## **KNOWSLEY SAFEGUARDING ADULTS PROCESS**

	STAGE	Standards	
1.	Safeguarding Contact		
		Where there is <i>no</i> safeguarding element to a contact no further safeguarding action will be taken; the IMO will consider any alternative action to be taken on a case by case basis, this may include sign-posting to another service or advice being given. The IMO will inform the referrer. Where there <i>is</i> a safeguarding element the contact will be confirmed as a safeguarding concern.	
2.	Safeguarding Concern	A safeguarding concern is a sign of suspected abuse or neglect that is reported to the local authority o identified by the local authority.	
		Safeguarding concerns can include domestic abuse, physical abuse, psychological abuse, financial abuse, discriminatory abuse, sexual exploitation, modern slavery, sexual abuse, organisational abuse, neglect and self-neglect. Concerns about adults at risk of being drawn into extremist activity will also trigger a safeguarding response.	
		A safeguarding concern should be reported to the Multi-agency Safeguarding Hub <b>(MASH)</b> using the Knowsley Safeguarding Adults <i>'Report a Concern'</i> Form. The Form should be completed on line and can be found at the following link:	
		Report a concern about an adult at risk	

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<sup>&</sup>lt;sup>1</sup> The role of Safeguarding Incident Management Officer (IMO) is assigned to the Team Manager or a Senior Practitioner in the Adult Social Care Safeguarding Team within the MASH. The IMO has overall responsibility for co-ordinating the response to any Safeguarding Adults contact or concern but may delegate any of the tasks and decisions to a social worker within the MASH.

<sup>&</sup>lt;sup>2</sup> 'Criteria for reporting a Safeguarding Adults Concern' can be found at the following link: <a href="http://www.knowsley.gov.uk/residents/care/safeguarding-adults">http://www.knowsley.gov.uk/residents/care/safeguarding-adults</a>

It is *good practice* for the referrer to seek consent from the person to report the concern. However, consent is not required in safeguarding - if the person does *not* consent, the concern should be reported anyway and the MASH will decide how to proceed.

If the referrer does not have access to the Safeguarding 'Report a Concern' Form, or would have difficulty completing it, the concern can be reported by telephoning the MASH on 0151 443 2600.

The referrer should record separately what they saw, heard or were told and retain this in a safe place. This record must be signed, dated and include the name and job role of the person completing it; this information may be requested later to inform a police investigation. The record can be hand-written or electronic; in either case it should be scanned immediately as a final document so that it cannot be changed at a later date.

#### Making Safeguarding Personal (MSP)

Making Safeguarding Personal means safeguarding should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to safeguarding concerns in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety. Where possible, referrers should have a conversation with the person about their wishes and what they would like to happen in respect of the safeguarding concern. Their views should be included in the *'Report a Concern'* Form. Information should also be included about the person's capacity to make decisions in relation to the safeguarding concern.

# 3. Information gathering – IMO Decision

When the IMO has confirmed that the contact *is* a safeguarding concern, partner agencies will be asked to share information about the person, in line with the MASH Information-sharing agreement.

The IMO will review the information gathered and make one of the following decisions:

**Decision 1.** Information gathered indicates that a safeguarding enquiry is not required. The IMO will initiate any other action required e.g. social care assessment, unscheduled review, signpost to alternative agency for advice and support etc. The IMO will inform the referrer of the decision and of any other action required by the referrer.

**Decision 2.** A safeguarding enquiry is required. In this case the IMO will allocate the case to a social worker in the MASH to undertake the enquiry.

Decision 3. Initiate the Quality Concern process (formerly the Provider-led Concern process). The IMO may decide to do this in circumstances where care has been compromised within a provider service but it is low level and has not had a significant impact on any person. A Quality Concern *cannot* be initiated when the incident involves an allegation of a criminal offence, such as physical or sexual assault, financial abuse and serious wilful neglect, these are always Safeguarding Concerns. When the IMO decides that a Safeguarding Concern can be down-graded to a Quality Concern they must contact the Performance Information Team and request that the contact type is changed from 'Safeguarding Concern' to 'Quality Concern'. The IMO will also have responsibility to ensure that the referrer is contacted and informed that the Safeguarding Concern has been downgraded to a Quality Concern'. (Please refer to Section 9 of Knowsley's Guidance: Criteria for Safeguarding Adults, for more information)<sup>3</sup>.

