Rochdale Borough
Safeguarding Adults Board
(RBSAB) Multi-Agency
Policy and Procedures

Multi-Agency Policy and Procedures
Document Control

Document Title: Multi-Agency Policy and Procedures

Summary

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<tr>
<td>Related Legislation / Applicable Section of Legislation</td>
<td>The Care Act 2015</td>
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<td>Related Policies, Strategies, Guideline Documents</td>
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<tr>
<td>Replaces</td>
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<td>Rochdale Borough Safeguarding Adults Board (RBSAB)</td>
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<tr>
<td>Policy Author (Name/Position)</td>
<td>Jane Timson, Head of Safeguarding &amp; Practice Assurance</td>
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Review of Policy

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<th>Last Review Date</th>
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<tr>
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<td>Jane Timson, Head of Safeguarding &amp; Practice Assurance</td>
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Document Approvals

This document requires the following approvals.

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<tr>
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To report an Adult Safeguarding concern please contact Adult Care on 0300 303 8886 Monday to Friday 8.30am to 4.45pm, or 0300 303 8875 at all other times.

If there is immediate danger or someone needs urgent medical attention call the emergency services (999).

If you think a criminal offence has been committed inform the police.

Further safeguarding information is available at www.safeguarding4rochdale.com

Issued – March 2012
Amended – July 2015

This document will be reviewed annually by the RBSAB.
1. Policy

The purpose of this document is to set out the Rochdale Borough Safeguarding Adults Board (RBSAB) policy on Adults who may be at risk of abuse or neglect.

It includes a statement of principles for use by Adult Social Care Services and Housing, Health, the Police and other agencies for both developing and assessing the effectiveness of our local safeguarding arrangements.

1.1 Introduction

Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect. The Care Act 2014 requires that each local authority must:

- Make enquiries, or cause others to do so, if it believes an Adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- Set up a Safeguarding Adults Board;
- Arrange, where appropriate, for an independent advocate to represent and support an Adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the Adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them;
- Cooperate with each of its relevant partners in order to protect the Adult. In their turn each relevant partner must also co-operate with the Local Authority.

The RBSAB’s policy objective is to promote well-being, prevent and reduce the risk of significant harm to Adults at risk from abuse, neglect or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

We believe that safeguarding is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves. Safeguards against poor practice, harm and abuse need to be an integral part of care and support. We will achieve this through partnerships between local organisations, communities and individuals. We will respond effectively when safeguarding concerns are raised.

Under the Care Act 2014 local authorities must cooperate with each of their relevant partners, and those partners must cooperate with the local authority, in order to
protect Adults with care and support needs experiencing or at risk of abuse or neglect.

The Care Act 2014 states that the following statutory partners which must be represented on the RBSAB:

- Rochdale Borough Council;
- Heywood, Middleton and Rochdale Clinical Commissioning Group; and
- the Chief Officer of Greater Manchester Police.

However the Act also encourages membership from a wider group of agencies such as other Health organisations, the Fire and Rescue Service, voluntary groups, service user representatives, the Care Quality Commission, Healthwatch etc., and these are represented on the RBSAB. Full membership details and more information can be found on the Board’s website www.safeguarding4rochdale.com.

### 1.2 Principles

<table>
<thead>
<tr>
<th>Principles</th>
<th>Description</th>
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<tr>
<td><strong>Empowerment</strong></td>
<td>Personalisation and the presumption of person-led decisions and informed consent.</td>
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<td></td>
<td>“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”</td>
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<tr>
<td><strong>Prevention</strong></td>
<td>It is better to take action before harm occurs.</td>
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<td></td>
<td>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”</td>
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<tr>
<td><strong>Proportionality</strong></td>
<td>Proportionate and least intrusive response appropriate to the risk presented.</td>
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<td></td>
<td>“I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed.”</td>
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<tr>
<td><strong>Protection</strong></td>
<td>Support and representation for those in greatest need.</td>
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<tr>
<td></td>
<td>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”</td>
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<tr>
<td><strong>Partnership</strong></td>
<td>Local solutions through services working with their communities.</td>
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<td></td>
<td>Communities have a part to play in preventing, detecting and reporting neglect and abuse.</td>
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<td></td>
<td>“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”</td>
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<tr>
<td><strong>Accountability</strong></td>
<td>Accountability and transparency in delivering safeguarding.</td>
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<td>“I understand the role of everyone involved in my life.”</td>
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These six principles that underpin Adult Safeguarding apply to all sectors and settings including care and support services, social work, healthcare, welfare, housing providers and the police. The principles should inform the ways in which professionals and other staff work with people at risk of abuse or neglect. The principles can also help Rochdale Borough Safeguarding Adults Board and organisations more widely, by using them to examine and improve their local arrangements.

The work of the Safeguarding Adults Board is also underpinned by other general sets of principles, standards or legislation to which all agencies agree to follow:

- Caldicott guidelines
- Human Rights Act 1998
- Data Protection Act 1998

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

1.3 **Commitment of all agencies working together and the role of the RBSAB**

All agencies who are members of the RBSAB and other partner agencies who are signatories, have agreed to work to these policies and procedures, so that there is consistency in how adults at risk of abuse or neglect are safeguarded from harm.

Individual organisations may have their own guidance. However, those which provide services under contract to the partner agencies are required to comply with these Policy & Procedures. These Procedures must also be used in conjunction with related procedures such as domestic abuse/violence, disciplinary procedures, health and safety and whistle-blowing etc.

Those who work as personal assistants to adults who may be at risk are advised to make themselves familiar with these Policy & Procedures.

The Local Authority leads but other organisations have a role in assisting with safeguarding enquiries.
The Policy commits organisations to:

- Work together to prevent and protect adults at risk of harm.
- Empower and support people to make their own choices.
- Respect confidentiality except where there is risk of serious harm to self or others.
- Accept the right to self-determination can involve risk and ensure that such risk is assessed, recognized and understood by all concerned.
- Seek to minimize risks through open discussion between the individual and agencies about the risks involved and offer appropriate help.
- Investigate actual or suspected harm and neglect.
- Support Adults and provide a service to Adults who are experiencing harm, neglect and/or exploitation.

1.4 The responsibilities of organisations working together to safeguard Adults are:

Each partner agency of the RBSAB must cooperate with each other to prevent abuse and neglect of Adults. Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from families and friends that they become extremely vulnerable to abuse and neglect.

Everyone to whom this document applies needs to be aware that doing nothing is not an option. Employees have a duty to report in a timely way any concerns or suspicions that an Adult is being or is at risk of being harmed.

Employees have a responsibility to ensure they understand their role and responsibilities in regard to these Policy & Procedures.

All organisations to which these Procedures apply are responsible for ensuring their employees and volunteers are appropriately trained in this policy and procedure.

Actions taken under these Procedures do not affect the obligations on partner organisations to comply with statutory responsibilities, such as notification to regulatory authorities under the Health & Social Care Act 2008 or to comply with employment legislation.

Organisations continue to have a duty of care to Adults who purchase their own care independently or who have a personal budget.

Partner organisations are required to comply with the RBSAB Over-Arching Information-Sharing Protocol.
All agencies and providers are required to co-operate with the prevention of abuse and neglect and in any enquiry relating to an Adult deemed to be at risk or where there are safeguarding concerns brought to the attention of the Local Authority or Police, regardless of whether the Local Authority or Health have a contract for the individual or individuals. All agencies must keep accurate records as appropriate.

1.5 Adults who may be at risk of abuse or neglect

An Adult to whom these Policy and Procedures apply is someone who:
- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Adult may be a person who:
- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to Adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support.
  (This list is not exhaustive.)

This does not mean that just because a person is old, frail or has a disability that they are inevitably at risk of abuse or neglect. For example, a person with a disability who has mental capacity to make decisions about their own safety could be perfectly able to make informed choices and protect themselves from harm.

In the context of Safeguarding Adults, the vulnerability of the Adult is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is important to note that people with capacity can also be vulnerable. An Adult’s vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.
1.6 **Working with Adults at risk of abuse or neglect**

Services provided should be appropriate to the Adult and not discriminate because of disability, age, gender, sexual orientation, ‘race’, religion or belief, culture or lifestyle.

The primary focus/point of decision-making should be as close as possible to the Adult and individuals must be supported to make choices.

Arrangements should be made, where appropriate, for an independent advocate to represent and support an Adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them.

There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, decisions will be made in their best interests, as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice.

Adults should be given information, advice and support in a form that they can understand and have their views included in all forums that are making decisions about their lives.

All decisions taken by professionals about a person’s life should be timely, reasonable, justified, proportionate and ethical.

**Further Information**

This document is based on Care and Support Statutory Guidance Issued under the Care Act 2014 by the Department of Health
2. **Glossary**

**Abuse:**
Includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

**ACPO (Association of Chief Police Officers):**
An organisation that leads the development of police policy in England, Wales and Northern Ireland.

**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:**
Means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces ‘vulnerable adult’.

**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 concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.

**Alerter:**
Is the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

**Alerting manager:**
Is the person within an organisation to whom the alerter is expected to report their concerns. They may also be the designated Safeguarding Adults lead within an organisation. It is the alerting manager who will, in most cases, make the alert and take part in the Safeguarding Adults process.

**Appropriate Adult:**
An Appropriate Adult is independent of the police and ensures that they are treated fairly, that their rights are respected and that they understand what is happening if they are a witness to a crime.

**ASBRAC:**
Anti-Social Behaviour Risk Assessment Conference
Assisted Suicide:
Situations when a person may express a wish to die may include: people with life threatening illnesses approaching the end of life; those with progressive irreversible conditions who predict a future situation in which they perceive that their life as being extremely poor with no potential for improvement; those with mental health and learning disability issues for whom continuing to live feels like a major challenge; individuals coping with complex debilitating or multiple long-term conditions.
The Local Authority has a duty to investigate a proposed assisted suicide where the individual concerned is considered to be an Adult at Risk as defined by the Care Act (2015).

Best Interest Meeting:
Is held when a person lacks mental capacity to make a particular decision in order that a decision is made in the person’s best interests which is one of the principles of the Mental Capacity Act 2005.

BME
Black and minority ethnic groups

Care setting/services:
Includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone’s own home by an organisation or paid employee for a person by means of a personal budget.

Carer:
Refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be ‘carer’, are called ‘staff’.

Case Conference:
Is a multi-agency meeting held to discuss the outcome of the investigation and to put in place a protection or safety plan.

CCG:
Clinical Commissioning Groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of all NHS services in England (replaced primary care trusts)

Channel:
Is a part of the Government’s counter-terrorism strategy which focuses on safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.
CID (Criminal Investigation Department):
Is the units within the Police that deal with the investigation of crime that requires investigation by a detective but does not come within the remit of Community Safety Units (CSUs) or other specialised units.

Clinical governance:
Is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

CMHTs (community mental health teams):
Are made up of a team of professionals and support staff who provide specialist mental health services to people within their community.

Consent:
Is the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

CPA (Care Programme Approach):
Is a framework for the assessment and management of adults with mental illness, both in hospital and in the community. Those accepted for support by specialist mental health services will have the opportunity to plan their support and treatment in accordance with the recovery approach.

CPS (Crown Prosecution Service):
Is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission):
Is the independent regulator of all health and social care services in England.

Disclosure and Barring Service (DBS):
Helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

DoLS (Deprivation of Liberty Safeguards):
Are measures to protect people who lack mental capacity who are in hospital or a registered care home to ensure they are given the care they need in the least restrictive way.

EDT (Emergency Duty Team):
Is the social services team that responds to out-of-hours alerts where intervention from the council is required to protect a child or adult, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.
Eligibility:
An assessment is how a local authority decides whether a person needs care and support to help them live their day-to-day life. After carrying out the assessment, the local authority will then consider whether any of the needs identified are eligible for support. Because not all care needs are met by the State, the local authority uses an eligibility framework to decide which needs are eligible to be met by public care and support.

Enquiry:
The Care Act requires local authorities to make enquiries, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult. The enquiry may lead to a number of outcomes, depending on the circumstances, including to prosecution if abuse or neglect is proven.

Enquiry officer:
Is the member of staff of any organisation who leads an investigation into the allegation of abuse. This is often a professional or manager in the organisation who has a duty to investigate.

GMP (Greater Manchester Police):
Is the police force responsible for policing Greater Manchester.

Head of Safeguarding and Practice Assurance:
This is the title of the manager in Rochdale who leads, manages, and develops Safeguarding services to address the safeguarding needs of all Adult Care service groups.

HSE (Health and Safety Executive):
Is a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

IMCAs (Independent Mental Capacity Advocates):
Are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Intermediary:
Is someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

LGBT (lesbian, gay, bisexual and transgender):
Is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.
MAPPA (Multi-agency Public Protection Arrangements): Are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-Agency Risk Assessment Conference): Is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’-based violence.

Mental Capacity: Is the ability to make a decision about a particular matter at the time the decision needs to be made. The Mental Capacity Act 2005 protects people who are unable to make decisions for themselves or lack the mental capacity to do so.

Monitor: Is the sector regulator for health services in England.

National Crime Agency (NCA): Is responsible for leading the UK's fight to cut serious and organised crime.

NHS (National Health Service): Is the publicly funded healthcare system in the UK.

NHS England: Works with NHS staff, patients, stakeholders and the public to improve the health outcomes for people in England.

OIC (officer in charge): Is the police officer responsible for an investigation.

OPG (Office of the Public Guardian): Supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed Deputies.

PALS (Patient Advice and Liaison Service): Is an NHS body created to provide advice and support to NHS patients and their relatives and carers.

Prevent: Is an integral part of CONTEST, the Government’s Counter Terrorism strategy which aims to stop people becoming terrorists or supporting terrorism. It is a multi-agency approach to protect people at risk from radicalisation. Prevent uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children’s and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; develop the most appropriate support plan for the individuals concerned.
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.

RBSAB:
Rochdale Borough Safeguarding Adults Board.

RBSCB:
Rochdale Borough Safeguarding Children Board

Safeguarding Adults:
Is used to describe all work to help Adults at risk stay safe from significant harm. It replaced the term ‘adult protection’.

Safeguarding Adults Lead:
Is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults. The role may be combined with that of alerting manager, depending on the size of the organisation.

