Has the adult at risk experienced abuse, and if so, what is its nature?
3. New or emerging issues that are beyond the scope of the investigation will need to be investigated in their own right. This may require a new safeguarding investigation or an appropriate alternative response/process.

### **13.2 Reviewing Risk**

Assessments of risk will need to be reviewed in light of the case conclusion. The findings of the investigation may impact on the assessment of risk. There may also be changes in the adult at risk's circumstances (or that of the person alleged to have caused harm) that impact on the risk. Any changes in the assessment of risk will need to be reflected in the protection plan.

### **13.3 Agreeing a protection plan**

The protection plan is the risk management plan that is put in place to remove or reduce the risk of harm. The protection plan should serve to safeguard the person's safety.

Any protection plan that impacts on the welfare of the adult at risk should be devised in full consultation with them. A person with mental capacity is able to decide whether or not to accept a protection plan, and should therefore be involved in its design.

A person without mental capacity should still be involved to the full extent possible in designing a protection plan, and their wishes, feelings, beliefs and values considered as part of any 'best interest' decision under the Mental Capacity Act 2005.

The safeguarding coordinator will need to ensure that agreed protection arrangements are implemented. Any party that is unable to complete an agreed action should notify the safeguarding coordinator at the earliest opportunity.

The NHS Information Centre for Health and Social Care identifies a range of possible outcomes for both the adult at risk and person alleged to have caused harm.

| <b>Possible outcomes for the adult at risk</b>  | <b>Possible outcomes for the person alleged to have caused harm</b>   |
|---|---|
| <ul style="list-style-type: none"> <li>• Increased monitoring</li> <li>• Removal from property/support, advice, services</li> <li>• Assessment/services</li> <li>• Application to Court of Protection</li> <li>• Application to change appointeeship</li> <li>• Referral to advocacy service</li> <li>• Referral to counselling services</li> <li>• Guardianship/use of Mental Health Act 1983 (as amended by Mental Health Act 2007)</li> <li>• Review of self-directed support</li> </ul> | <ul style="list-style-type: none"> <li>• Criminal prosecution/formal caution</li> <li>• Police action</li> <li>• Assessment/services</li> <li>• Removal from property/support, advice, services</li> <li>• Management of access to adult at risk</li> <li>• Referral to ISA</li> <li>• Referral to regulatory body</li> <li>• Disciplinary action</li> <li>• Action by CQC</li> <li>• Continued monitoring</li> <li>• Counselling/training</li> </ul> |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Restriction/management of access</li> <li>• Referral to MARAC</li> <li>• No further action</li> <li>• Other</li> </ul> | <ul style="list-style-type: none"> <li>• Referral to court-mandated treatment</li> <li>• Referral to MAPPA</li> <li>• Action under Mental Health Act 1983 (as amended by Mental Health Act 2007)</li> <li>• Action by contract compliance</li> <li>• Exoneration</li> <li>• No further action</li> <li>• Other</li> </ul> |
|---|---|

Where referral to the Independent Safeguarding Authority (ISA) or regulatory body is agreed as part of the protection plan, this shall be undertaken by employer, with confirmation provided to the safeguarding coordinator that it has occurred.

There is also a legal responsibility on regulated activity providers, personnel suppliers, local authorities, education and library boards, keepers of registers and supervisory authorities to make an ISA referral. Where the employer has fulfilled this legal duty, and provides evidence to the safeguarding coordinator, this will avoid the need for multiple referrals being made in relation to the same person.

The 'ISA Referral Guidance' should be consulted in reaching a decision to make such a referral, located at [www.isa.homeoffice.gov.uk](http://www.isa.homeoffice.gov.uk)

### **13.4 Protection Plan Process: Type 1 Investigations**

In a Type 1 investigation the service provider manager will be responsible for undertaking the investigation, for assessing risk and producing a protection plan that safeguards the adult at risk. A report will need to be produced using the 'Type 1 Investigation Report template (SA2)'.

The service provider manager will be responsible for involving relevant people such as the adult at risk, relevant family members or relevant health or social care professionals as appropriate in assessing the risk and producing the protection plan. The service provider manager will also be responsible for including all relevant parties within the investigation, including the adult at risk, witnesses and wherever practicable the person alleged to have caused harm.

It is important that the adult at risk is supported to make decisions about changes to their support or care. However, where a person lacks the mental capacity to make particular decisions about their safety, a decision will need to be reached under the Mental Capacity Act 2005 in their 'best interests'. Where there is a risk to others, such as other service users, a decision about protection planning arrangements may be required that balances the interests of others with the wishes of the adult at risk.

The service provider manager will provide the safeguarding coordinator with the investigation report, together with its protection plan within 2 weeks.

The safeguarding coordinator will need to review the report, consider whether the investigation has been sufficiently thorough on which to form a decision about the occurrence of abuse or neglect and whether the protection plan proposed adequately addresses identified risks.

The safeguarding coordinator will need to advise the service provider manager within 1 week as to whether there are any further actions required. Once the safeguarding coordinator is satisfied that the investigation has been appropriately thorough, based upon its recommendations and findings, they will need to consider and record the occurrence and type of abuse and notify the service provider manager accordingly.

If further actions are required, the safeguarding coordinator should agree a timescale with the service provider manager for these actions to be undertaken and resubmitted to the safeguarding coordinator. The service provider manager will need to ensure that key people, such as the adult at risk and the person alleged to have caused harm are informed of delays in the completion of the investigation.