# 4. Safeguarding Strategy Discussion

When the relevant information has been gathered a **Strategy Discussion** will take place within **7 working days**. The purpose is to consider the immediate safety of the adult at risk and to agree how the concern should be followed up.

The adult at risk's views should be included in the Strategy Discussion, if known.

During the course of the Strategy Discussion it may become clear that the person does not want a safeguarding enquiry to be carried out. In this case a finding of **Enquiry Ceased at Individual's request** may be recorded. However, an enquiry should only be ceased at an individual's request when no one else is at risk *and* the IMO is satisfied that the person has capacity to make this decision and is not subject to undue influence. (*Note: If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken, unless doing so would increase the risk of harm.)<sup>4</sup>* 

<sup>&</sup>lt;sup>3</sup> Link: <a href="http://www.knowsley.gov.uk/residents/care/safeguarding-adults">http://www.knowsley.gov.uk/residents/care/safeguarding-adults</a>

<sup>&</sup>lt;sup>4</sup> Paragraph 14.92 <u>Care and Support Statutory Guidance.</u>

		Where the outcome of the Strategy Discussion is to <b>Initiate a Safeguarding Enquiry</b> , the IMO will decide who is best placed to carry this out. The IMO may ask a social worker based in the MASH, or in one of the Adult Social Care or Mental Health Teams, to undertake the enquiry. Alternatively, a member of staff from another organisation may be asked. If another organisation is asked to undertake the enquiry then the IMO should be clear about timescales and the information required; this should be put in writing by the IMO.
5.	Safeguarding Strategy Meeting	For complex enquiries requiring a multi-agency response, a Multi-agency Strategy Meeting should be convened within 5 working days of the Strategy Discussion. The purpose of the meeting is to share and assess information about the concerns and any other information gathered during the Strategy Discussion, including information about the person(s)/organisation posing the risk. The Meeting will assess the risk to the adult and anyone else, and will agree how the enquiry will be carried out.  The IMO has responsibility for chairing the Strategy Meeting and should refer to the <b>Agenda</b> template.  The IMO should ensure that the main points discussed at the meeting are recorded in the <b>Strategy Meeting Notes</b> and that a copy is sent to the attendees the same day with a request for any corrections within 7 days of the strategy meeting.
6.	Safeguarding Enquiry	'An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity or have substantial difficulty in understanding the enquiry, their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action.   There are two types of enquiry:  1) Section 42 Safeguarding Enquiry - must be carried out where an adult meets all of the Section 42 criteria. The criteria are:  (a) The adult has needs for care and support (whether or not the authority is meeting any of those needs) and

<sup>&</sup>lt;sup>5</sup> Para 14.77 <u>Care and Support Statutory Guidance.</u>

- (b) The adult is experiencing, or is at risk of, abuse or neglect and
- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect, or the risk of it.
- 2) Non-statutory Safeguarding Enquiry (known as 'Other' safeguarding enquiry) may be carried out where an adult does not meet all of the Section 42 criteria but the IMO considers it necessary and proportionate to have a safeguarding enquiry. The IMO may decide to initiate a non-statutory safeguarding enquiry in response to concerns about carers, or about adults who do not have care and support needs but who may be at risk of abuse or neglect.

If the incident relates to a criminal matter, a criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution.' 6 Agreement should be sought from the police before witnesses are interviewed.

Where the Police are not involved, the IMO will determine who is best placed to carry out the enquiry and will provide timescales and details of the information needed, in writing. It is the responsibility of the professional charged with the task of carrying out the enquiry to collate all relevant information about the circumstances of the adult at risk and to assess any risk to them or to others, including children. The findings should be provided to the IMO, in writing, within the agreed timescale.