Safeguarding Adult Managers:
Are professionals or managers suitably qualified and experienced who have received Safeguarding Adults training. They are responsible for coordinating all Safeguarding Adults activity by organisations in response to an allegation of abuse.

Safeguarding Adults process:
Refers to the decisions and subsequent actions taken on receipt of an alert. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and review arrangements.

Safeguarding Adult Review (SAR):
Is undertaken by the Safeguarding Adults Board when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.

Serious Incident Framework:
Has been developed by the NHS Commissioning Board (NHS CB) in partnership with commissioners, regulators and experts and explains the responsibilities and actions for dealing with serious incidents that occur in a NHS-funded care.

Significant 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.
Social Care Institute for Excellence (SCIE):
Is an independent charity whose work helps to improve the knowledge and skills of those working in care services. Up to date information and online training course are available in the SCIE web site - www.scie.org.uk

Strategy Meeting/Discussion:
Is a multi-agency meeting with the relevant individuals involved, and with the adult at risk where appropriate, to agree how to proceed with the alert. It can be a meeting or a discussion.

Vital interest:
Is a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life threatening situations.

Wilful neglect:
Offences of ill-treatment or wilful neglect under or section 44 of the Mental Capacity Act 2005 include intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.
3. What is Abuse and Neglect?

3.1. Introduction

This section considers the different types and patterns of abuse and neglect and the different circumstances in which abuse or neglect may take place.

Abuse and neglect can take many forms. The RBSAB is not constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

Abuse and neglect includes:
- Physical abuse
- Sexual abuse
- Psychological abuse
- Exploitation – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain;
- Financial or material abuse
- Neglect and acts of omission
- Discriminatory abuse
- Organisational abuse
- Modern Slavery
- Self Neglect
- Domestic Abuse

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

3.2 Examples of Abuse

3.2.1 Physical abuse - This is the physical ill treatment of an Adult, which may or may not cause physical injury. Examples of physical abuse are hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate physical sanctions, exposure to heat or cold and not giving adequate food or drink.

3.2.2 Restraint - Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse. There is a distinction to be drawn between restraint, restriction, and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question. The “acid test” for a deprivation of liberty is that the person is subject to continuous supervision and control, and is not free to leave. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something
they are resisting, or where a person’s freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm. Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint incorporating best practice guidance and the Mental Capacity Act, Mental Capacity Act Code and the Deprivation of Liberty Safeguards (DoLS).

3.2.3 Sexual Abuse - includes rape and sexual assault or sexual acts to which the Adult has not consented or was pressured into consenting. It may also include direct or indirect involvement including being required to watch sexual activity and sexual exploitation.

Key principles:

- Sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken. A sexual relationship between the service user and a care worker (other than one which existed legitimately immediately before the worker became involved in the service user’s care) would constitute the commission of one or more criminal offences under sections 38 to 42 of the Sexual Offences Act 2003.

- There may be Safeguarding Adults alerts that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults alerts that indicate any form of sexual abuse require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

3.2.4 Sexual Exploitation - Sexual exploitation means taking the advantage of sexuality and attractiveness of a person to make a personal gain or profit. It is the abuse of a position of being at risk, differential power, or trust for sexual purposes.

3.2.5 Psychological / Emotional Abuse - Psychological or emotional abuse includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Psychological or emotional abuse is the wilful infliction of mental distress by a person who is in a position of trust and power to an Adult. Psychological/emotional abuse results from threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation and bullying, including withdrawal of services. It undermines the Adult’s self-esteem and results in them being less able to protect themselves and
exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time as other types of abusive behaviour.

This is behaviour that has a harmful effect on the person’s emotional health and development or any form of mental cruelty that results in:
- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the Adult to make choices and undermining their self-esteem
- isolation and over-dependence that has a harmful effect on the person’s emotional health, development or well-being.

Behaviour that can be deliberately linked to causing serious psychological and emotional harm may constitute a criminal offence. Specialist advice from the police should be sought.

3.2.6 Financial / material abuse - Financial abuse is the use of a person’s property, assets, income, funds or any resources without their informed consent or authorisation, and may amount to a crime, depending on the circumstances. It includes:
- theft
- fraud
- exploitation
- undue pressure or coercion in relation to an adult’s affairs including wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

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

This is not an exhaustive list of indicators of financial abuse, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

If someone has concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or of a Deputy appointed by the Court of Protection, they should contact 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. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take
possible action against the attorney or deputy. Whilst the OPG primarily investigates financial abuse, it is important to note that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare Lasting Power of Attorney or of a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered Enduring or Lasting Power of Attorney, regardless of the Adult’s capacity to make decisions.

If anyone has concerns that a DWP appointee is acting incorrectly they should contact the DWP immediately. In addition to a name and address the DWP can get things done more quickly if it also has a National Insurance number. However, people should not delay acting because they do not know the Adult’s National Insurance number. The important thing is to alert DWP to their concerns. If DWP know that the person is also known to the local authority then they should also inform them.

3.2.7 Neglect and acts of omission - Neglect is the failure of any person who has responsibility for the charge, care or custody of an Adult to provide the amount and type of care that a reasonable person would be expected to provide.

Behaviour that can lead to neglect includes including ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

An allegation of abuse or neglect of an Adult who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act and Mental Capacity Act Code as outlined above.

The Mental Capacity Act 2005 created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult’s care and support. Section 44 of the Act states that these offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

3.2.8 Discriminatory Abuse - Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an Adult, but can also be motivated on grounds of race, ethnic origin, gender, gender identity, sexual orientation, age, disability, religion and other discriminatory factors.

It can result from situations that exploit a person’s vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.
3.2.9 Organisational Abuse - Organisational abuse includes neglect or poor care practice within an institution or specific care setting like a hospital or care home for example, that violate the person’s dignity. This may range from isolated incidents to continuing ill-treatment.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults, resulting in lack of respect for their human rights.

Organisational abuse can occur in any setting providing health and social care. It is most likely to occur when there is poor management and staff are poorly supported, supervised, trained and guided in their work.

The risk of abuse is also greater in institutions:

- with too few staff
- which use rigid routines and inflexible practices
- which do not use person-centred care plans
- where there is a closed culture.

3.2.10 Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

3.2.11 Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. Separate Practice Guidance on self-neglect is available on the RBSAB website www.safeguarding4rochdale.com

3.2.12 Domestic Abuse
Domestic abuse is physical, psychological, sexual or financial abuse that takes place within an intimate or family-type relationship. It is the repeated, random and habitual use of coercive behaviour and intimidation to control a partner. Abusers are usually a person’s spouse, partner, ex-spouse, ex-partner or other close family member. Most people affected by domestic abuse are women, but many men are abused by their partners. Domestic abuse can happen in straight, lesbian, gay or bisexual relationships.

3.2.13 Intentional/unintentional abuse - Abuse or neglect may be deliberate, or the result of negligence or ignorance. Unintentional abuse or neglect arises, for example, because pressures have built up and/or because of difficult or challenging behaviour which is not being properly addressed.

The intent of the abuse or neglect is likely to inform the type of response. For example, it is important to recognise unintentional abuse or neglect and this may
include considering the impact of stress on a carer's ability to care for another person. Depending on the circumstances the appropriate response where unintentional abuse takes place could be a support package for a carer, but in another circumstance in which safeguarding concerns arise from harm suffered as a result of abuse which was intended to cause harm then it would be necessary to consider whether to refer the matter to the police to consider whether a criminal investigation would be required or appropriate.

3.3 Who abuses and neglects?

Anyone can carry out abuse or neglect, including, for example, partners, other family members, neighbours, friends, acquaintances, and local residents, organised gangs, paid staff or professionals, volunteers and strangers. For example a stranger may carry out targeted fraud or an internet scam but more often, the person responsible for the abuse is in a position of trust and power.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents to identify patterns of harm, just as regulators do in understanding quality of care at home, in hospitals and care homes. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as institutional abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

Abuse can happen anywhere: for example, in someone’s own home, in a public place, in hospital, in a care home or in college. It can happen when someone lives alone or with others. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

Specific examples of different types of abuse, such as:

- hate crime
- mate crime
- female genital mutilation
- domestic abuse
Information about other forms of abuse such as assisted suicide, Prevent, Anti-Social Behaviour etc. can be found on the Rochdale Borough Safeguarding Adults Board website www.safeguarding4rochdale.com

3.4 Spotting signs of abuse and neglect

Workers across a wide range of organisations need to be vigilant about Adult Safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an Adult that may indicate they are being abused or neglected. Findings from Serious Case Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

Primary Care staff may be particularly well-placed to spot abuse and neglect, as in many cases they may be the only professionals with whom the Adult has contact. The adult may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or come to light during a needs assessment. Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves.

This will include:

- knowing about different types of abuse and neglect and their signs;
- supporting Adults to keep safe;
- knowing who to tell about suspected abuse or neglect; and
- supporting Adults to think and weigh

Early sharing of information is the key to providing an effective response where there are emerging concerns.

To ensure effective safeguarding arrangements:

- all organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the Safeguarding Adults Board (SAB); this could be via an Information Sharing Agreement to formalise the arrangements; and,
- no professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the Adult. If a professional has concerns about the Adult’s welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed.
4. Carers and Safeguarding

4.1 Introduction

Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the Adult they are trying to support or from professionals and organisations they are in contact with; or,
- a carer may unintentionally or intentionally harm or neglect the Adult they support on their own or with others.

4.2 Potential barriers for Carers to share concerns

The barriers to carers sharing concerns are likely to be similar to those identified in relating to other comments and concerns mechanisms within health and social care. They may shape carer responses to safeguarding concerns and are likely to embrace:

a) Issues relating to understanding and awareness
   - Lack of awareness or being unsure if it is wrong or not; being unclear about rights and standards or what “abuse” means.
   - Organisational and staff attitudes to concerns - defensive not responsive.

b) Issues relating to communication
   - Uncertainty about who to go to, how to do so and opportunities to do so lack of someone to talk to or a source of trusted advice and support difficulty in communication (access, availability, means, or sensory) including language and literacy barriers.
   - Respect or deference to people “authority” roles (sometimes age related).
   - Unsatisfactory earlier experiences around sharing or raising concerns.
   - Staff don’t seem to listen or appear to understand concerns.
   - Nothing changed or no feedback; “confidentiality”.

c) Issues relating to consequences of saying something
   - Feelings of the person they are concerned for: asked not to say or make a fuss, minimisation of events, brought it on themselves etc.
   - Worries about the impact on the care of the person supported.
   - Difficulty recalling what happened or a fear of not being believed or wrong.
   - Guilt or fear of personal comebacks or being seen as a nuisance or ungrateful for care being given by others.
   - Lack of confidence in following up concerns linked to carer’s own emotional pressure and stress.
   - Fear of social services involvement and unwanted care alternatives.
Carers can help us to understand what is going on and about the risks faced by the person they support and know well. Carers are often well placed to spot distress and to offer support during a safeguarding investigation where this is appropriate. Their knowledge as “expert partners” and often as “advocates” for the person they support can be helpful in scoping and managing risks in a proportionate, enabling and sustainable way. Where carers are not involved or treated as partners who are listened to, the chances of unrecognised or unreported risks of abuse and neglect may well increase. We should always listen carefully to what a carer has to say and to retain an open mind about this.

Staff, volunteers, communities along with carers all have an important role in speaking up for people who may be vulnerable, more at risk of harm and less able to protect themselves.

Getting this message across is one of the keys to prevention, recognition, reporting and responding to neglect and abuse; in enabling people to feel supported and to maintain a sense of choice and control over their situation.

4.3 Carers at Risk of Harm

The risk of deterioration in carers’ health and well-being as a consequence of their caring responsibilities is well documented. For some this is seen as something that comes with the territory: the price of caring. There is a point, however, where the behaviour of the person supported, intentionally or not, can fall into the category of abuse. Recognition, reporting and responding to carers at risk of harm in these circumstances may not be easy. The situation may be complicated by carer denial, or guilt, or by a sense of shame in asking for help, or by the existence of some areas the carer may not be confident about.

Risk of abuse increases where the carer is isolated and not getting any practical and/or emotional support from their family, friends, professionals or paid care givers.

Such risk factors tend to be greater where the carer lives with a person with dementia or is a partner or close relative. Timely and careful assessment is critical in such circumstances, and the focus of local safeguarding work invariably embraces potential needs for support on both parts.

This may include exploration of capacity for change in order to decrease the risk of further harm. Even where support is available some carers may still feel unsupported and unrecognised. Information and advocacy support may help.

Dementia is a progressive disease and care givers are often faced with escalating demands. These may include emotional, social, physical and financial burdens and having to cope with behavioural and personality changes that are of concern. Carers can become “hidden victims” of abuse. There is some evidence that carers of people with dementia are more at risk of experiencing depressive symptoms. These can be overlooked or go undiagnosed and untreated.
There may be risks of financial abuse where carers who are trying to support a relative involved in serious substance misuse. Where carers feel powerless they may feel less able to report that they are experiencing abuse. The possible consequences for the supported person of sharing concerns about, for example, violence directed towards them or stealing, may also lead to silence.

4.4 Carers Who Harm

Some of the situations that place carers more at risk of harm also have within them factors that increase the risk of carers being involved in causing harm. This potential vicious circle is something that early intervention, information, sensitive assessment and skills in carer support and recognition can help to avoid.

Risks tend to be greater where the carer:
- has unmet or unrecognised needs of their own
- are themselves vulnerable
- has little insight or understanding of the Adult’s condition or needs
- has unwillingly had to change his or her lifestyle
- are not receiving practical and/or emotional support from other family members
- are feeling emotionally and socially isolated, undervalued or stigmatised
- has other responsibilities such as family or work
- has no personal or private space or life outside the caring environment
- has frequently requested help but problems have not been solved
- are being abused by the Adult
- feels unappreciated by the Adult or exploited by relatives or services

The seven most commonly reported situations by GPs, where it is reasonable to consider the risk of elder abuse or neglect, were seen as including:

- Carers with problems of their own e.g. psychological, alcohol
- Older people with dementia who are left alone all day
- Older people in households where too much alcohol is drunk
- Carers who get very angry about the burden of caring
- Older people with dementia who are violent towards their carer
- Carers who are unable to meet properly the needs for daily care of the older person
- Older people living with an Adult with a severe personality disorder

4.5 Unintentional Harm

Abuse or neglect does not have to be deliberate, malicious or planned. Sometimes events and actions may be clouded by stress and isolation brought on by caring. Often, carers will be trying their best and some may not have the information they need. Carers may not know what is or is not the right way to do things [e.g. moving and handling]. They may feel what they are doing is all-right if it keeps the person
safe [e.g. restraint or no independent travel]. It may involve a reluctance to change or to listen to the case for change. The need for change may be seen as criticism or as a lack of real understanding about their situation.