The service provider manager will need to ensure that relevant persons are informed of key decisions in relation to the safeguarding investigation, case conclusion and protection plan. This will include the adult at risk and their relatives where appropriate (with the person's consent or in their 'best interests' if they lack the mental capacity in relation to that decision) and wherever practicable the person alleged to have caused harm.

The safeguarding coordinator should ensure the relevant contracting department and Care Quality Commission are informed of the case conclusion and relevant key decisions. This does not replace the responsibility of the service provider to undertake such notifications as required of them by these organisations.

### **13.5 Protection Plan Process: Type 2 Investigations**

In a Type 2 investigation the Investigating Officer will be responsible for undertaking the investigation, for assessing risk and producing a protection plan that safeguards the adult at risk. A report will need to be produced using the 'Type 2 Investigation Report template (SA3)'.

The Investigating Officer will be responsible for involving relevant persons such as the adult at risk, relevant family members or relevant health or social care professionals as appropriate in assessing the risk and producing the protection plan. The Investigating Officer will also be responsible for including all relevant parties within the investigation, including the adult at risk, witnesses and wherever practicable the person alleged to have caused harm.

It is important that the adult at risk is supported to make decisions about changes to their support or care. However, where a person lacks the mental capacity to make particular decisions about their safety, a decision will need to be reached under the Mental Capacity Act 2005 in their 'best interests'. Where there is a risk to others, such as other service users, a decision about protection planning arrangements may be required that balances the interests of others with the wishes of the adult at risk.

The investigating officer will provide the safeguarding coordinator with the investigation report, together with its protection plan within 2 weeks.

The safeguarding coordinator will need to review the report, consider whether the investigation has been sufficiently thorough on which to form a decision about the occurrence of abuse or neglect and whether the protection plan proposed adequately addresses identified risks.

The safeguarding coordinator will need to advise the investigating officer within 1 week as to whether there any further actions required. Once the safeguarding coordinator is satisfied that the investigation has been appropriately thorough, based upon its recommendations and findings, they will need to consider and record the occurrence and type of abuse and notify the investigating officer accordingly.

If further actions are required, the safeguarding coordinator should agree a timescale with the investigating officer for these actions to be undertaken and to be resubmitted to the safeguarding coordinator. The investigating officer will need to ensure that key people, such as the adult at risk and the person alleged to have caused harm are informed of delays in the completion of the investigation.

The investigating officer/safeguarding coordinator will need to ensure that relevant people are informed of key decisions in relation to the safeguarding investigation, case conclusion and protection plan. This will include the adult at risk and their relatives where appropriate (with the person's consent or in their 'best interests' if they lack the mental capacity in relation to that decision) and wherever practicable the person alleged to have caused harm.

The investigating officer/safeguarding coordinator should ensure the relevant contracting department and Care Quality Commission are informed of the case conclusion and relevant key decisions. This does not replace the responsibility of the service provider (where applicable) to undertake such notifications as required of them by these organisations.

### **13.6 Protection Planning Process: Type 3 and Type 4 Investigations:**

A Case Conference will be required whenever a Type 3 or Type 4 Investigation has been completed. A request for a case conference should be submitted as early in the process as possible and should be given particular consideration during Strategy Meeting/Discussions. Early consideration will help ensure the Case Conference can be arranged to take place without unnecessary delay after the completion of the investigation. The process for requesting a Case Conference is described on page 81.

### **13.7 Case Conference**

The purpose of a case conference is to:

- to share information from the investigation
- to reach a conclusion about whether or not there has been abuse or neglect
- to assess any ongoing risk
- to agree the protection plan and how it will be reviewed and monitored
- to plan any further actions

The Independent Case Conference Chair will be an Independent Safeguarding and Risk Manager from the Safeguarding Adult Partnership Support Unit. The role of the Chair is independent of any agencies involved within the safeguarding investigation.

The role of the Case Conference Chair is to:

- chair the meeting

- enable all parties to fully participate
- ensure the adult at risk is empowered to make decisions about their own safety
- ensure a fair, objective and evidenced based process is followed
- provide independent challenge to ensure practice standards are maintained in achieving these outcomes

**Case Conference - Target Timescales:**

- Case Conference Meeting should be held within 8 weeks of referral\*

\*Complex investigations, including those where there are parallel criminal or serious Incident investigations may impact on the timescale achieved.

**13.8 Case Conference Invites:**

The Safeguarding Coordinator will need to advise the Case Conference Chair of appropriate invitees to the Case Conference, and how the views of any relevant people who are not to be invited, will be represented.

The decision as to who to involve in a Case Conference should be limited to those who need to know and who can contribute to the decision-making process. This should include an appropriate representative of any organisation that has a specific role in:

- investigating the allegation of abuse or neglect, or
- assessing the risk, or
- developing or carrying out the protection plan, or
- taking action in relation to the person alleged to have caused harm

The person participating should be of sufficient seniority to make decisions concerning the organisation's role.

Invitations should include:

- The adult at risk (where a person lacks the mental capacity to decide about attendance a decision will be required in their 'best interests' as to whether they should be invited and should attend)

The adult at risk is entitled to be supported by an appropriate person(s), such as a family member, friend or advocate (according to their wishes, or decided in their 'best interests' where they lack the mental capacity to decide for themselves).

The adult at risk may also choose not to attend and have their views reported via a representative or in writing.