Where the 'source of risk' is a provider service the Commissioners and CQC must be involved.

#### **Making Safeguarding Personal**

The IMO will also need information about the person's mental capacity to be involved in the safeguarding enquiry. If this is unclear, an assessment of mental capacity must be undertaken as soon as practically possible.

The desired outcomes of the adult at risk must be established as soon as it is practical and safe to do so. The views and wishes of the adult at risk remain the key factor which determines the response to the concern. These wishes may be apparent during the disclosure and the Concern Form may give a clear mandate to proceed. Where this is not the case, it is important for the person to be spoken to, preferably by someone they

<sup>&</sup>lt;sup>6</sup> Para 14.91 Care and Support Statutory Guidance.

know and can confide in; this should be decided by the IMO in consultation with others involved with the person. It is important in discussing their wishes with the adult at risk, that the implications of each option are explained in order that an informed decision can be made. The interviewer should give the person information about the safeguarding process, including why their information will be shared and with whom, and an assurance that the person will be kept informed of progress. Even if the person does not wish the matter to be investigated by the police, it is still necessary to make enquiries about what happened to ensure they are safeguarded as far as possible from abuse.

During this interview it is important that the person is *not questioned* about the concern as this may affect the validity of evidence should the matter be referred to court at a later date. (It is okay for the interviewer to listen to any information volunteered by the person but they should not ask direct questions about it at this stage).

#### **Advocacy**

The Care Act Guidance states that the local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult would have 'substantial difficulty' being involved in and contributing to the process and where there is no other appropriate adult to assist.

Where an adult lacks capacity to be involved in the enquiry, the Local Authority (and NHS) is under a legal duty to consider instructing an **Independent Mental Capacity Advocate (IMCA).** This duty also applies to the person alleged to have caused the harm, where they lack capacity to be involved in the enquiry. Evidence that the instruction of an IMCA, or other advocate has been considered must be recorded in the person(s)'s file(s).

### **Timescales**

The enquiry should be concluded within 35 days of the initial Strategy Meeting; if further time is required it is important that the reasons for this are recorded in the person's file. An enquiry is concluded when all of the necessary information gathering is complete and all of the necessary actions to safeguard the person have been agreed.

<sup>7</sup> Link to SCIE Guidance on the involvement of IMCA's in safeguarding: <a href="http://www.scie.org.uk/publications/guides/guide32/files/guide32.pdf">http://www.scie.org.uk/publications/guide32/files/guide32.pdf</a>

An enquiry may also cease at the request of the individual adult at risk. The IMO must be satisfied that the person has the capacity to make this decision, that their capacity is not affected by undue influence from anyone else, and that no one else is at risk.

#### **Case Conclusions**

Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused safeguarding planning to enable the adult to achieve resolution or recovery, or fuller assessments by health and social care agencies (for example, a needs assessment under the Care Act). This will entail joint discussion, decision taking and planning with the adult for their future safety and well-being. This applies if it is concluded that the allegation is true or otherwise, as many enquiries may be inconclusive.<sup>8</sup> A record of this must be included in the person's file.

At the end of an enquiry one of the following conclusions should be recorded:

- Risk identified evidence is found of, or potential for, abuse or neglect
- Risk assessment inconclusive no direct evidence is found of, or potential for, abuse or neglect but there is uncertainty as to whether the person is susceptible to abuse or neglect
- No risk identified no evidence is found of, or potential for, abuse or neglect
- Enquiry ceased at individual's request

Where no risk is identified, Safeguarding Procedures will be terminated at this point and the IMO will signpost to any other services if required. Where risk is identified or is inconclusive, a Safeguarding Plan is likely to be required, depending on the person's individual circumstances.