The latter may be a particular issue for some parent carers of adult “children” for whom they have given a lifetime commitment. Pressures on such carers can increase at times of service change and the emphasis on more independence, choice and control. The process of ageing will take its toll on both carer and cared for. This can lead to mutual caring, the extent of which may not be disclosed. It may also lead to inappropriate restrictions on choice and daily living.

In some cases both the carer and the supported person can be considered to be at risk of harm. The needs of the adult who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing them harm. The risk of further abuse must always be considered along with the extent to which the abuse or neglect flows from the needs of the person causing or at risk of causing significant harm.

There may also be situations where a previously dominant parent has become dependent and role reversal has taken place. Increasing dependence can be perceived as being “difficult”. Role reversal may be resented or become a source of anxiety to the carer. The potential for adverse impacts on understanding, care and support suggest careful assessment.

4.6 Intentional Harm

Some actions by carers or their impacts may be unintentional and arise from lack of coping skills or unmet needs. Others may be intentional. The issue is always one of impact on the individual affected by the carer’s actions or lack of action.

Outcomes should be person centred and not process driven. Careful assessment risk enablement; consistency and competence in safeguarding functions; and, in working with carers are all essential.

Families and carers make an invaluable contribution to society. Support of carers is seen as integral to the way agencies seek to work. We need to keep in mind, however, the potential of “the rule of optimism” to affect professional perceptions and recognition of risk of harm, abuse or neglect.

This may arise from:

- generalised assumptions about “carers”;
- uncritical efforts to see the best;
- concerns about consequences of intervention;
- minimising concerns;
- not seeing emerging patterns or not ensuring a consistent focus on the Adult.
Situations where harm is not inadvertent but arises from harmful intent on the part of the carer may not be seen as such. Exclusion of agencies may be accepted with a consequent impact on ability to protect from harm. Deliberate acts of harm or omission leading to neglect should always engage safeguarding procedures and police referral as appropriate.

### 4.7 Carers right to an assessment

Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, Rochdale Adult Care must carry out a carer’s assessment. Where an adult provides care under contract (e.g. for employment) or as part of voluntary work, they should not normally be regarded as a carer, and so Rochdale Adult Care would not be required to carry out the assessment.
5. Legal Framework

5.1 Legal Powers to Intervene

5.1.1 All forms of abuse
Consider whether the Police should be involved for any type of abuse towards an Adult.

5.1.2 Physical Abuse
1. Offences Against the Person Act 1861 - a criminal prosecution, this Act contains core criminal offences relating to assaults including, actual and grievous bodily harm, wounding with intent and unlawful wounding, including assaults causing cuts, serious damage to internal organs and broken bones, the administration of drugs or noxious substances so as to cause harm. (A prosecution would have to be brought by the Police.)
2. Civil action could be taken for assault, battery or false imprisonment. The client or their representative should take legal advice from either the Citizen's Advice Bureau or an independent solicitor.
3. Criminal Injuries Compensation claim via CICA.
4. Police and Criminal Evidence Act 1984, section 17 is a Police power to enter and save life.
5. Family Law Act 1996 - can be used to obtain injunctions against perpetrators; non-molestation and occupation orders.
6. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 If there is a breach of Regulation 8 (Safeguarding people who use services from abuse), this is an offence under Regulation 17. A person convicted of an offence is liable, on summary conviction, to a fine.
7. Domestic Violence Crimes & Victims Act 2004 - creates an offence of causing or allowing the death of a child or adult, where they have died of an unlawful act. The household member must have failed to take reasonable steps to protect the victim and the victim must have been at serious risk of physical harm, demonstrated by a history of violence towards the vulnerable person. Sexual Abuse

5.1.3 Sexual Abuse
1. Criminal prosecution - under the Sexual Offences Act 2003, as well as offences such as rape and sexual assault, there are specific offences against people with 'a mental disorder impeding choice'. Section 4 makes it an offence to not obtain consent. Sections 30-44 provide various offences against people who lack capacity, including specific offences for care workers. There is a defence to these offences if the individual did not know and had no reason to suspect that the person had a mental disorder.
2. Civil action could be taken by the individual, but they should take legal advice from either the Citizen's Advice Bureau or an independent solicitor.
3. Family Law Act 1996 - this could be considered for injunctions in the shape of non-molestation or occupation orders.
4. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. If there is a breach of Regulation 8 (Safeguarding people who use services from abuse), this is an offence under Regulation 17. A person convicted of an offence is liable, on summary conviction, to a fine.

5.1.4 Psychological Abuse
1. Protection from Harassment Act 1997 - can be used by Police or individual to obtain an injunction.

2. Anti-discrimination legislation (race, sex disability). If someone is being treated unfavourably on the grounds of their sex, race or disability.

3. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. If there is a breach of Regulation 8 (Safeguarding people who use services from abuse), this is an offence under Regulation 17. A person convicted of an offence is liable, on summary conviction, to a fine.

5.1.5 Neglect
1. Section 42 Care Act 2014 – local authority's duty to make enquiries where it has reasonable cause to suspect that an adult is experiencing, or is at risk of, abuse or neglect.

5.1.6 Financial Abuse
1. Lasting Powers of Attorney (LPA) were introduced by the Mental Capacity Act 2005. These replace the former Enduring Powers of Attorney that, after 1 October 2007, can no longer be created. An LPA is a legal document that allows a person who currently has capacity (the Donor) to appoint someone they trust (the Attorney) to make decisions on their behalf.

2. There are two types of LPA:
   - Property and affairs LPA - allows the Donor to choose someone to make decisions about how to spend his or her money, including the management of his/her property and affairs;
   - Personal welfare - allows the Donor to choose someone to make decisions about his or her healthcare and welfare. This includes decisions to refuse or consent to treatment on his or her behalf and deciding where to live.

3. The LPA must be registered with the Office of the Public Guardian in order to have legal standing. A registered LPA can be used at any time, whether the person making the LPA has the mental capacity to act for himself or not. Once the LPA is registered it continues indefinitely. The LPA can be registered by the Attorney after the Donor has lost capacity. An LPA can also be cancelled by the Donor, provided s/he has the mental capacity to do so.

4. A Local Authority can make representations to the Office of the Public Guardian if there is reasonable belief that someone may not be acting in an individual's best interest.

5. Note: a person given a power under an Enduring Power of Attorney (EPA) before 1 October 2007 can still use it and apply to have it registered.

6. Further information about LPAs can be found on the website for the Office of the Public Guardian.
7. The Mental Capacity Act 2005 provides for the Court of Protection to make decisions in relation to the property and affairs, healthcare and personal welfare of adults (and in certain cases, children) who lack capacity. The Court has the same rights, privileges and authority in relation to mental capacity matters as the High Court. The Court has the powers to:

8. Decide whether a person has capacity to make a particular decision for themselves;

9. Make declarations, decisions or orders on financial or welfare matter affecting people who lack capacity to make such decisions;

10. Appoint deputies to make decisions for people lacking capacity to make those decisions;

11. Decide whether an LPA or EPA is valid;

12. Remove deputies or attorneys who fail to carry out their duties; and

13. Hear cases concerning objections to register an LPA or EPA.

14. In reaching any decision, the Court must apply the statutory principles set out in the Mental Capacity Act. It must also make sure its decision is in the best interests of the person who lacks capacity.

15. Criminal Prosecution - the Police can consider whether a perpetrator of financial abuse may be prosecuted for theft under the Theft Act 1968 - or for fraud by virtue of abuse of position under the Fraud Act 2006

5.1.7 Support to Individual and Family

Duty to assess under the Care Act 2014, section 9 (assessment of an adult’s needs for care and support) and section 10 (assessment of a carer’s needs for support). The Local Authority may be able to help manage some adult protection concerns by completing a formal assessment and putting in a care package or higher support to the individual and/or family.

5.1.8 Prosecution

1. Criminal law - statute and common law can be considered.

2. Investigation by Police and Crown Prosecution Service to prosecute perpetrators.

5.1.9 Removal of the Perpetrator

1. Consider whether to involve the Police.


3. Civil injunction - would need the individual to take legal advice from an independent solicitor or Citizen’s Advice Bureau.

4. Mental Health Act 1983 - would apply if there is a mental disorder and would allow a perpetrator in certain circumstances to be removed for assessment and/or treatment.

5.1.10 Removal of Subject

1. Section 42 Care Act 2014 - local authority’s duty to make enquiries where it has reasonable cause to suspect that an adult is experiencing, or is at risk of, Abuse or Neglect.

Note – Expert legal advice can be sought from your organisation’s legal team where necessary.

5.2 Safeguarding Adults and Human Rights

Under the European Convention on Human Rights (ECHR), everyone has a number of rights, which the Human Rights Act 1998 makes directly enforceable in the UK Courts. The following are particularly relevant to safeguarding adults from abuse.

Article 8 ECHR provides: 'Everyone has the right to respect for (their) private and family life, (their) home and correspondence'. Public authorities may only interfere with this right where this is '...in accordance with the law and is necessary in a democratic society in the interests of public safety; the prevention of disorder or crime; the protection of health or morals, or the protection of the rights and freedoms of others. The interference must be proportionate to the risk or other reason for acting.

Article 3 provides: 'No-one shall be subjected to torture, or inhuman or degrading treatment or punishment'. Unlike Article 8, this is an absolute right: inhuman or degrading treatment is unlawful, whatever the situation.

Treatment may be degrading if it 'humiliates or debases an individual showing a lack of respect for, or diminishing his or her human dignity or arouses feelings of fear, anguish or inferiority capable of breaking an individual's moral and physical resistance'

Duty to protect: Public authorities have a proactive duty towards Adults at Risk to take "reasonable steps to prevent ill-treatment of which the authorities had or ought to have had knowledge". Public authorities may be considered to be responsible for the harm and therefore will be in breach of Article 3 even where they have merely failed to prevent degrading treatment, rather than caused it. People whose disabilities make them critically dependent on the help of others are entitled to enhanced protection.

Article 5: Right to liberty and security. Everyone has the right to liberty and security of person. No one should be deprived of their liberty apart from circumstances of lawful arrest and detention in accordance with legislation.

Article 14 prohibits discrimination on any ground in the way that people access their rights under the Convention.

Under Section 6 of the Human Rights Act 1998, it is unlawful for a public authority to act in a way which is incompatible with any right under the European Convention. A public authority includes any local authority, the police and Crown Prosecution Service, and any person "exercising a public function".
5.3 **Health and Social Care Act 2008**

The Health and Social Care Act 2008 (HSCA 2008):

- Establishes the Care Quality Commission (CQC) as the new integrated regulator for health and adult social care, with tough powers to ensure safe and high quality of services. It requires the CQC to inspect, investigate and intervene where care providers are failing to meet safety and quality requirements, including hygiene standards;
- Dissolves the Commission for Health Care Audit and Inspection, the Commission for Social Care Inspections (CSCI) and the Mental Health Act Commission;
- Reforms professional regulation to give patients and the public more confidence in the care they receive from health professionals, including the creation of a new adjudicator to make independent decisions about whether individual health professionals should remain in practice;
- Strengthens the protection of vulnerable people using residential care by ensuring that any independent sector care home that provides accommodation together with nursing or personal care on behalf of a local authority is subject to the Human Rights Act.

The HSCA 2008 also extends direct payments to include people who lack capacity to give their consents to direct payments. It allows a direct payment to be made to a ‘suitable person’ who can receive and manage the payment on behalf of a person who lacks capacity.

5.4 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010**

Since 2010, all health and adult social care providers are required to be registered with the Care Quality Commission (CQC) if they provide Regulated Activities. In addition, some providers that were not required to be registered under the Care Standards Act 2000 now need to register under these regulations if they provide Regulated Activities.

It is a criminal offence for a barred individual to take part in Regulated Activity, or for an employer/voluntary organisation knowingly to employ a barred person in a Regulated Activity role.

5.5 **Disclosure and Barring Scheme**

Please also see your own organisation’s Managing Allegations procedures.

Safeguarding regulations under disclosure and barring were revised under the Freedom of Protections Act in 2012. But the aims is still to ensure that unsuitable people do not work with Adults at Risk, whether in paid employment or on a voluntary basis.
Measures in place include:

- A person who is barred from working with children or Adults at Risk will be breaking the law if they work or volunteer, or try to work or volunteer with those groups;
- An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.

If your organisation works with children or adults and you dismiss a member of staff or a volunteer because they have harmed a child or adult, or you would have done so if they had not left, you must inform the Disclosure and Barring Service (DBS).

5.6 Protection for Vulnerable Witnesses and Complainants

One of the most daunting barriers for adults seeking the protection of the criminal courts has been the court rules and conventions about the way in which the accounts of witnesses and victims are presented in court. Witnesses may be treated as 'vulnerable' and may qualify for 'special measures' if the quality of their evidence is likely to be diminished by mental illness, learning or physical disability, or intimidation.

The 'special measures' which the court has power to put in place can include, the use of screens so the person reported to be responsible and witness cannot see each other, giving evidence by video link, giving evidence in private, the removal by lawyers and judges of wigs and gowns, intermediaries and communication aids. It will be a matter for the trial Judge to decide in individual cases which if any special measures to adopt. This relies on carers and families explaining the reasons for the vulnerability of the witness or victim. Achieving Best Evidence in Criminal Proceedings is Home Office guidance on identifying witnesses who may be vulnerable, and planning and conducting interviews so as to maximise the likelihood that they will be able to give information which is reliable as evidence. This includes offering support while being careful to avoid "putting words into" the mouth of the witness or otherwise tainting the account they may be able to give the court.

5.7 Protecting the Rights of Vulnerable Suspects and the Appropriate Adult

The Police and Criminal Evidence Act 1984 (PACE) and the Codes of Practice issued under it give suspects who are "mentally vulnerable" a number of safeguards in any police investigation. A mentally vulnerable suspect is someone whose mental state or capacity means they may not understand the significance of questions or replies. If there is any doubt, the suspect should be treated as mentally vulnerable and an Appropriate Adult should be called.