- Where the allegation/concern involves abuse occurring within a regulated or contracted service, the safeguarding coordinator should consider involving, as appropriate:
  - Care Quality Commission
  - Supporting People
  - Contracting Department

(These organisations should receive minutes of case conference meetings regardless of invitation or not to the Case Conference)

- Due consideration should be given to the appropriateness of inviting any person specifically alleged to have caused harm to the Case Conference. The decision reached will need to be in accordance with the needs and wishes of the adult at risk. Where a person is invited to attend, they are entitled to be supported by an appropriate person, such as a family member, friend or advocate.

However, if the person alleged to have caused harm is not to be present, wherever practicable they should be made aware of the case conference meeting and their views included as appropriate.

Any organisation requested to participate in a case conference should regard the request as a priority. If the invited person (or an appropriate representative) is unable to attend a case conference, they should provide information as requested and make sure it is available for the Independent Case Conference Chair 7 days (1 week) in advance of the meeting.

Only people invited to attend the case conference should do so. Unexpected people may not be permitted to attend the meeting. Any person that would like to bring an additional person, a friend or family member or a colleague from their organisation for example, should inform the chair in advance of the meeting.

For reasons of confidentiality it may be necessary for any person to absent themselves for part of the meeting as requested by the Independent Case Conference Chair.

### **13.9 Rescheduling/Suspension of Case Conferences**

Any person unable to attend should inform the Independent Case Conference Chair as soon as possible, and may be requested to submit a written report for consideration at the meeting.

In the event of a key person not being able to attend or required reports are not submitted or the reports received do not adequately address all the required issues. The Independent Case Conference Chair may need to reschedule the meeting.

In exceptional circumstances it may be necessary for the Case Conference Chair to suspend a Case Conference meeting that has commenced and reconvene it at an alternative time or day. For example, this may be necessary where:

- the need for further investigative activities/risk assessment/protection planning issues are identified during the course of the meeting.
- the adult at risk is distressed by discussions about the alleged or actual abuse and is unable to continue at that time.

### **13.10 Case Conferences where there is more than one adult at risk**

In a Type 4 investigation there may be more than one adult at risk that would wish to attend the case conference. This may raise issues as to practical arrangements and confidentiality issues. Attempts should be made to enable each adult at risk to

contribute to the case conference in a fair, inclusive and practical way. The following strategies may be required according to the circumstances:

- Often the best response is for each adult at risk to attend part of the meeting in turn, enabling each to be heard and to be part of the case conference process.
- Where the incidents of alleged abuse are broadly similar, and with each parties consent, more than one adult at risk could attend at any one time, providing this did not result in a breach of confidentiality.
- The Independent Case Conference Chair could meet with the adult at risk in a forum prior to a Case Conference meeting. This would only be appropriate where the adults at risk have similar issues and is arranged with their consent.
- Where there are a large number of adults at risk, contributions by some or all may need to be in writing, and assistance given to ensure this is possible.

### **13.11 Investigation Reports**

Wherever appropriate, investigation reports will be shared at the commencement of the Case Conference with participants. A decision will be needed by the Safeguarding Coordinator, taking into account issues of confidentiality and the needs of other investigations (or related processes) as to whether there are any reasons why investigation reports cannot be shared. In the event that reports cannot be circulated to participants, their content will need to be summarised verbally for participants at the Case Conference to consider. Information sharing leads and or information sharing guidance should be consulted where required (refer to [page 19](#) for details on Information Sharing Guidance).

### **13.12 Case Conference Decision Making**

The focus of the case conference process is protection. It will be necessary for the Case Conference meeting to evaluate the evidence obtained during investigation and to determine whether or not abuse has occurred, and if so its type. Decisions as to the occurrence of abuse will inform the protection plan. The following principles and process should be used for determining this decision:

- The Investigating Officer should summarise the findings and recommendations of the investigation for the Case Conference.
- The Chair of the Case Conference will invite comments and views in relation to the investigation's findings and its recommendations. This should include the views of the adult at risk and person alleged to have caused harm if they wish to offer them, and the views and comments of professionals. The role of an advocate in this process is to support their client in expressing their view.
- The Chair will propose an outcome for the Case Conference to consider based upon the investigation and contributions to the case conference.
- The Chair will facilitate discussion to arrive at a consensus (a generally accepted view) as to whether abuse has occurred and its type, recording those individuals/agencies that disagree with the wider consensus. Consensus will need to recognise the range of parties represented.
- In very exceptional circumstances, where despite all efforts consensus cannot be reached or the Independent Case Conference Chair is not satisfied that the consensus view can be justified on the basis of the presented evidence / the 'balance of probabilities', the Independent Case Conference Chair has the

authority to decide the outcome. In these situations they must clearly record their reasons and those people who disagree with the outcome.

The Contesting Safeguarding Decisions procedure can be used by an adult at risk or a person alleged to have caused harm or a service provider in relation to decisions about their employees or their organisation, in order to contest decisions reached as to the occurrence of abuse and its nature. This procedure can be located at [www.leedsafeguardingadult.org.uk](http://www.leedsafeguardingadult.org.uk)

### **13.13 Informing Relevant Parties of Decisions**

The Case Conference will need to consider whether actions, in addition to the distribution of minutes, are required to ensure people not present are informed of decisions relating to them.

In particular, consideration should be given to how an adult at risk and any person alleged to have caused harm are informed, if not present, of decisions relating to them. The Case Conference meeting will need to agree the most appropriate person to undertake this responsibility.

Case Conference minutes will be distributed to all parties attending and invited to attend, and any other parties as agreed by the Case Conference.