The local authority must determine what further action is necessary. Where the local authority determines that it should itself take further action (for example, a safeguarding plan), then the authority is under a duty to do so.<sup>9</sup>

### **Making Safeguarding Personal (MSP)**

At the conclusion of all enquiries, the person or their representative must be spoken to check whether their desired outcomes were met, this will result in a MSP conclusion as follows:

<sup>&</sup>lt;sup>8</sup> Para 14.106 <u>Care and Support Statutory Guidance.</u>

<sup>&</sup>lt;sup>9</sup> Para 14.107 Care and Support Statutory Guidance.

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		Fully Achieved	All expressed outcomes have been achieved.
		Partially Achieved	When some outcomes have been achieved but not others or if outcomes have been partially fulfilled.
		Not Achieved	None of the expressed outcomes have been achieved. 10
			ed; the enquiry report should include the reasons for the particular ressed by the person at the <i>start</i> of the enquiry.
7.	Once enquiries are completed, the local authority should then determine with the adult what, if any, action is necessary and acceptable. It is for the local authority to determine the appropriateness of the or of the enquiry. One outcome of the enquiry may be the formulation of agreed action for the adult which be recorded on their care plan. This will be the responsibility of the relevant agencies to implement. In complex cases a closure meeting may be convened, in consultation with the adult or their represent to share the findings of the enquiry with all those involved and agree the safeguarding plan. The adult and/or their representative may be invited to this meeting to ensure that their views and wishes information. Organisations that will have a role in the ongoing safeguarding arrangements should also be introduced in the safeguarding plan.		the local authority to determine the appropriateness of the outcome may be the formulation of agreed action for the adult which should the responsibility of the relevant agencies to implement. 11 be convened, in consultation with the adult or their representative, those involved and agree the safeguarding plan. The adult at risk, ad to this meeting to ensure that their views and wishes inform the
		<ul> <li>any modifications needed in the placement; appointment of an OPG</li> </ul>	e their safety in future ent or therapy including on-going advocacy way services are provided (for example, same gender care or deputy) gh any action they take to seek justice or redress;

<sup>10</sup> Taken from the Safeguarding Adults Collection for 2016-17 <a href="http://www.hscic.gov.uk/media/16704/SAC-Guidance/pdf/SAC\_guidance\_1516\_v1.0.pdf">http://www.hscic.gov.uk/media/16704/SAC-Guidance/pdf/SAC\_guidance\_1516\_v1.0.pdf</a>
<sup>11</sup> Para 14:110 <a href="mailto:care-and-Support Statutory Guidance">Care-and Support Statutory Guidance</a>.

Representative refers to an IMCA, other advocate, carer, relative, friend or anyone else appointed to represent the adult.

		any action to be taken in relation to the person or organisation that has caused the concern <sup>13</sup>
		The IMO has responsibility for chairing the Case Conference and will refer to the Agenda template; the findings from the enquiry report should be shared at the Conference. A worker must be identified as the key contact for agencies to report progress against the plan; this worker will have responsibility for ensuring that a review of the plan is held within an agreed timescale. (Note: it is not advisable to give members of the public a copy of the enquiry report as they are not bound by Data Protection requirements for processing information securely and confidentially, but it is important to share appropriate information from the report verbally.)
		Note: The adult at risk may not wish to attend a closure meeting they may wish to attend a smaller meeting to discuss the plan or they may prefer a trusted person to keep them informed.
		<u>Risk</u>
		At the case conclusion there is a requirement to record the impact of the enquiry as follows:  • Risk remained, or  • Risk reduced, or  • Risk removed
		It is the decision of the IMO as to which option to record but the views of person or their representative and other colleagues will inform this decision.
8.	Review of Safeguarding Plan	Where a safeguarding plan has been produced, the ASC Team in the MASH will ensure that this is passed to the Locality Team for review and for the actions to be followed up.
	. idii	It is the responsibility of the Locality Team to ensure that the plan is reviewed after one month and to arrange subsequent reviews as required.

<sup>&</sup>lt;sup>13</sup> Para 14.111 <u>Care and Support Statutory Guidance.</u>