It is the role of the Appropriate Adult to:

- Advise and support the person being interviewed.
• Observe whether the interview is being properly and fairly conducted, and intervene if they think it is not; and
• Facilitate communication between the interviewer and the suspect.

Mentally vulnerable suspects should not be interviewed without an Appropriate Adult being present unless the resulting delay would cause harm to the evidence, or people or property.

5.8 The Care Act 2014

The Care Act 2014 includes:

• Putting Safeguarding Adults Boards on a statutory footing.
• Requiring local authorities to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in their area with care and support needs is at risk of abuse or neglect. The purpose of the enquiry is to establish what, if any, action is required in relation to the case.
• Putting Safeguarding Adults Reviews on a statutory footing, to take place in certain circumstances, where an adult dies or there is concern about how one of the members of the Safeguarding Adults Board conducted itself in the case;
• Creating a single, clear duty on local authorities to carry out assessments in order to determine whether an adult has needs for care and support. After conducting the needs assessment, the local authority will then be required to determine whether the person has eligible needs, using the eligibility framework which will be set out in regulations. These regulations will set out a national threshold for eligibility which is to be consistent across all areas in England.
• Creating a single duty for local authorities to undertake a ‘carer’s assessment’, removing the requirement that the carer must be providing ‘a substantial amount of care on a regular basis’. This will mean more carers are able to access an assessment, and that the duty is comparable to that for the people they support.
• If the local authority thinks that the adult’s needs might call for a type of care and support for which it charges, it must then carry out a financial assessment of the adult to determine whether or not they can afford to pay the charge. The rules on financial assessments, including how to calculate a person’s income and capital will be set out in regulations. These regulations will also set a financial limit on care home costs.
Legislation

Care Act 2014
NHS and Community Care Act 1990
Carers (Recognition and Services) Act 1995
Data Protection Act 1998
Human Rights Act 1998
Carers and Disabled Children Act 2000
Freedom of Information Act 2000
Carers (Equal Opportunities) Act 2004
Disability Discrimination Act 2005
Mental Capacity Act 2005
Mental Capacity Act 2005 - Code of Practice
Mental Capacity Deprivation of Liberty Safeguards - Supplementary Code of Practice IMCA
Health and Social Care Act 2012
Good Practice Guidance
ADSS Protocol for Inter Authority Investigation of Vulnerable Adult Abuse 2004
Dignity in Care, SCIE, 2010
Assessment: Financial Crime Against Vulnerable Adults, SCIE, 2011
Protecting Adults at Risk: Good Practice Resource, SCIE, 2012
6. Information Sharing

6.1 Introduction

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns. In many situations, abuse and neglect arise from a range of incidents over a period of time.

Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation and is already set out in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information. Records should be kept in such a way that the information can easily be collated for local use and national data collections.

In this context organisations could include not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and the Crown Prosecution Service (CPS), and organisations which provide advocacy and support where these organisations are involved in Safeguarding Adults enquiries, including raising a concern and participating in an enquiry and/or making a contribution to protection plans.

6.2 Why do we need to share safeguarding information?

Organisations need to share safeguarding information with the right people at the right time to:

- prevent death or serious harm
- coordinate effective and efficient responses
- enable early interventions to prevent the escalation of risk
- prevent abuse and harm that may increase the need for care and support
- maintain and improve good practice in safeguarding adults
- reveal patterns of abuse that were previously undetected
- identify low level concerns that may identify people at risk of abuse
- help people to access the right kind of support to reduce risk and promote wellbeing
- help identify people who may pose a risk to others, and where possible, work to reduce offending behaviour
- reduce organisational risk and protect reputation
To ensure effective safeguarding arrangements:

- All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the Rochdale Borough Safeguarding Adults Board (RBSAB) and,
- No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult’s welfare and believes they are at risk of, or likely to be at risk of, abuse or neglect, then they should share the information with the Rochdale Borough Council Adult Care and, or, the police if they believe or suspect that a crime has been committed.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record.

If it is assessed that the individual continues to pose a threat to other people then this should be included in any information that is passed on to service providers or other people who need to know.

6.3 Seven golden rules for information sharing:

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.

2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being**: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, accurate, timely and secure**: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

In addition, information will be shared within and between organisations in line with the principles set out below.

- Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.
- The person’s wishes and desired outcomes should always be considered, and in some situations the person may not want an enquiry to take place, however protecting adults establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved for example the police in cases where criminality is concerned or it is in the wider public interest.
- Information given to an individual member of staff belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult.
- An organisation should obtain the adult’s written consent to share information and should routinely explain what information may be shared with other people or organisations.
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult.
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.
- Staff reporting concerns at work (‘whistle-blowing’) are entitled to protection under the Public Interest Disclosure Act 1998.

The RBSAB may request a person to supply information to it or to another person. The person who receives the request must provide the information if:

- The request is made in order to enable or assist the RBSAB to do its job;
- The request is made of a person who is likely to have relevant information and then either:
  - i. the information requested relates to the person to whom the request is made and their functions or activities or;
  - ii. the information requested has already been supplied to another person subject to an RBSAB request for information.
6.4 Checklist for Staff

1. Sharing information with someone else
   a. Does the person requesting the information need it to do their job?
   b. Have you got the client’s consent to pass the information on?
   c. If not, can you justify passing on the information without consent?
   d. Are you sure the person requesting the information is who they say they are?
   e. Will anonymised information do?
   f. Do you need to pass on the whole record/file? (Try to pass on the minimum information necessary)

2. When you are requesting personal information
   a. Do you need the information to do your job?
   b. Can you use anonymised information?
   c. Do you need the whole file/record?

If you only need minimum details, or a summary, please only request this.

6.5 What if a person does not want you to share their information?

Frontline workers and volunteers should always share safeguarding concerns in line with their organisation’s policy, usually with their line manager or safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the member of staff should explain to them that it is their duty to share their concern with their manager. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

Individuals may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- The person lacks the mental capacity to make that decision - this must be properly explored and recorded in line with the Mental Capacity Act
- Other people are, or may be, at risk, including children
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
• The person has the mental capacity to make that decision but they may be under duress or being coerced
• The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
• A court order or other legal authority has requested the information.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person:

• Support the person to weigh up the risks and benefits of different options
• Ensure they are aware of the level of risk and possible outcomes
• Offer to arrange for them to have an advocate or peer supporter
• Offer support for them to build confidence and self-esteem if necessary
• Agree on and record the level of risk the person is taking
• Record the reasons for not intervening or sharing information
• Regularly review the situation
• Try to build trust and use gentle persuasion to enable the person to better protect themselves.

If it is necessary to share information outside the organisation:

• Explore the reasons for the person’s objections – what are they worried about?
• Explain the concern and why you think it is important to share the information
• Tell the person who you would like to share the information with and why
• Explain the benefits, to them or others, of sharing information – could they access better help and support?
• Discuss the consequences of not sharing the information – could someone come to harm?
• Reassure them that the information will not be shared with anyone who does not need to know
• Reassure them that they are not alone and that support is available to them.

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Safeguarding partners need to work jointly to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.
Domestic abuse cases should be assessed following the Co-ordinated Action Against Domestic Abuse - Domestic Abuse, Stalking and 'Honour'-based Violence (CAADA DASH) risk assessment and referred to the Multi-Agency Risk Assessment Conference where appropriate. Cases of domestic abuse should also be referred to local specialist domestic abuse services.

6.6 Powers or obligations to share information

6.6.1 Referring to the Disclosure and Barring Service (DBS)
The Safeguarding Vulnerable Groups Act (2006) places specific duties on those providing ‘regulated activities’. They must refer to the DBS anyone who has been dismissed or removed from their role because they are thought to have harmed or pose a risk of harm to a child or adult with care and support needs; this applies even if they have left their job and regardless of whether they have been convicted of a related crime. There is a DBS factsheet to help people with data protection and security when making referrals.

There are also DBS factsheets on:

- When to refer
- The DBS and professional regulators
- Local authority: Referral duty and power
- Harm, Relevant Conduct and Risk of Harm

See the DBS website for further information.

6.6.2 Professional codes of practice
Many professions in health and social care are registered with a professional body and governed by a code of practice or conduct. These codes often require those professionals to report any safeguarding concerns in line with legislation.

Care workers or care assistants are not registered but there is a code of conduct published by Skills for Care. The code states that as a Healthcare Support Worker or Adult Social Care Worker in England, you must:

- Report any actions or **omissions** by yourself or colleagues that you feel may compromise the safety or care of people who use health and care services and, if necessary use **whistleblowing** procedures to report any suspected wrongdoing.
- Challenge and report dangerous, abusive, discriminatory or exploitative behaviour or practice.
- Report things that you feel are not right, are illegal or if anyone at work is neglecting their duties. This includes when someone’s health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right insurance); or covering up wrongdoing.
Social workers are registered with the Health and Care Professions Council. The Standards of proficiency states that they must:

- Understand the need to protect, safeguard and promote the wellbeing of children, young people and adults
- Be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users and carers or others

### 6.6.3 Duty of Candour

Regulations under the Care Act will place a duty of candour on all service providers registered with the Care Quality Commission from April 2015. The duty:

- Aims to ensure transparency and honesty when things go wrong
- Requires providers to tell the person when something has gone wrong as soon as possible and provide support to them
- Includes giving an apology and keeping the person informed about any further enquiries.

### 6.6.4 Commissioning

Commissioning services should consider whether contracts should place an obligation on service providers to share safeguarding information. Any specifications would need to be in line with policy, regulation and the law.

### 6.6.5 Sharing information on prisoners

The statutory guidance to the Care Act 2014 requires Rochdale Borough Council to share information about people with care and support needs in, or in transition from or to, prison or custodial settings. This includes “the sharing of information about risk to the prisoner and others where this is relevant.”

### 6.6.6 What if a safeguarding partner is reluctant to share information?

There are only a limited number of circumstances where it would be acceptable not to share information pertinent to safeguarding with relevant safeguarding partners. These would be where the person involved has the mental capacity to make the decision and does not want their information shared AND:

- Nobody else is at risk
- There is no wider public interest
- No serious crime has been or may be committed
- The alleged abuser has no care and support needs
- No staff are implicated
- No coercion or duress is suspected
- The risk is not high enough to warrant a MARAC referral
- No other legal authority has requested the information
6.7 **Legal basis of Information Sharing**

6.7.1 **The common law duty of confidentiality**
Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. However, the right to confidentiality is not absolute. Sharing information with the right people at the right time is vital to good safeguarding practice.

All staff should be familiar with their internal safeguarding procedures for raising concerns. Any member of staff can also contact either the police or the local authority safeguarding lead for advice, without necessarily giving an individual’s personal details, if they are unsure whether a safeguarding referral would be appropriate.

6.7.2 **The Caldicott principles**
The sharing of information in health and social care is guided by the ‘Caldicott’ principles. These principles are reflected in the Data Protection Act and are useful to other sectors:

- Justify the purpose(s).
- Don’t use personal confidential data unless it is absolutely necessary.
- Use the minimum personal confidential data necessary for purpose.
- Access to personal confidential data should be on a strict need-to-know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities.
- Comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality.

6.7.3 **The Human Rights Act**
- Under Article 8 of the European Convention on Human Rights, individuals have a right to respect for their private life.
- This is not an absolute right and can be overridden if necessary and in accordance with the law.
- Interference must be justified and for a particular purpose.
- Justification could be protection of health, prevention of crime, protection of the rights and freedoms of others.
- A decision to share information and reasoning should be recorded.

6.7.4 **The Data Protection Act**
The Data Protection Act (1998) sets out the parameters for sharing information appropriately and safely.

**The basic principles**
Any personal information should be shared on the basis that it is:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- accurate and up to date
- shared securely and in a timely fashion
- not kept for longer than necessary for the original purpose.
6.7.5 The Crime and Disorder Act
Any person may disclose information to a relevant authority under Section 115 of the Crime and Disorder Act 1998, ‘where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder)’. (Mandelstam 2011) Relevant authorities, broadly, are police, local authorities, health authorities and local probation boards.

There is an overarching protocol to which all partners to the RBSAB are signatories, and reference to this should be made for further guidance.
7. Local roles and responsibilities

7.1 Introduction

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

- Operational
- Supervisory line management
- Designated Adult Safeguarding Managers (DASMs)
- Senior management staff
- Corporate/cross authority
- Chief officers/chief executives
- Local authority members and local police and crime commissioners
- Commissioners
- Providers of services
- Voluntary organisations, and
- Regulated professionals.

7.2 Front line

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

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

Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the Adult.

Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

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

Skilled and knowledgeable supervision focused on outcomes for Adults is critical in safeguarding work. Managers have a central role in ensuring high standards of practice and that practitioners are properly equipped and supported. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available.

Managers need to develop good working relationships with their counterparts in other agencies to improve cooperation locally and swiftly address any differences or difficulties that arise between front line staff or managers.

They should have access to legal advice about when proposed interventions, such as the proposed stopping of contact between family members, require applications to the Court of Protection.

7.4 **Designated Adult Safeguarding Manager**

Each member of the RBSAB should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. DASMs should keep in regular contact with their counterparts in partner organisations. They should also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.

The DASM should provide advice and guidance within their organisation, liaising with other agencies as necessary. The DASM should monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

The DASMs will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the DBS and, or, Regulatory Bodies (e.g. CQC, HCPC, GMC, NMC) are made promptly and appropriately and that any supporting evidence required is made available.

The DASMs will ensure that systems are in place to provide the employee with support and regular updates in respect of the adult safeguarding investigation. Particular care must be taken to not breach the right to a fair trial in Article Six of the European Convention on Human Rights as incorporated by the Human Rights Act 1998.

DASMs should ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.
The local authority DASM will need to work closely with the children’s services Local Authority Designated Officer (LADO) and other DASMs and LADOs for both adults and children in the region or nationally to ensure sharing of information and development of best practice.

There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work with or continue to work with adults at risk. This may be referred to the DASM from a LADO, if it is not, then information should be shared with the LADO. Each situation will be risk assessed individually.

There may also be times when a person’s conduct towards an Adult may impact on their suitability to work with or continue to work with children. All these situations must be referred to the LADO.