Where the allegation/concern involves abuse occurring within a regulated service, the distribution of minutes should automatically include, as appropriate:

- Care Quality Commission
- Supporting People
- Contracting Department

### **13.14 Administration of case conferences**

Where a Type 3 or Type 4 Investigation is being held the Safeguarding Coordinator will need to request a case conference.

The 'Request For A Case Conference' (Form SA7f) can be downloaded from [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk).

Completed Forms should be sent to the Leeds Safeguarding Adult Partnership Unit by secure email: [safeguarding.adults@leeds.gov.uk.cjism.net](mailto:safeguarding.adults@leeds.gov.uk.cjism.net).

The completed request form should include proposed dates for a case conference, a full list of people to be invited to the case conference and details of any specific requirements.

The Case Conference Administrators within the Safeguarding Adult Partnership Support Unit will be responsible for arranging the meeting, booking a venue, sending invites, recording meeting minutes and their distribution.

Independent Case Conference Chairs will need to review submitted reports in order to ensure that the case conference will be sufficiently informed in order to reach necessary decisions. Where reports are not submitted or additional information is required to

support the Case Conference decision making, the planned case conference may need to be rescheduled.

The Independent Case Conference Chair will liaise with the Safeguarding Coordinator highlighting any important omissions evident in the list of requested invitees and ensure they are notified of apologies received for the meeting.

**13.15 Case Conference Administration Timescales:**

- Investigation reports (and other reports) to be received by the Independent Case Conference Chair – 7 days (1 week) prior to the date of the Case Conference (or Case Conference Review Meeting)
- Case Conference Minutes (Form SA8b) or Case Conference Review Minutes (Form SA10b) distributed by the Case Conference Administrators – Within 2 weeks of the Case Conference (or Case Conference Review Meeting)
- Requested amendments to minutes from participants – Within 1 week of Case Conference Minutes (or Case Conference Review minutes) distribution
- Case Conference Minutes or Case Conference Review Minutes amended and redistributed by Case Conference Administrators – Within 1 further week

## 14 Stage: Review

### 14.1 Review

If a protection plan has been required, it is important that these arrangements are kept under review. Similarly if a risk has been identified but a person has declined a protection plan, a review may be required as a means to check if the adult at risk's circumstances are such that they now wish to accept support. A review will need to consider the presenting risks and the protection arrangements required to address these risks.

A review will not always be required within the safeguarding adult procedures. The review may also take the form of a care management or the care programme approach (CPA) review. It may also be undertaken as a service provider review. Where any protection plan required has been implemented, and these processes are sufficiently robust, the safeguarding process may be closed.

Where the nature of the risks and concerns are such that a review is required within the safeguarding procedures, this may be carried out by means described in 14.2 and 14.3.

A review should include the adult at risk, with support or representation as required.

#### Target Timescale:

- Reviews of protection plans/risks should take place within 3 months
- Subsequent reviews within 6 months

### 14.2 Safeguarding Review: Type 1 or Type 2

In a Type 1 or Type 2 investigation where the safeguarding coordinator considers it necessary for a review or reviews to take place prior to closing the safeguarding episode they may include themselves within the review arrangements as described in 14.1 until they are satisfied that reviews can take place satisfactorily outside of the safeguarding procedures. The need for this will be indicated by the nature and extent of the presenting risks.

### 14.3 Case Conference Review

Within Type 3 and Type 4 investigations a review may be by means of a Case Conference Review meeting. The need for a Case Conference Review meeting will be decided by the Independent Case Conference Chair in consultation with relevant parties at the Case Conference.

A Case Conference Review may be indicated due to:

- the degree and nature of the risk
- the complexity of the protection plan
- the difficulties of implementation/ensuring the effectiveness of the protection plan
- access to resources being unclear at the time of the case conference
- the circumstances of the adult at risk (or person alleged to have caused harm) are likely to change in the short term requiring changes to the protection plan.

The purpose of a Case Conference Review meeting will be to:

- to review actions agreed at the case conference
- to share any new information
- to review the Protection Plan, and agree any required changes
- to plan any further actions

A Case Conference Review meeting however will not be required where other review arrangements or processes are sufficiently robust to address the specific review needs of the protection plan and the adult at risk.

The Case Conference Review meeting arrangements will be managed by the Case Conference Administrators, adhering to the timescales detailed for Case Conferences on [page 82](#).

A Case Conference Review meeting should use:

- Attendance and Confidentiality Agreement (Form SA6)
- Case Conference Review Agenda (S10a)
- Case Conference Review Minutes (SA10b)

#### **14.4 Case conference review reports**

Reports requested by the Independent Case Conference Chair should be received within 7 days (1 week) of the Case Conference Review.

Each agency submitting reports should advise the Case Conference Chair as to whether the reports can be shared with participants to the meeting.

#### **14.5 Informing Relevant Parties of Decisions**

The Case Conference Review meeting will need to consider whether actions, in addition to the distribution of minutes, are required to ensure people not present are informed of decisions relating to them.

In particular, consideration should be given to how an adult at risk and person alleged to have caused harm are informed, if not present, of decisions relating to them. The Case Conference meeting will need to agree the most appropriate person to undertake this responsibility.

Case Conference review minutes will be distributed to all parties attending and invited to attend, and any other parties as agreed by the Case Conference.