Unless it puts the adult at risk or child in danger, the individual should be informed that the information regarding the allegation against them will be shared. Responsibility lies with the person receiving the information to obtain the consent of the individual to share information. The person with the allegation against them should be offered a right to reply, wherever possible seek their consent to share, and be informed what information will be shared, how and who with. Each case must be assessed individually as there may be rare cases where informing the person about details of the allegations may increase the risks to the adult or child.

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

When sharing information about adults, children and young people at risk between agencies it should only be shared:

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

### 7.5 Senior managers

Each agency should identify a senior manager to take a lead role in the organisational and in inter-agency arrangements, including the RBSAB. In order for the Board to be an effective decision-making body providing leadership and accountability, members need to be sufficiently senior and have the authority to commit resources and make strategic decisions. They also need to identify appropriate individuals from their organisations to be members of the RBSAB sub-groups. To achieve effective working relationships, based on trust and transparency, the members will need to understand the contexts and restraints within which their counterparts work. Each member of the RBSAB is expected to sign a membership agreement and abide by the RBSAB constitution.
7.6 **Corporate/cross authority roles**

To ensure effective partnership working, each organisation must recognise and accept its role and functions in relation to adult safeguarding. These will be set out in the SAB’s strategic plan as well as its own communication channels.

7.7 **Chief Officers and Chief Executives**

As chief officer for the leading adult safeguarding agency, the Director of Rochdale Borough Council Adult Care has a particularly important leadership and challenge role to play in adult safeguarding.

They are responsible for promoting prevention, early intervention and partnership working and are critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires them to promote a culture that is person-centred, supports choice and control and aims to tackle inequalities.

However, all officers, including the Chief Executive of Rochdale Borough Council, NHS and police chief officers and executives should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect. The Chief Officers must sign off their organisation’s contributions to the Strategic Plan and Annual Reports.

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

7.8 **Local authority members**

Local authority members need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local authority members need to understand prevention, proportionate interventions, and the dangers of risk adverse practice and the importance of upholding human rights. The RBSAB includes an elected member as a way of increasing awareness of members and ownership at a political level. Managers must ensure that members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community.

In addition the Council’s Health Overview and Scrutiny Committee, Health and Wellbeing Board (HWB) and Community Safety Partnership play a valuable role in assuring local safeguarding measures, and ensuring that the RBSAB is accountable to the local community. Rochdale Health and Wellbeing Board provides leadership to the local health and wellbeing system, ensures strong partnership working between local government and the local NHS and ensures that the needs and views of local
communities are represented. HWBs play a key role in assurance and accountability of the RBSAB and local safeguarding measures. Equally the RBSAB may on occasion challenge the decisions of the HWB from that perspective.

7.9 Commissioners

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

7.10 Providers of services

All service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the RBSAB in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority. They need to share information with relevant partners such as the local authority even where they are taking action themselves. Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one’s interests to unnecessarily prolong enquiries. However some complex issues may take time to resolve.

7.11 Voluntary organisations

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

7.12 Regulated professionals

Staff governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.
8. Criminal Offences and Adult Safeguarding

8.1 Introduction

Everyone is entitled to the protection of the law and access to justice. Behaviour psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although Rochdale Borough Council has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.

8.2 Special Measures

For the purpose of court proceedings, a witness is competent if they can understand the questions and respond in a way that the court can understand. Police have a duty under legislation to assist those witnesses who are vulnerable and intimidated. A range of special measures are available to facilitate the gathering and giving of evidence by vulnerable and intimidated witnesses.

Consideration of specials measures should occur from the onset of a police investigation. In particular:

- Immediate referral or consultation with the police will enable the police to establish whether a criminal act has been committed and this will give an opportunity of determining if, and at what stage, the police need to become involved further and undertake a criminal investigation.
- The police have powers to initiate specific protective actions which may apply, such as Domestic Violence Protection Orders (DVPO).
- A higher standard of proof is required in criminal proceedings ("beyond reasonable doubt") than in disciplinary or regulatory proceedings (where the test is the balance of probabilities) and so early contact with police may assist in obtaining and securing evidence and witness statements.
- Early involvement of the police will help ensure that forensic evidence is not lost or contaminated.
- Police officers need to have considerable skill in investigating and interviewing adults with a range of disabilities and communication needs if early involvement is to prevent the adult being interviewed unnecessarily on subsequent occasions. Research has found that sometimes evidence from victims and witnesses with learning disabilities is discounted. This may also be true of others such as people with dementia. It is crucial that reasonable adjustments are made and appropriate support given, so people can get equal access to justice.
- Police investigations should be coordinated with health and social care enquiries but they may take priority.
Guidance should include reference to support relating to criminal justice matters which is available locally from such organisations as Victim Support and court preparation schemes.

Some witnesses will need protection.
The police may be able to get victim support in place.

Special Measures were introduced through legislation in the Youth Justice and Criminal Evidence Act 1999 (YJCEA) and include a range of measures to support witnesses to give their best evidence and to help reduce some of the anxiety when attending court.

Measures in place include the use of screens around the witness box, the use of live-link or recorded evidence-in-chief and the use of an intermediary to help witnesses understand the questions they are being asked and to give their answers accurately.

An intermediary may also be used to help to improve the quality of evidence of any vulnerable adult witness who is unable to detect and cope with misunderstanding, or to clearly answer the questions, especially in the context of an interview or while giving evidence at court.

8.3 Vulnerable Adult Witnesses

(S.16 YJCEA) are those that have a
- Mental disorder
- Learning disability, or
- Physical disability

These witnesses are only eligible for special measures if the quality of evidence that is given by them is likely to be diminished by reason of the disorder or disability.

8.4 Intimidated Witnesses

Intimidated witnesses are defined by Section 17 of the YJCEA as those whose quality of evidence is likely to be diminished by reason of fear or distress. In determining whether a witness falls into this category the court takes account of:

- the nature and alleged circumstances of the offence.
- the age of the witness.
- the social and cultural background and ethnic origins of the witness.
- the domestic and employment circumstances of the witness.
- any religious beliefs or political opinions of the witness.
- any behaviour towards the witness by the accused or third party.
Also falling into this category are:

- Complainants in cases of sexual assault.
- Witnesses to specified gun and knife offences.
- Victims of and witnesses to domestic violence, racially motivated crime, crime motivated by reasons relating to religion, homophobic crime, gang related violence and repeat victimisation.
- Those who are older and frail; and,
- The families of homicide victims.

Registered Intermediaries (RIs) have been facilitating communication with vulnerable witnesses in the criminal justice system in England and Wales since 2004.

A criminal investigation by the police takes priority over all other enquiries, although Greater Manchester Police will keep Rochdale Borough Council informed and involved as appropriate, to ensure that the interests and personal wishes of the Adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the Adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing.

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.

The Police will inform the Local Authority in a timely manner if a prosecution is not proceeding in order that the Local Authority can pick up any investigation.
9. Advocacy in Safeguarding

9.1 Introduction

Rochdale Borough Council has a duty under sections 67 and 68 of the Care Act 2014 to provide independent advocacy to an individual who would experience substantial difficulty in being involved in a safeguarding enquiry or a Safeguarding Adults Review (SAR).

Adults need to be able to make informed choices from the information they are given. In order to do this they may need support in a variety of ways such as the help of a family member or friend (subject to considerations below), an independent advocate or Independent Mental Capacity Advocate, a language interpreter or other communication assistance or aid.

9.2 When should an advocate be involved in safeguarding?

Rochdale Borough Council must involve people in decisions where there is to be a safeguarding enquiry or Safeguarding Adults Review (SAR). This requires the Council helping people to understand how they can be involved, how they can contribute and take part and sometimes lead or direct the process. People should be active partners in any safeguarding enquiry. No matter how complex a person’s needs, local authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions.

The advocacy duty will apply from the point of the first contact with the Local Authority and at any subsequent stage of the safeguarding enquiry or SAR. The Local Authority must initially consider the best way of involving the person in the safeguarding enquiry, which is appropriate and proportionate to the person’s needs and circumstances.

If it appears to the local authority that the person may have care and support needs and considers that the person has substantial difficulty in engaging with the safeguarding process, then they must consider whether there is anyone appropriate who can support the person to be fully involved.

This might, for example, be a Carer (who is not professionally engaged or remunerated), a family member or friend. If there is no-one appropriate, then the Local Authority must arrange for an independent advocate who must support and represent the person in the safeguarding enquiry.
9.3 **Judging Substantial Difficulty**

The Care Act 2014 defines four areas in any one of which a substantial difficulty might be found, which are set out below.

- **Understanding relevant information.** Many people can be supported to understand relevant information, if it is presented appropriately and if time is taken to explain it. Some people, however, will not be able to understand relevant information, for example if they have mid-stage or advanced dementia.

- **Retaining information.** If a person is unable to retain information long enough to be able to weigh up options and make decisions, then they are likely to have substantial difficulty in engaging and being involved in the process.

- **Using or weighing the information as part of the process of being involved.** A person must be able to weigh up information, in order to participate fully and express preferences for or choose between options. If they are unable to do this, they will have substantial difficulty in engaging and being involved in the process.

- **Communicating their views, wishes and feelings.** A person must be able to communicate their views, wishes and feelings whether by talking, writing, signing or any other means, to aid the decision process and to make priorities clear. If they are unable to do this, they will have substantial difficulty in engaging and being involved in the process.

Where an independent advocate has already been arranged under section 67 of the Care Act 2014 or under the Mental Capacity Act 2005 then, unless inappropriate, the same advocate should be used.

Effective safeguarding seeks to promote an Adult's rights as well as protecting their physical safety and taking action to prevent the occurrence or reoccurrence of abuse or neglect. It enables the adult to understand both the risk of abuse and actions that she or he can take, or ask others to take, to mitigate that risk.

If a safeguarding enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible. All agencies should be aware of how the services of an advocacy can be accessed and what their role is.

It is critical that the Adult is supported in what they may feel is a daunting process which may lead to some very difficult decisions. An individual who is thought to have been abused or neglected may be so demoralised, frightened, embarrassed or upset that independent advocacy provided to help them to be involved will be crucial.
9.4 **Who is an “appropriate individual” to assist a person’s involvement?**

Rochdale Borough Council must consider whether there is an appropriate individual (or individuals) who can facilitate a person’s involvement in the safeguarding processes.

The appropriate individual **cannot** be:

- Someone who is already providing the person with care or treatment in a professional capacity or on a paid basis (regardless of who employs or pays for them). That means it cannot be, for example, the person’s GP, nurse, key worker or care and support worker.

- Someone the person does not wish to support them. The person’s wish not to be supported by an individual should be respected and if the person has capacity, or is competent to consent, the person’s wishes must be followed. If the person has been judged to lack the capacity to make a decision, then the Local Authority must be satisfied that it is in a person’s best interests to be supported and represented by the individual.

- Someone who is unlikely to be able to, or available to, adequately support and represent the person and to facilitate their involvement in the processes. It is unlikely that some people will be able to fulfil this role easily, for instance a family member who lives at a distance and who only has occasional contact with the person, a spouse who also finds it difficult to understand the local authority processes, a friend who expresses strong opinions of their own prior to finding out those of the individual concerned, or a housebound parent. It is not sufficient to know the person well; the role of the appropriate individual is to support the person’s active involvement with the Local Authority processes.

It will clearly not be suitable for a person to be regarded as an appropriate individual where they are implicated in any enquiry of abuse or neglect or have been judged by a SAR to have failed to prevent an abuse or neglect.

9.5 **Appointing an advocate**

If an advocate needs to be appointed, they must have:

- **A suitable level of appropriate experience:** this may, for example, be in non-instructed advocacy or in working with those groups of people who may have substantial difficulty in engaging with assessments and care and support planning.

- **Appropriate training:** this may, for example, initially be training in advocacy (non-instructed and instructed) or dementia, or working with people with learning disabilities. Once appointed, all independent advocates should be expected to work towards the National Qualification in Independent Advocacy (level 3) within a year of being appointed, and to achieve it in a reasonable amount of time.
- **Competency in the task**: this will require the advocacy organisation assuring itself that the advocates who work for it are all competent and have regular training and assessments of competence.

- **Integrity and good character**: this might be assessed through: interview and selection processes; seeking and scrutinising references prior to employment and on-going Disclosure and Barring Service (DBS) checks.

- **The ability to work independently of Rochdale Borough Council or the body carrying out assessments, planning or reviews on Rochdale Borough Council’s behalf**: this would include the ability to make a judgement about what a person is communicating and what is in a person’s best interests, as opposed to in a local authority’s best interests, and to act accordingly to represent this.

- **Arrangements for regular supervision**: this will require that the person meets regularly and sufficiently frequently with a person with a good understanding of independent advocacy who is able to guide their practice and develop their competence.

Sometimes Rochdale Borough Council will not know at the point of first contact or at an early stage of the assessment whether there is someone appropriate to assist the person in engaging. They may need to appoint an advocate, and find later that there is an appropriate person in the person’s own network. The advocate can at that stage ‘hand over’ to the appropriate individual.

There may also be some cases where Rochdale Borough Council considers that a person needs the support of both a family member and an advocate; perhaps because the family member can provide a lot of information but not enough support, or because while there is a close relationship, there may be a conflict of interest with the relative.

If the Council decides that they are required to appoint an independent advocate as the person does not have friends or family who can facilitate their involvement, it must still consult with those friends or family members when the person asks them to.

It is Rochdale Borough Council’s decision as to whether a family member or friend can act as an appropriate person to facilitate the individual’s involvement. It is also their responsibility to communicate this decision to the individual’s friends and family where this may have been in question and whenever appropriate.

Rochdale Borough Council must form a judgment about whether a person has substantial difficulty in being involved with these processes. If it is thought that they do, and that there is no appropriate individual to support and represent them for the purpose of facilitating their involvement, then the Council must arrange for an independent advocate to support and represent the person.

Many of the people who qualify for advocacy under the Care Act will also qualify for advocacy under the Mental Capacity Act 2005. The same advocate can provide support as an advocate under the Care Act and under the Mental Capacity Act. This is to enable the person to receive seamless advocacy and not to have to repeat their
story to different advocates. Under whichever legislation the advocate providing support is acting, they should meet the appropriate requirements for an advocate under that legislation.