Where the allegation/concern involves abuse occurring within a regulated service, the distribution of minutes should automatically include, as appropriate:

- Care Quality Commission
- Supporting People
- Contracting Department

## **15 Closing the Safeguarding Adults Process**

### **15.1 Actions on closing**

The safeguarding procedures should only be used as long as is necessary to investigate an allegation/concern, determine if abuse has occurred, assess risk, successfully implement a protection plan and conduct a review where required under the safeguarding adult procedures. When the safeguarding procedures are no longer required to achieve these aims, the safeguarding process should be closed. Other forms of support however, such as ongoing care management, CPA review processes, or service provider reviews may be required to monitor and review the protection plan arrangements.

The safeguarding coordinator, in closing the safeguarding process should ensure the following have been achieved:

#### Recording

- All records are complete
- Case records contain all relevant information and satisfactorily completed forms

#### Ensuring Safety

- Risk has been appropriately assessed
- A protection plan has been implemented where required, that addresses the identified risks
- A person with mental capacity who has declined a protection plan has been made aware of how to access support should they wish to at a later point.
- Arrangements for ongoing review, where required, are in place

#### Adult at Risk

- The adult at risk knows that the process is concluded and the outcomes of the safeguarding process
- The adult at risk knows where/who to contact if they have any future concerns about abuse

#### Person alleged to have caused harm

- Wherever practicable the person alleged to have caused harm has been notified of the outcome of safeguarding investigation/case conference process.

#### Communication with other agencies

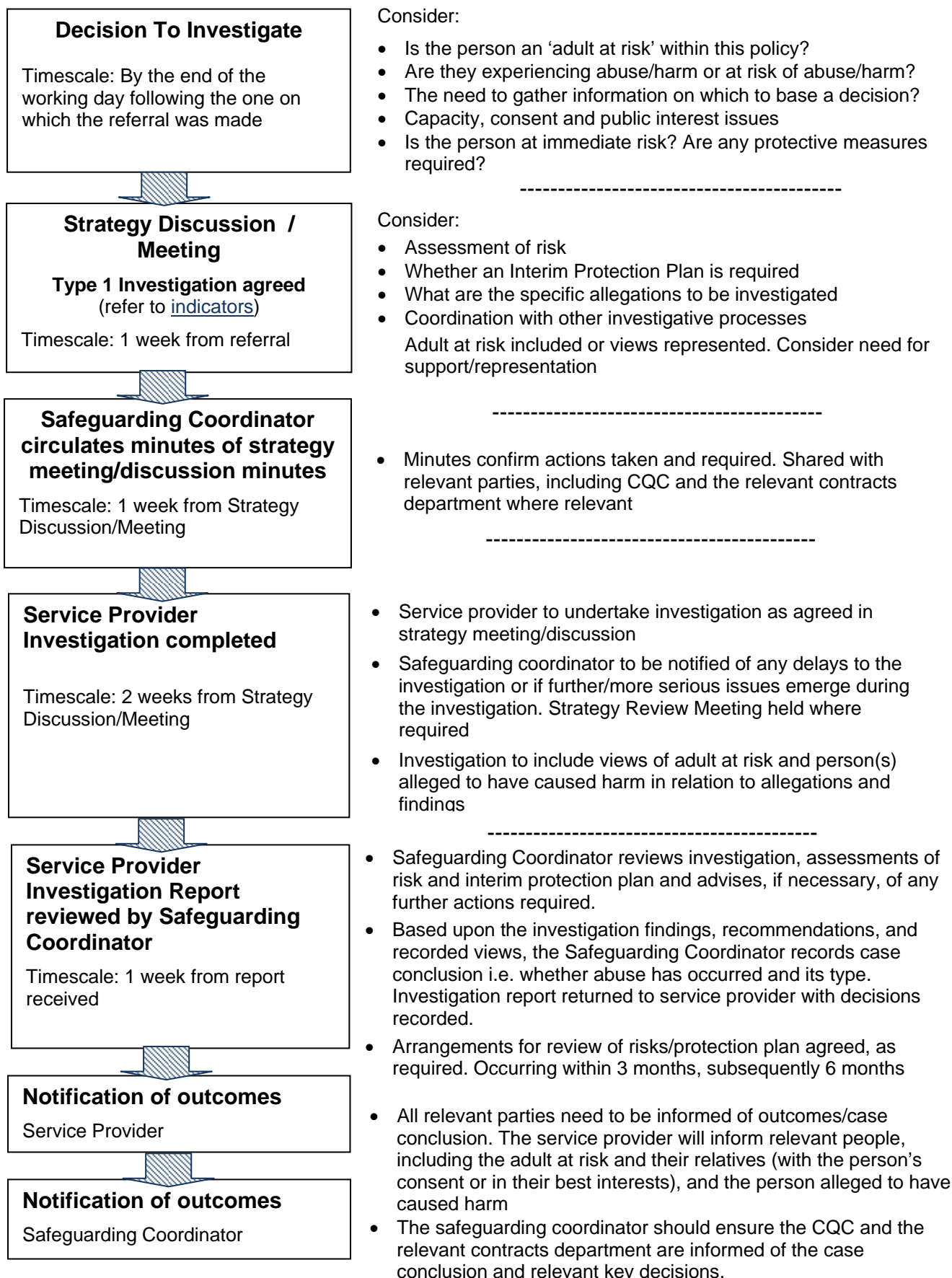
- All relevant parties have been informed of the outcomes to the investigation, including:
  - Contracting departments
  - Care Quality Commission
  - Supporting People

## 16 Notes on the completion of safeguarding forms

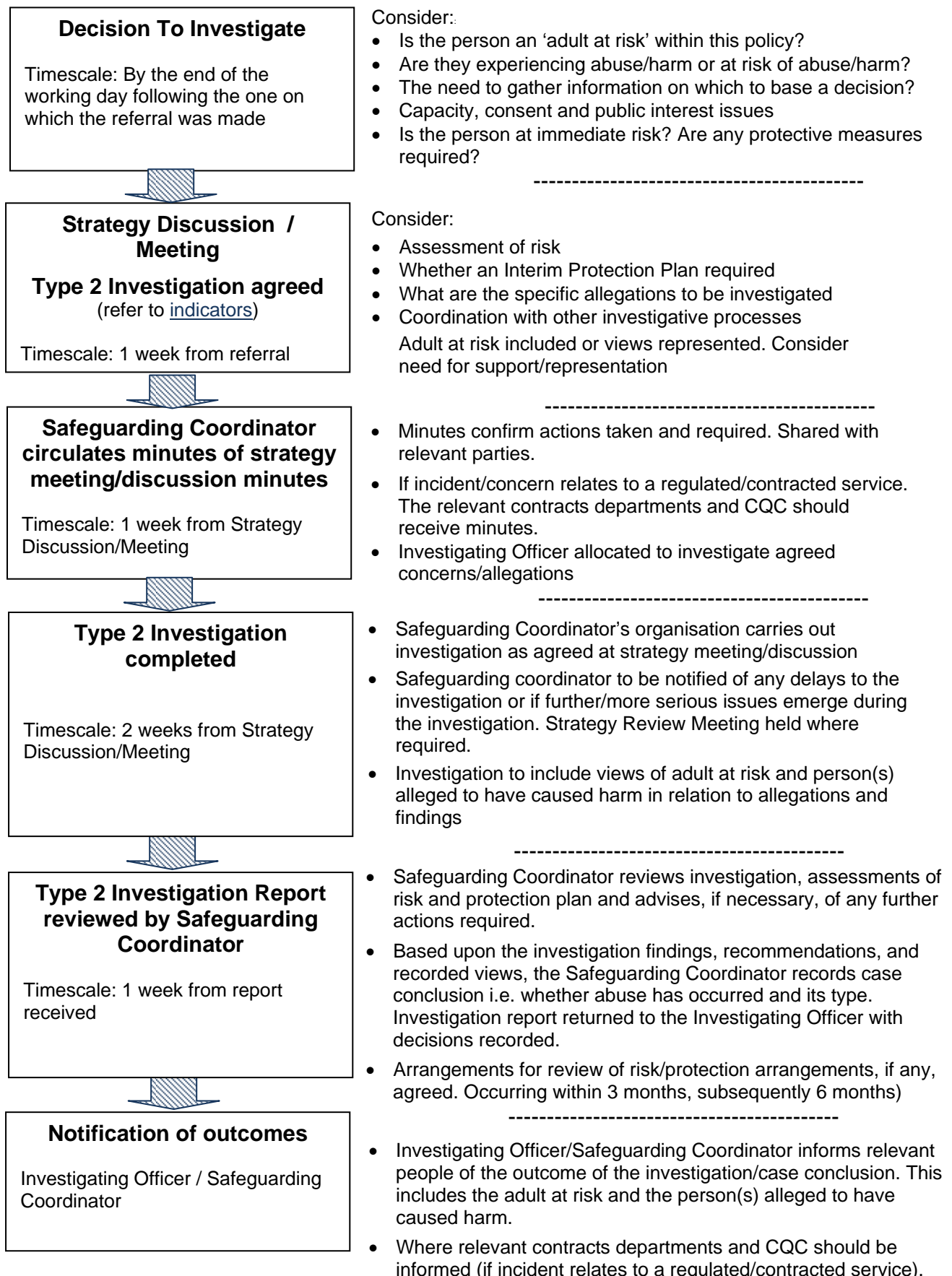
1. The forms should be completed as clearly and concisely as possible. It is important that the way information is recorded cannot be misconstrued.
2. Actions recorded should be clear and specific and indicate how they will be achieved.
3. Timescales should refer to dates by which actions will be achieved. Terms such as 'ASAP' should not be used.
4. People responsible for taking actions within the safeguarding procedures should be named. Wherever possible actions should not be allocated to an agency or a profession, but rather to a named individual who can be contacted in relation to that action.
5. Amendments to minutes can only be in relation to the accuracy of the minutes.
6. Where there is a need to add or correct factual information then an Addendum to the meeting can be recorded. An Addendum may be recorded within the minutes or attached to the minutes as appropriate, but must be clearly identified as such.