9.6 Independent Mental Health Advocate (IMHA)

Under the Mental Health Act 1983 (MHA) certain people, known as ‘qualifying patients’, are entitled to the help and support from an Independent Mental Health Advocate (IMHA). Section 117 of the MHA places a duty on the NHS and local authorities to provide aftercare and this will usually involve a joint assessment (often under the Care Programme Approach) including an assessment of the person’s care and support needs, a care and support or support plan and subsequent review (which may reach a decision that a person is no longer in need of aftercare). Those people who do not retain a right to an IMHA, whose care and support needs are being assessed, planned or reviewed should be considered for an advocate under the Care Act, if they have substantial difficulty in being involved and if there is no appropriate person to support their involvement.

9.7 Independent Mental Capacity Advocate (IMCA)

An IMCA must be instructed and then consulted, for people lacking capacity who have no appropriate family, friends, carers (other than paid staff) to support them whenever:

- An NHS body is proposing to provide serious medical treatment (section 37).
- An NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and the person will stay in hospital longer than 28 days, or they will stay in the care home for more than eight weeks (section 38 & 39). An IMCA may be instructed by the Local Authority to support someone who lacks capacity to make decisions concerning:
  - Care reviews, where no-one else is available to be consulted.
  - Adult protection cases, whether or not family, friends or others are involved.
  - Deprivation of Liberty Safeguard (DOLS).
  - The safeguards apply to people in England and Wales who have a mental disorder and lack capacity to consent to the arrangements made for their care or treatment, but for whom receiving care or treatment in circumstances that amount to a deprivation of liberty may be necessary to protect them from harm and appears to be in their best interests.

9.8 The role of the Independent Advocate

Advocates will decide the best way of supporting and representing the person they are advocating for, always with regard to the wellbeing and interest (including their views, beliefs and wishes) of the person concerned.
In addition, where practicable, they are expected to meet the person in private. Where a person has capacity, the advocate should ask their consent to look at their records and to talk to their carer, family, friends, care or support worker and others who can provide information about their needs and wishes, their beliefs and values. Where a person does not have capacity to decide whether an advocate should look at their relevant records or talk to their family and friends, then the advocate should consult the records and the family and others as appropriate, but consulting the family and others only where the advocate considers this is in the person’s best interests. The Care Act allows advocates to examine and take copies of relevant records in certain circumstances.

Acting as an advocate for a person who has substantial difficulty in engaging with care and support or safeguarding processes is a responsible position. It includes:

- Assisting a person to understand the safeguarding processes. This requires advocates to understand local authority policies, and other agencies roles, and processes and good practice in safeguarding enquiries and SARs. It may involve advocates spending considerable time with the individual, considering their communications needs, wishes, feelings and their life story, and using all this to assist the person to be involved and where possible to make decisions.
- Assisting a person to communicate their views, wishes and feelings to the staff that are carrying out safeguarding enquiries or reviews.
- Assisting a person to understand how their needs can be met by the local authority or otherwise.
- Assisting the person to understand their rights under the Care Act and assisting the person to understand their wider rights, including their rights to liberty and family life. A person’s rights are complemented by the local authority’s duties, for example to involve the person, to meet needs in a way that is least restrictive of a person’s rights.
- Assisting a person to challenge a decision or process made by the local authority; and where a person cannot challenge the decision even with assistance, then to challenge it on their behalf.

There are some particular important issues for advocates to address in relation to safeguarding. These include assisting a person to:

- Decide what outcomes/changes they want.
- Understand the behaviour of others that are abusive/neglectful.
- Understand which actions of their own may expose them to avoidable abuse or neglect.
- Understand what actions that they can take to safeguard themselves.
- Understand what advice and help they can expect from others, including the criminal.
- Justice system.
- Understand what parts of the process are completely or partially within their control.
- Explain what help they want to avoid reoccurrence and also recover from the experience.
There will be times when an advocate will have concerns about how the Rochdale Borough Council has acted or what decision has been made or what outcome is proposed. The advocate must write a report outlining their concerns for the Council. The Council should convene a meeting with the advocate to consider the concerns and provide a written response to the advocate following the meeting.

Where the individual does not have capacity, or is not otherwise able, to challenge a decision the advocate must challenge any decision where they believe the decision is inconsistent with Rochdale Borough Council’s duty to promote the individual’s wellbeing.

Where a person has been assisted and supported and nevertheless remains unable to make their own representations or their own decisions, the independent advocate must use what information they have collected and found, and make the representations on behalf of the person. They must advocate on their behalf, to put their case, to scrutinise the options, to question the plans if they do not appear to meet all safeguarding needs or do not meet them in a way that fits with the person’s wishes and feelings, or are not the least restrictive of the person’s life, and to challenge local authority decisions where necessary. The ultimate goal of this representation is to secure a person’s rights, promote the individual’s well-being and ensure that their wishes are taken fully into account.

Rochdale Borough Council must provide a written response to a report from an advocate which outlines concerns about how the Council has acted or what decision has been made or what outcome is proposed. Rochdale Borough Council should understand that the advocate’s role incorporates ‘challenge’ on behalf of the individual.

Rochdale Borough Council should take reasonable steps to assist the advocate in carrying out their role. For example, they should let other agencies know that an advocate is supporting a person, facilitating access to the person and to the records, they should propose a reasonable timetable for the advocate to consult family, friends or paid staff. They should keep the advocate informed of any developments and of the outcome of the assessment and the care and support plan.
10. Use of Interpreters, Signers or Others with Communication Needs

Adults who have difficulty communicating in English and those who have specific communication difficulties should have access to the services of an independent interpreter with a relevant knowledge of culture.

Family members and friends should not be used in this role.

It may assist an interpreter, and would be good practice, to ensure that the interpreter has a briefing prior to an interview. This should ensure that the confidential nature of the meeting they are about to interpret is made explicit and that they are prepared for any disclosure that may be of a sensitive nature. The interpreter's job is to interpret, not to mediate or get involved in the case in any other way, but he/she needs this background preparation in order to be able to comprehend what is being said and to interpret as accurately as possible.

It is important that members of staff are aware of potential conflicts which may arise when using an interpreter and the need to ensure that the interpreter has no involvement in the case.

It is recommended and preferable that an interpreter is sourced from a contracted supplier with whom an existing confidentiality agreement is already in place. Rochdale Borough Council can advise on this as appropriate.

Any interpreters from a source that is not a recognised contractor must be required to sign a confidentiality agreement prior to undertaking any interpreter service. Interpreters must understand that they must not divulge any of the contents of a meeting or interview to any other person.

In addition, any contract for the provision of interpreting services must comply with the following overarching principles:

- The service user should be consulted about the acceptability of a named interpreter. There may be concerns for instance about gender, religion, confidentiality, and conflicts of interest. Every effort should be made to use an interpreter who is acceptable both to the service user and to the agency.
- Interpreters should also be asked to inform the worker if they know personally any of the people involved in the case. In this eventuality, the advocate should declare this relationship. Every effort should be made to identify another advocate who does not have such a pre-existing relationship.
- Interpreters should also be asked in advance about their own requirements during an interview or meeting e.g. the need for breaks or equipment.
- Any anticipated difficulties, e.g. with the behaviour of a third party, should be planned for prior to the event.
Decisions about the way in which the interpreter will be used will depend on the interpreter's skills and training, the needs of the service user and the type of the interview or meeting.

The interpreter may be a helpful source of practical advice about making culturally appropriate arrangements to interview family members. However, professionals should not use interpreters to gain assessment information about racial, cultural, religious and linguistic factors as they affect a particular family's lifestyle or attitudes. This is not a proper use of an interpreter and in any case, the interpreter's values and life experiences will not necessarily coincide with those of the family.
11.  Reporting a Concern

11.1  Responsibilities of the person reporting a concern

Anyone who first becomes aware of concerns of abuse or neglect must report those concerns as soon as possible and in any case within the same working day to the relevant manager (or responsible person) identified in their internal agency procedures.

As a general rule, concerns should be raised as soon as abuse or neglect is witnessed or suspected. This should always be the case if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred, particularly if the person alleged to have caused harm is likely to have access to the adult or others who might be at risk.

On receiving the concern, the person responsible must decide whether to make a referral to Rochdale Adult Care (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times).

However anyone can report a concern:
- If discussion with the manager would involve delay in a high-risk situation.
- If the person has raised concerns with their manager and they have not taken action.

A concern may be prompted by:
- A direct disclosure by the adult.
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public.
- An observation of the behaviour of the adult, of the behaviour of another person(s) towards the adult or of one service user towards another.

11.1.1  Taking immediate action

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger.
- If there is immediate danger or someone needs urgent medical attention: call the police (999) or an ambulance and then inform Adult Care (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times.)
- If you think a criminal offence has been committed inform the police.
- Contact Children’s Services (0300 303 0440 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times) if you think a child may also be affected or at risk.
- If possible, take action to make sure that other individuals (adults or children) are not at risk.
11.1.2 Gathering and preserving evidence
The Police should be contacted immediately so they can gather and preserve any evidence.

The police may need to speak to vulnerable witnesses. This means that their evidence has to be obtained in accordance with the Youth Justice and Criminal Evidence Act 1999. This is designed to help vulnerable witnesses to give evidence and provides a number of ‘special measures’ to enable them to do this.

The police will attend the scene but agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost.

- Try not to disturb the scene, clothing or victim if at all possible.
- Secure the scene, for example, lock the door.
- Preserve all containers, documents, locations, etc.
- Evidence may be present even if you cannot actually see anything.
- If in doubt whether the police should be involved, contact them to seek advice.

11.1.3 Responding to an adult who is making a disclosure
- Assist the adult to feel safe and comfortable, both physically and emotionally.
- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage.
- If you do need to clarify the concern, ask non-leading questions for example: “can you tell/explain/describe what happened”, “when did it happen”, “where did it happen”
- Do not give promises of complete confidentiality.
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen.
- Explain that you will try to take steps to protect them from further abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Do not be judgemental or jump to conclusions.

11.1.4 Considering the person alleged to have caused harm
Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the adult makes this unavoidable.

11.1.5 Making a record
It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained, and kept by the person raising the concern. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident, including the adult, person alleged to have caused harm or potential witness.
The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

You must make an accurate record at the time, including:
- **Date and time of the incident**
- **Exactly what the adult said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you**
- **Appearance and behaviour of the adult**
- **Any injuries observed**
- **Sign and date your record**

The record must be factual, however if it does contain your opinion or an assessment this should be stated clearly and information from another person should be clearly attributed to them.

### 11.1.6 Informing a manager/supervisor
- Inform a manager or supervisor immediately.
- If your manager is not available you **MUST** report the concern yourself.
- If you are concerned that a member of staff has abused an adult, you have a duty to report these concerns. You must inform your line manager or supervisor.
- If you are concerned that your line manager has abused an adult, you must inform a senior manager in your organisation, or another designated manager for Safeguarding Adults.

### 11.2 Responsibilities of the manager with safeguarding responsibilities

It is the duty of managers with safeguarding responsibilities to act promptly when safeguarding adults and decide without delay on the most appropriate course of action, which will include:

- Make an immediate evaluation of the risk to the adult and take reasonable and practical steps to safeguard them.
- **Refer to the police if the abuse suspected is a crime and seek advice regarding preserving evidence and other guidance.**
- **Arrange any necessary emergency medical treatment.** Offences of a sexual nature will require expert advice from the police.
- If there is a need for an immediate protection plan, contact Adult Care or the Emergency Duty Team (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times)
- If the person causing the harm is also an adult with care and support needs, arrange for a member of staff to attend to their needs.
- Make sure that others are not at risk.
- In line with the organisation’s disciplinary procedures, suspend staff suspected of abuse.
11.2.1 Where to refer to and how to make a referral

1. Referrals will be taken from anyone who has a concern that an adult is at risk of harm.
2. The referral may be made by phone to Adult Care or the Emergency Duty Team (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times), or the referrer may use their own agency’s referral form or the Multi-agency Referral form (Appendix A).
3. Some referrers in a professional capacity may be asked to complete a Multi-agency Referral Form (Appendix A) and send it to Rochdale Adult Care.
4. The matter can additionally be reported to the police where a crime is committed or suspected.

11.2.2 Factors to consider when raising a concern

- Is there any doubt about the mental capacity of an adult to make decisions about their own safety? Remember to assume capacity unless there is evidence to the contrary. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.)
- How vulnerable is the adult? What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse on their independence and well-being?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts involving the person causing the harm?
- Is a child (under 18 years) at risk?

11.2.3 Speaking to the adult

It may be appropriate for the manager with safeguarding responsibilities to speak to the adult. To do this, the manager should consider:
- speaking to them in a private and safe place and informing them of any concerns
- getting their views on what has happened and what they want done about it
- establish what outcomes they want to achieve in relation to the issue
- giving them information about the Safeguarding Adults process and how that could help to make them safer
- supporting them to ask questions about issues of confidentiality
- explaining how they will be kept informed
- explaining how they will be kept informed and supported
- discussing what could be done to ensure their safety.

Where it is felt that the adult has substantial difficulty or does not have the capacity to understand the relevant issues in order to make a decision regarding the
safeguarding concern, it should be explained to them as far as possible, given the person’s communication needs. They should also be given the opportunity to express their wishes and feelings. If an adult lacks capacity or appears to have substantial difficulty, a concern should be raised and support given.

The mental capacity of the adult and their ability to give their informed consent to a concern being raised and action being taken under these procedures is a significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult has the mental capacity to make informed decisions:

- about the safeguarding concern being reported
- about actions which may be taken under multi-agency policy and procedures
- about their own safety, including an understanding of longer-term harm as well as immediate effects and
- an ability to take action to protect themselves from future harm.

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, a concern must be raised. This includes situations where:

- Other people or children and young people under 18 years of age could be at risk from the person causing harm
- It is necessary to prevent crime
- Where there is a high risk to the health and safety of the adult
- The person lacks capacity to consent.
- Harm was alleged to have been done by a worker or volunteer

The adult would normally be informed of the decision to report a concern and the reasons, unless telling them would jeopardise their safety or the safety of others.

If the adult lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005 therefore the manager with safeguarding responsibilities must make a decision in their best interests.

If the adult has capacity and does not consent to a concern being reported and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The person raising the concern must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation.

The key issue in deciding whether to raise a concern is the harm or risk of harm to the adult and any other adults who may have contact with the person causing harm or contact with the same organisation, service or care setting.