## 17 Investigation Flowcharts

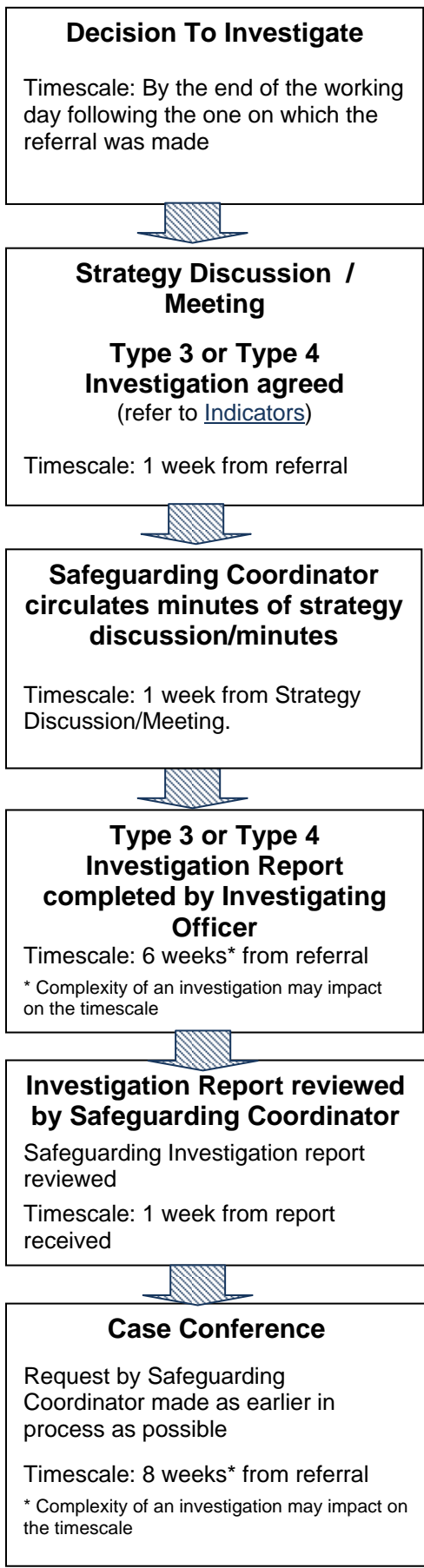
### 17.1 Type 1 Investigation Flowchart



## 17.2 Type 2 Investigation Flowchart



### 17.3 Type 3 & Type 4 Investigation Flowchart



Consider:

- Is the person an 'adult at risk' within this policy?
- Are they experiencing abuse/harm or at risk of abuse/harm?
- The need to gather information on which to base a decision?
- Capacity, consent and public interest issues
- Is the person at immediate risk? Are any protective measures required?

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Consider:

- Assessment of risk
  - Whether an Interim Protection Plan is required
  - What are the specific allegations to be investigated
  - Coordination with other investigative processes
  - Identify possible dates for a case conference and submit request
- Adult at risks included or views represented. Consider need for support/representation

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- Minutes confirm actions taken and required. Shared with relevant parties including CQC and the relevant contracts department where relevant
- Investigating Officer(s) allocated to investigate agreed concerns/allegations

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- Investigation carried out and coordinated as agreed in strategy meeting/discussion
- Safeguarding coordinator to be notified of any delays to the investigation or if further/more serious issues emerge during the investigation. Strategy Review Meeting held where required.
- Investigation to include views of adult at risk and person(s) alleged to have caused harm in relation to allegations and findings

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- Safeguarding Coordinator reviews investigation, assessments of risk and protection plan and advises the Investigating Officer, if necessary, of any further actions required.

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Convened and Chaired by Independent Case Conference Chair

- Decides case conclusion i.e. whether abuse has occurred and its type
- Reviews risk and agrees a protection plan
- Agrees arrangements for review (may include a Case Conference Review meeting).
- Decides how parties not present are notified of decisions

Adult at risk and person alleged to cause harm attend or views represented.

## 18 Version Control Record:

|                                |   |
|--------------------------------|---|
| Version:                       | Version 3<br>(Replaces Version 2: LSAPB Multi-Agency Policy/Procedures Jan. 2012) |
| Ratified by:                   | Leeds Safeguarding Adults Partnership Board                                       |
| Amendments ratified:           | February 2012   |
| Author/Originator of title     | Safeguarding Adult Partnership Board  |
| Name of responsible sub-group: | Policy, Protocols and Procedures Sub-group  |
| Date issued:                   | March 2012  |
| Review of date:                | October 2012  |
| Target audience:               | Everyone  |

### Summary of key changes made in Version 3

#### 1. Policy/Procedures:

- References added to prompt contact with the police for advice in relation to forced marriage issues (Sections 3.4; 10.4, 11.2)
- Section added to decision to investigate guidance 'abuse in relation to a person without mental capacity' (Section 10.3.6)
- Correction of Minicom number in places
- Amendment to section: Determining a Case Conclusion (Section 13.1)
- Amendment: case conference reports shared at the commencement rather than in advance of the meetings (Section 13.11). Amendment to Section 14.4 for consistency.

|                                |  |
|--------------------------------|--|
| Version:                       | Version 2<br>(Replaces Version 1: LSAPB Multi-Agency Policy/Procedures 2009) |
| Ratified by:                   | Leeds Safeguarding Adults Partnership Board                                  |
| Date ratified:                 | October 2011   |
| Author/Originator of title     | Safeguarding Adult Partnership Board   |
| Name of responsible sub-group: | Policy, Protocols and Procedures Sub-group                                   |
| Date issued:                   | January 2012   |
| Review of date:                | October 2013   |
| Target audience:               | Everyone   |

### Summary of key changes made in Version 2

#### 1. Structure:

##### 1.1 The structure has been amended to be single document to cover:

Part 1: Policy and Part 2: Procedures.

Part 3 which includes the Forms and additional guidance/procedures, such those relating to serious case review or information sharing agreements continues to be separate downloads on the website.