If the manager with safeguarding responsibilities is unsure whether to report a concern, they should contact Adult Care or the Emergency Duty Team (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times) for advice.
11.2.4 Deciding whether or not to report a concern
A concern should be reported when:

- The person is an adult with care and support needs and there is a concern that they are being or at risk of being abused or neglected
- The adult has capacity to make decisions about their own safety and wants this to happen, or, the adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to report a concern
- A crime has been or may have been committed against an adult without mental capacity to report a crime and a ‘best interests’ decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children and young people under 18 years of age are at risk from the person causing the harm
- The concern is about organisational or systemic abuse
- The person causing the harm is also an adult with care and support needs.

11.2.5 Person alleged to have caused harm
The person who is alleged to have caused harm to an adult has the right to be treated fairly and their confidentiality respected throughout the safeguarding adults procedures. This includes the responsibility to ensure that a person or organisation alleged to have caused harm:

- Knows that they are the subject of a safeguarding allegation (irrespective of any other investigation, such as disciplinary investigation or criminal proceedings)
- Are informed in a timely manner consistent with the needs of the investigation
- Are informed of the nature and content of the allegation
- Knows that an investigation is being undertaken under these safeguarding procedures
- If the person causing harm is another adult with care and support needs, arrangements could include removing them from contact with the adult. In this situation, arrangements must be put in place to ensure that the needs of the person alleged to have caused harm are also met and their risks managed
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with other staff, service users and any others who may be at risk.

11.2.6 Who should be informed that a concern has been reported?
It is important that all partners are clear where responsibility lies where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college. The first responsibility to act must be with the employing organisation as provider of the service.

Where relevant the manager with safeguarding responsibilities should consider informing:

- The unit or service manager responsible for the management of the service
- The Safeguarding Adults lead in their organisation or service
- The police, if a crime has been or may be committed
the relevant children’s and families team if children and young people under the age of 18 are also at risk from harm.

NHS staff may still need to report under clinical governance or serious incident processes, as well as reporting a concern to Rochdale Adult Care.

11.2.7 Notification of a Care Quality Commission (CQC) regulated service to the CQC
When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority and the Care Quality Commission. They should also inform the agency commissioning their services, whether this is Rochdale Adult Care commissioning team or the Clinical Commissioning Group.

Where it is indicated that a member of staff may have caused harm the organisation’s allegation management procedure and disciplinary procedures should also be considered.

11.2.8 Referrals to the Disclosure and Barring Service
If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service. If an agency or personnel supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then Rochdale BC can make such a referral.

11.2.9 Referrals to the police
1. Staff must make it clear whether they are reporting a crime or suspected crime, or seeking advice.
2. Referral must also be made to the relevant local authority.
3. In an emergency call the police on 999.
4. If a crime has been or may have been committed, report immediately to the police unless the adult has mental capacity, does not want a report made and there are no overriding public or vital interest issues.
5. The police may also be contacted later, if more information becomes available and it becomes apparent that a crime has been committed.

11.2.10 Recording
If not already done so by the person raising the concern, the manager with safeguarding responsibilities should make a detailed record of the concern. This should include:

- The allegation in the exact words of the person or a description from the first witness
- The views and wishes of the adult
- Any actions or decisions taken at this point, including decisions made by the adult themselves
- Any information given to the adult.
• Opinion should not be recorded.

It is recommended that organisations have a separate part of the adult’s file/record that is clearly labelled “Safeguarding”.

11.2.11 Information
Where possible, include as much information under the following headings.

Details of the referrer
• Name, address and telephone number
• Relationship to the adult
• Name of the person raising the alert if different
• Name of organisation, if referral made from a care setting
• Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details

Details of the adult
• Name(s), address and telephone number
• Date of birth, or age
• Details of any other members of the household including children
• Information about the primary care needs of the adult, that is, disability or illness
• Funding authority, if relevant
• Ethnic origin and religion
• Gender
• Communication needs of the adult due to sensory or other impairments (including dementia), including any interpreter or communication requirements
• Whether the adult knows about the referral
• Whether the adult has consented to the referral and, if not, on what grounds the decision was made to refer
• What is known of the person’s mental capacity and their views about the abuse or neglect and what they want done about it (if that is known at this stage)
• Details of how to gain access to the person and who can be contacted if there are difficulties

Information about the abuse, neglect or physical harm
• How and when did the concern come to light?
• When did the alleged abuse occur?
• Where did the alleged abuse take place?
• What are the details of the alleged abuse?
• What impact is this having on the adult?
• What is the adult saying about the abuse?
• Are there details of any witnesses?
• Is there any potential risk to anyone visiting the adult to find out what is happening?
• Is a child (under 18 years) at risk?
Details of the person causing the harm (if known)
- Name, age and gender
- What is their relationship to the adult?
- Are they the adult’s main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- Which organisation are they employed by?
- Are there other people at risk from the person causing the harm?

Any immediate actions that have been taken
- Were emergency services contacted? If so, which?
- What action was taken?
- What is the crime number if a report has been made to the police?
- Details of any immediate plan that has been put in place to protect the adult from further harm
- Have children’s services been informed if a child (under 18 years) is at risk?

The record must be signed and dated bearing in mind that it may be required later as part of evidence in legal proceedings.

11.2.12 Supporting staff
Managers are responsible for:
- supporting any member of staff or volunteer who raised the concern
- enabling and supporting relevant staff to play an active part in the Safeguarding Adults process
- ensuring that any staff delivering a service to the adult are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.
- Skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work. Managers have a central role in ensuring high standards of practice and that practitioners are properly equipped and supported. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available. Managers are responsible for providing supervision and to ensure the wellbeing of staff in what will be a distressing situation.
Summary of action to be taken

**Concern**
Abuse or neglect is, or may be, occurring

Has a crime been committed?  
OR  
Is the person in immediate danger or in need of medical attention?

- **YES**
  - Contact emergency services and/or Rochdale Adult Care (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times)

- **NO**
  - Immediately contact your line manager/senior manager
  - Re-assure the adult. Take them seriously and keep them informed of your actions
  - Establish what the Adult wants to happen
  - Record the incident and refer to Adult Care (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times)
  - The manager with safeguarding responsibilities follows Safeguarding procedures and completes all necessary records and forms.
When telephoning Adult Care, please provide as much of the following information as you have available:

**WHO:**
Is this concern about?
Is involved in causing abuse or neglect?

**WHAT:**
Type of abuse?
Are the risks?
Are the relevant circumstances?
Did the person alleged to have caused abuse or neglect do to the Adult?
Is the relationship between the Adult and the person alleged to have caused abuse or neglect?

**WHERE:**
Does the Adult live?
Does the person who is alleged to have caused abuse or neglect live?
Did the alleged abuse or neglect occur?

**WHEN:**
Did the alleged abuse occur (date/time)?
Was the concern first raised (date/time)?

Remember - WHO, WHAT, WHERE, WHEN

**REPORT THE CONCERN**
If you or an adult you know is in immediate danger contact 999 or call 101 if you think a crime has been committed.

Or contact:
Rochdale Borough Council’s Adult Care
0300 303 8886
(Office hours Monday - Friday 8.30am - 4.45pm)
0300 303 8875 (Out of hours)
Email: social.services@rochdale.gov.uk
12. Safeguarding Enquiries: Responding to a Concern

12.1 Statutory Safeguarding Enquiries – Section 42

Councils are required by law to carry out safeguarding enquiries for those individuals who meet the criteria outlined in section 42 of the Care Act 2014:

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

12.2 Non statutory safeguarding enquiries

Councils are NOT required by law to carry out enquiries for those individuals who do not fit the criteria; however they may do so at their own discretion.

These enquiries would relate to an adult who is believed to be experiencing, or is at risk of, abuse or neglect but does not have care AND support needs. These enquiries might be about a carer for example, or someone with support needs but no obvious care needs.

12.3 Introduction

The responsibility for responding to a safeguarding concern lies with the receiving team.

The Team Manager of the relevant Team is the designated Safeguarding Adults Manager (SAM) within these Procedures and has overall responsibility for the management of the Adult and their care and support needs. The term Safeguarding Adults Manager can also apply to the Advanced Practitioner who takes operational responsibility in the team.

The professional who initially responds to a safeguarding concern is referred to in this chapter as the ‘worker’.

The Safeguarding Adults Manager is responsible for decision making and ensuring that safeguarding enquiries are proportionate, and deciding on the most appropriate individual and from which organisation, to undertake the enquiry. The person chosen - is the designated “Enquiry Practitioner” within these procedures.
Detailed guidance of the purpose and responsibilities at each stage of the Safeguarding Enquiry process (from reported Concern to Closure Summary) is outlined later in this section.

12.4 Outcomes

Adults will be supported to define the outcomes they desire from their personal circumstances of abuse and neglect. The process is personalised and flexible and can conclude at any stage as appropriate.

In general terms the kinds of outcomes Adults seek from Safeguarding are:

- To have access to justice or an apology or to know that disciplinary or other action has been taken.
- To be involved in making decisions.
- To feel supported throughout the process.
- To have clarity around what happened and to know how the outcome was reached.
- To be made aware of possible risks and to know how to maintain a key relationship.

Enquiries will focus on the outcome defined by the Adult and will be proportionate and timely and will take account of

- The context and implications for other Adults
- Carers needs and their circumstances
- The mental capacity of the Adult and of the person believed to have caused the abuse or neglect

However, it is recognised that in some circumstances the outcome defined by the Adult may not be achieved and also desired outcomes may change over time.

12.5 What is an Enquiry?

The safeguarding enquiry begins as soon as the worker believes that an Adult is experiencing, or at risk of, abuse or neglect. The exact nature of the Enquiry in response to a Safeguarding Concern and who is best to lead will be in part determined by the circumstances and views of the Adult.

The objectives of an enquiry into abuse or neglect are to:

- Establish facts.
- Ascertain the Adult’s views and wishes.
- Assess the needs of the Adult for protection, support and redress and how they might be met.
- Protect from the abuse and neglect, in accordance with the wishes of the Adult.
• Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
• Enable the Adult to achieve resolution and recovery.

Enquiries do not follow a prescribed process but are made up of a number of different elements as appropriate and this includes one or more of the following (not exhaustive);

Telephone calls
• To the Adult, family members / other representative.
• To the person who reported the Concern.
• To the managers of services and other professionals.

Visits/Meetings
• With the Adult, family members / other representative.
• With representatives of relevant services and agencies.

Checking Written Records
• Care Plans, incident reports, medication records, staff rotas, risk assessments, bank statements, as appropriate to the area of Concern.

Specialist Advice Sought
• Care Quality Commission, Ofsted, General Medical Council, the Police, Health Professionals, Coroner, Trading Standards, Community Safety, NHS England, NHS Clinical Commissioning Group and other commissioning bodies as appropriate to the area of Concern.

Formal Enquiry Routes include
• Criminal Investigation, led by the Police.
• Serious Untoward Incident Review, led by NHS.
• Safeguarding Enquiry, led by the Local Authority.
• Disciplinary Procedure, led by the Employer.

An enquiry could simply be a telephone call to the Adult about whom the Concern was reported. The Enquiry could end at this point.

In contrast where a crime has potentially been committed, enquiries by the Police may take place with support provided by the Local Authority. More extensive enquiries may require a Multi- Agency Strategy Meeting.

12.6 Screening of Safeguarding Concern

The decision to proceed with a safeguarding concern to a section 42 Enquiry/ non-statutory enquiry is made in consultation with the Safeguarding Adults Manager (SAM), and all relevant organisations. It is also made in line with the Rochdale Borough Safeguarding Adults Board (RBSAB) “Professional Decision Making Tool in Response to a Concern” document which can be found on www.rbsab.org and should be used to ensure a proportionate response to explore the concern.
**Timescale:** This decision must be made on the same working day or within 24 hours (preferably the same working day).

**Recording:** The decision and rationale must be recorded.

If the concerns raised are not about abuse or neglect, then appropriate signposting should take place to address the concerns raised. If the concerns relate to poor practice by a practitioner, the relevant Commissioning team need to be informed. If safeguarding concerns are indicated, the formal enquiry begins with an initial strategy discussion.

### 12.7 Initial Strategy discussion

On receipt of a safeguarding concern, if the worker believes an Adult is experiencing or is at risk of abuse or neglect, then the safeguarding enquiry begins.

An Initial Strategy Discussion must be conducted between the Safeguarding Adults Manager and the Worker.

#### 12.7.1 Purpose

To decide what action needs to be taken through consideration of the following:

- Ensure that the Adult is safe, that medical attention has been sought if required and that emergency services are involved if necessary.

- To check if there have been previous Safeguarding Concerns for the individual and if so, to compare the context, location, time period and other details to the current Concern to inform the risk assessment. Previous Concerns must be considered and taken into account in relation to the on-going Safeguarding activity.

- To discuss the need for immediate Police involvement.

- To identify which organisation funds the care and inform and involve them in this strategy phase.

- To consider the involvement of other Partners at this stage and the need to consult relevant professional advisors.

- To discuss the need for immediate Safeguarding actions to protect the Adult from further abuse.
• To discuss if further clarification is required from the person who reported the Concern, to understand what is being said. This is particularly important for a self-referral and when family/friends report the Concern.

• To consider the Mental Capacity of the Adult and the person who may be causing harm and implications this may have.

• To consider the specific needs and circumstances of the Adult and the person who may be causing harm and implications this may have.

• To decide who is best placed to carry out the enquiry and allocate an Enquiry Practitioner as appropriate.

• To consider if an appropriate individual or independent advocate is required.

• To risk assess the broader context and consider potential risks to others.

• To identify potential risks to the health and safety of the Adult and staff members pertaining to the Initial Enquiry Visit and agree actions as appropriate.

• To discuss any known/or potential risks to children and, where necessary, make a Child Protection referral.

• To ascertain if the abuse or neglect has occurred within a provider service. If this is the case:
  o To discuss the need for immediate action under Disciplinary Procedures or other management action, and to engage the employer/employer’s HR representative and/or the Designated Adults Safeguarding Manager (DASM) in this discussion as appropriate.
  o To check if there are current concerns about the service being provided to acceptable quality standards.
  o If necessary inform other agencies, such as the Commissioning teams (Adult Care or CCG), CQC, the Office of the Public Guardian and/or the Department of Work and Pensions of the safeguarding concern and any immediate action being taken.
  o The person/s alleged to be causing the harm is:
    • A member of staff
    • a volunteer
    • someone who only has contact with the adult at risk because they both use the service

In the above situations, action should be taken against any employee or organisation under the Safeguarding Adults procedures, even if the adult at risk does not want any action taken. They should be informed of the decision, the reason for the decision and reassured that no actions will be taken which affect them personally without their involvement.
12.7.2 Supporting an adult who makes repeated allegations
1. An adult who makes repeated allegations that have been investigated and are unfounded should be treated without prejudice.
2. Each allegation must be responded to under these procedures.
3. A risk assessment must be undertaken and measures taken to protect staff and others and a case conference convened, where appropriate.
4. Each incident must be recorded.