#### 2. Policy:

- Adoption of the safeguarding principles established initially within the DoH 2011, the Role of Health Services i.e. Empowerment, Prevention, Protection, Partnerships, Proportionality, Accountability. These have been adapted to highlight key practice issues such as mental capacity, risk, defensible decision making, fair process etc.
- Increased guidance for organisations on Prevention, based in part on DoH 2011, the Role of Health Services
- Increased information about Associated Partnerships such as Court of Protection, MARAC, Care Quality Commission, MAPPA etc, that have an overlapping relationship with safeguarding adult process.
- Adoption of the terminology 'Adult At Risk' instead of 'Vulnerable Adult' as espoused by the Law Commission review and ADASS Advice Note.
- Adoption of the term, 'person/organisation alleged to have caused harm', consistent with the SCIE Pan London Procedures.

#### 3. Procedures:

##### 3.1 Alert

- No changes made to process. Guidance reformulated.

##### 3.2 Referral

- Introduction of a target timescale in relation to feedback to referrer (By end of the working day following the one on which the 'decision to investigate' was made)
  - Section included: Referral guidance for members of the public
  - Specific guidance in relation to capacity, consent, public interest decision making in respect to referrals. Referral Flowchart amended to reflect this.
  - Guidance on safeguarding thresholds for referrers
  - Guidance on considerations as to when to refer a concern/allegation to the police
  - Referral Decision Support Tool developed and included.
- 3.3 Decision to Investigate
- Specific guidance provided in relation to safeguarding thresholds
  - Guidance on alternatives to safeguarding investigation where the threshold is not met
  - Specific guidance in relation to capacity, consent, public interest considerations
  - Guidance on considerations as to when to refer a concern/allegation to the police
  - Amendment of timescales so that strategy meeting/discussion has the same timescale regardless of investigation type subsequently pursued (1 week).
- 3.4 Strategy
- Investigation type indicators have been reviewed and revised.
  - Investigation type to be determined within 'strategy meeting/discussion process' rather than the 'decision to investigate' stage.
  - New Strategy Discussion form to be used for the purposes of all strategy discussions, including those taking place within Type 1 and Type 2 investigations, as well as Type 3 and Type 4. In Type 1 this should be circulated instead of the previous requirement to confirm the strategy discussion in writing to the investigating service provider.
  - Strategy meeting/discussion to be shared with CQC, contracts department, supporting people, as appropriate regardless of attendance.
- 3.5 Investigation
- Specific guidance and considerations included
- 3.6 Protection Plan
- Guidance provided on decision making processes at case conferences
  - Clarification of case conclusion options in relation to the occurrence of abuse e.g. substantiated, not substantiate etc.
  - Increased clarity on the role of the Independent Case Conference Chairs to provide independent challenge
  - Prompts to ensure that the views of the adult at risk and alleged perpetrator are considered (alongside other relevant parties) within the decision as to whether abuse has occurred, and that they are notified of the decision made.
  - Amendment of target timescale for case conferences to 8 weeks from date of referral (previously 6 weeks). This remains consistent with ADASS National Framework of Standards target recommendation that investigation and protection planning processes are complete within 8 weeks of referral.
  - Investigation reports to be routinely shared with all case conference participants. Reports to be received by the Case Conference Chair 7 days (1week) before the Case Conference, and distributed to participants 5 days prior to the case conference. Note timescale for Case Conference meetings changed from 6 to 8 weeks.
  - Minutes of case conference minutes to be shared with CQC, relevant contracts department, supporting people regardless of attendance.
- 3.7 Review
- Increased clarity as to when and how the review process should be undertaken.
- 3.8 Other amendments
- Inclusion of proviso in relation to target timescales that 'Divergence from the timescales will be justified where it is necessary in order to achieve safe outcomes for the adult at risk'
  - Greater emphasis and clarity within procedures as to mental capacity considerations
  - Continual emphasis to assess and re-evaluate risk
  - Inclusion of flowcharts for each type of investigation
  - Inclusion of guidance on the completion of forms
  - Version control system added to the document
  - Format of document allows for easier revisions and updates as required from future learning.
  - Timescales for case conference minute distribution changed to 2 weeks in accordance with board agreement October 2010.
4. Changes to forms:
- 4.1 Introduction of three new forms:

- Attendance/Confidentiality Agreement: to be used as part of all safeguarding meetings, requiring attendees to sign up to the confidentiality agreement at the same time as signing the attendance sheet.
  - Strategy Discussion form to be used for the purposes of all strategy discussions, including those taking place within Type 1 and Type 2 investigations, as well as Type 3 and Type 4.
  - Strategy Review Meeting form (and Review Meeting Agenda)
- 4.2 Removal of two forms:
- Meeting invitation checklist – based upon feedback from practitioners.
  - Safeguarding Coordinator checklist – based upon feedback from practitioners.
- 4.3 Amendments to the forms:
- All forms reviewed and updated to reflect changes in emphasis detailed within the policy/procedures.
  - More robust protection plan for all relevant forms, including contingency planning and review arrangements. Protection plan can be separated so they can be included in a person's file or given to the adult at risk or photocopied and given out at the end of a meeting.
  - Forms include increased prompts as to the need for advocacy involvement
  - Forms include increased prompts to consider mental capacity issues
  - Increased structure for investigation reports
  - Amendment of 'Alert/Referral form' so as to be more useable for both purposes and to obtain AVA national data requirements. Includes guidance as to the process to make a referral and is shortened in length so as to be more user friendly.
  - Type 3 or 4 Continuation Sheet amended to be a Safeguarding Reports Continuation Sheet, so it can be used for a wider variety of circumstances.
  - Forms created as compressed files, less demanding on memory compared with existing forms
  - Forms adapted so as to be able to record clients name and date of birth within the header as required by some agency governance processes.
  - Some forms re-numbered due to changes in the forms

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