Organisations should have procedures for responding to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded allegations.

12.7.3 Responding to family members, friends and neighbours who make repeated allegations
Allegations of abuse made by family members, friends and neighbours should be investigated without prejudice. However, where repeated allegations are made and there is no foundation to the allegations and further enquiry is not in the best interests of the adult, then local procedures apply for dealing with multiple, unfounded complaints.

12.7.4 Concerns Relating to a Person Living or Receiving Services in another Local Authority Area
The authority area where the alleged abuse occurs or suspicion arose must notify the other authority concerned but will usually have overall responsibility for coordinating safeguarding arrangements. This should be the subject to agreement between the two local authorities involved.

Timescale: The initial enquiry discussion must be conducted as soon as practicable following the receipt of the safeguarding concern, but it must not exceed 48 hours.

Recording: The content of any initial Strategy discussion must be recorded. If it is appropriate for the Safeguarding Enquiry to end at this point the Safeguarding Coordinator must ensure the Closure Summary Form is completed.
12.8 **Who should carry out the enquiry?**

The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It will usually start with asking the Adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the Adult’s well-being and work together to that shared aim. At this stage, the Safeguarding Adult Manager leading the enquiry has a duty to consider whether the adult requires support to be involved in the enquiry.

The Safeguarding Adult Manager (SAM) should make a decision as to who should undertake the enquiry. The specific circumstances will often determine who the right person to begin an enquiry is. In many cases a professional who already knows the will be the best person. They may be a social worker, a housing support worker or a health professional, EG a community nurse.

At the strategy meeting, it is therefore imperative to determine the most appropriate person to lead the Safeguarding Adult enquiry and the most appropriate person (Enquiry Practitioner) to conduct enquiries.

12.9 **Outcomes of the Initial Strategy Discussion**

Take into account relevant previous concerns which may be closed or on-going.

The Safeguarding Adults Manager has responsibility for ensuring any agreed actions are implemented following the Strategy Discussion(s). This includes actions assigned to other persons or agencies.

The Worker is responsible for ensuring the Safeguarding Adults Concern and any other relevant information is made available to the Police, Commissioning teams, Health organisations and other persons or agencies, where appropriate.

The Safeguarding Adults Manager and the Enquiry Practitioner are responsible for gathering basic information, where appropriate. This may involve contacting other agencies, though care must be taken not to alert the person alleged to have caused harm.

The Worker or allocated Enquiry Practitioner is responsible for contacting the Adult or their representative to inform them of the concerns raised and to arrange to undertake an initial enquiry visit.

Following the Initial Strategy Discussion, where appropriate the Safeguarding Adults Manager must arrange for the person who reported the Concern and other interested parties, e.g., families, to be contacted and inform them as far as is possible without compromising confidentiality and the safety of the Adult, of the progress of the Safeguarding Enquiry, and what further enquiry or action will be taken.
12.9.1 Escalation
Significant disagreement arising from the Initial Strategy Discussion about potential actions to be taken must be referred to relevant Safeguarding Leads for guidance, and be recorded.

12.9.2 Balancing choice and risk
It is not possible to eliminate risk. Empowerment in safeguarding involves risk management that is based on understanding the adult at risk and how they view the risks they face as there may be risks that person welcomes because it enhances their quality of life; risks the person is prepared to tolerate and risks they want to eliminate.

The identification of risk should usually be undertaken with the person who has been, or appears to have been, harmed, unless doing so is likely to increase the risk of harm or puts other people at risk.

An Adult's right to make choices about their own safety has to be balanced with the rights of others to be safe.

12.10 Decision not to proceed with a section 42 enquiry
It may be decided not to proceed with a formal enquiry when there is enough information to decide that:

- The situation does not involve abuse, neglect or exploitation; in which case another service may be appropriate and the person concerned may be signposted as appropriate.
- The Adult at risk is not an adult who is covered by these procedures. They can then be signposted to other services or resources.
- The Adult at risk has the mental capacity to make an informed choice about their own safety, there is no public interest or vital interest considerations and they choose to live in a situation in which there is risk or potential risk.

If a decision is made not to proceed with an enquiry:

- A record must be made stating any reasons.
- The referrer must also be informed of the decision in a timely way, the reasons for it and information given about any alternative services which have been offered, if this does not breach the Adult’s confidentiality. This should preferably be in writing.
- The Safeguarding Adults Manager will designate the most appropriate person to feed back to the Adult at risk.
- Where the Adult does not have mental capacity, they must still be included in the process.
- A decision not to proceed does not preclude information sharing where appropriate.
Feedback will also be given to the person acting in the Adult’s best interests, for example, family member, IMCA (Independent Mental Capacity Advocate), carer or court appointed deputy and the person raising the concern.

12.11 Initial Enquiry Visit

It is good practice to undertake a visit. However there may be exceptional circumstances when contact needs to be made over the phone. The reason for conducting the enquiry over the phone should be recorded.

12.11.1 Purpose

An Initial Enquiry Visit must be undertaken within timescales in order to:
- Assess the Adult’s capacity to engage in the process and consider advocacy.
- Understand the desired outcome as defined by the Adult and/or their representative.
- Analyse risk(s) and evaluate the potential harm that may be caused.
- Observe the setting in which the concern has been raised to gain insight into the context, physical environment and relationships.
- The views of the Adult and/or their representative, where appropriate, must always be considered and respected and full consideration be given to any identified issues/needs.
- To evaluate relevant records and documents.

There may, however, be circumstances when the Adult’s wishes might be overruled. These include:

- If the Adult's mental capacity is such that they are unable, or may be unable, to make an informed decision about their own safety and wellbeing.
- Other people are at risk.
- The Police have decided to pursue a Criminal Investigation.

In other high risk situations, for example, domestic abuse a multi-agency strategy discussion or meeting may be held even if the Adult at risk does not want any action taken. This would enable discussions around providing the Adult with support and signposting to relevant organisations e.g. victim support, counselling services, etc.

Only in exceptional circumstances, for example if the Adult is in hospital, should the Initial Visit be delayed. The rationale for this must be clearly recorded.

12.11.2 Who has Responsibility?

The Safeguarding Adults Manager must make the Initial Enquiry Discussion information available in advance to the Enquiry Practitioner who will conduct the Initial Visit.

- Consideration must be given as to whether a second appropriately trained member of staff should accompany the Enquiry Practitioner on the Initial Visit.
- Consideration must be given as to whether the person(s) conducting the visit should be known to the Adult.
• The Enquiry Practitioner must hold a relevant professional qualification and must take lead responsibility for engaging with the Adult.
• The Enquiry Practitioner must provide the Safeguarding Adults Manager with feedback of findings from the Initial Visit.

**Timescale:** The Initial Enquiry Visit must be conducted as soon as practicable following the Enquiry Discussion, but must not exceed two normal working days, unless the Adult or their representative requires a reasonable extension of this timescale.

**Recording:** A record of the visit should be provided to the Adult and/or their representative as soon as possible, outlining key points, stated outcomes and agreed/declined actions.
- The Enquiry Practitioner has the responsibility for recording the desired outcomes defined by the Adult on the organisation’s information systems.

### 12.12 Additional Enquiry Discussions

Additional Enquiry Discussions must take place between the Safeguarding Adults Manager and Enquiry Practitioner, following the Initial Enquiry Visit. Other Partners/Agencies will be invited to contribute as necessary.

#### 12.12.1 Purpose
- To reaffirm the Adult’s wishes and desired outcomes, following the Initial Enquiry Visit.
- To share and evaluate additional information and risks identified from the Initial Visit.
- To agree next actions.
- To agree Closure, if appropriate.

#### 12.12.2 Who has Responsibility?
- Additional Strategy Discussions can be instigated by the Safeguarding Adults Manager, Enquiry Practitioner, Police or other Partners.

#### 12.12.3 Escalation
- Where it appears that the case may be becoming very complex or is raising significant quality concerns, the Safeguarding Adults Manager must inform the relevant Head of Service or escalate to a more senior level as required.

**Timescale:** Additional Enquiry Discussions can be instigated at any stage of the Safeguarding Adults Procedures. They must be conducted as soon as practicable following the emergence of information that indicates further Enquiry Discussion is required.
12.13 Multi-Agency Strategy Meetings

A strategy meeting will not be necessary in all cases, where a discussion will suffice. However in more complex cases a meeting will be useful.

12.13.1 Purpose
To share, discuss and consider the known evidence and agree Protection actions and Formal Investigation actions as appropriate.

This may include one or more of the following considerations:
- Creation or revision of a Support Plan to address needs and risks
- Potential Criminal element
- Potential Disciplinary action
- Serious Incidents Requiring Investigation - NHS Trusts only

12.13.2 When a Strategy Meeting may be called:
- Where the health and safety of the Adult is or may be compromised and Protection and Enquiry Actions may be required.
- Where the person who is alleged to have caused harm is an employee of a service provided to the Adult and the circumstances indicate potential Disciplinary Action.
- Where the allegations indicate a potential Criminal Investigation may be required.
- Where there are Previous Safeguarding Concerns that indicate that the risk may be higher than originally thought.

12.13.3 The Strategy Meeting will cover:
- Issues associated to the mental capacity of the Adult and those involved and potential requirement for a Best Interests Meeting.
- The health, social care, communication, cultural needs or other specific needs of the Adult.
- The likelihood, severity and potential impact of risks to the health, safety and wellbeing of the Adult.
- Any potential risks to children and agreement on who will arrange a Child Protection referral, where necessary.
- Who the “interested parties” are, which means those persons or agencies with whom it is reasonable and appropriate to share information about the process and outcome.
• Consideration and where necessary arrangements for appropriate notifications/referral to Partner or Statutory Agencies, e.g. Care Quality Commission, Health Professionals.
• Where issues affect residents of other Local Authorities, to arrange for proper notification to those Authorities.
• Timescales for actions and outcomes.
• Responsibility and accountability for all safeguarding protection actions.
• To set a date for further Safeguarding Meetings, where this is practicable and appropriate.

12.13.4 Who has Responsibility?
• The Safeguarding Adults Manager has responsibility for deciding whom to invite to a Strategy Meeting. The RBC Commissioning team are to be invited to all strategy meetings for incidents that occur in Care Quality Commission (CQC) regulated services.
• The Enquiry Practitioner has responsibility for organising the Strategy Meeting, including the venue and inviting all relevant persons and agencies involved in the care, support and protection of the Adult.
• The Safeguarding Adults Manager has responsibility for chairing Strategy Meetings.
• Persons and agencies have a responsibility to share any information they have that may be relevant to the Enquiry.
• All persons and agencies invited to attend the Strategy Meeting have a responsibility to attend. Where the individual cannot attend, they must inform the Safeguarding Adults Manager and agree who can attend as a suitable alternative representative from that agency.
• Where representatives of any of the key persons or agencies are absent from the Strategy Meeting, the Safeguarding Adults Manager has the responsibility for requesting in advance provision of information so that it can be taken into account at the meeting; informing them of outcomes of the meeting. They must ensure that key persons or agencies are informed of and understand agreed action(s) and timescales allocated to them.
• The Enquiry Practitioner has responsibility for informing the Adult and/or other interested parties of the outcomes of the Strategy Meeting if they are not in attendance.

12.13.5 Escalation
• In exceptionally complex and sensitive cases, more Senior Officers within the relevant areas may be required to participate.
• When there are concerns about the adequacy or implementation of the Protection Actions.
• When there are concerns about the rate of progress or quality of the Disciplinary Investigation.

12.13.6 Suggested Strategy Meeting agenda
1. Apologies, absences, introductions.
2. Confidentiality and Information Sharing Protocol
3. Safeguarding Concern details
4. Background
5. Details of information gathered
6. Consideration of the Adult’s Mental Capacity
7. Views of Adult/advocate and what they wish to happen
8. Information sharing/ open discussion
9. Risk assessment
10. Protection actions
11. Next steps

**Timescale:** The Strategy Meeting must be convened as soon as practicable, following the Strategy Discussion where it was identified as necessary, but no more than 5 normal working days later. If this is unachievable the reasons must be recorded.

**Recording:** The Minutes of the Strategy Meeting must be recorded. The Safeguarding Adults Manager (Chair) has responsibility for ensuring timely recording, electronically storing and distributing the minutes to relevant persons and agencies involved in the care and support of the Adult.

**12.14 Protection Actions**

These will apply where there are concerns that the Adult may experience, or be experiencing, further abuse and will consist of risk reduction and support strategies, and will be monitored and revised as necessary.

**12.14.1 Purpose**
- Protection Actions will involve identifying and agreeing specific safety measures to ensure immediate and ongoing protection from abuse, specific to the Adult’s needs and desired outcomes.
- Relevant persons and agencies involved in the provision of care and support must be clear about how the specific actions or safety measures are designed to safeguard the Adult from further risks of abuse.
- The aim is to remove both immediate and/or potentially ongoing risks to the Adult. Where risks cannot be removed or avoided because the risk conflicts with the views/wishes of the Adult, protective measures to reduce the risk will be maximised. Decision making rationale must be recorded clearly.
12.14.2 Protection Actions must:
- Record the measures that have already been put in place, and will remain in place, to manage risks and protect the Adult.
- Record all the actions that have been identified to safeguard the Adult from further abuse, and which person(s) and agencies are responsible for implementing the action.
- Have a deadline for the implementation of each action. However, it is recognised that certain actions may need to be given an ongoing timescale.
- Remain in operation until a decision has been reached at Safeguarding Closure Meeting that it is no longer required OR following closure of the Safeguarding Enquiry, the Protection Actions may continue to be in place as part of the support plan and will be reviewed by the Care Management Review process.
- Be shared and agreed, where appropriate, with the Adult/advocate.

12.14.3 Multi-Agency Risk Management protocol (MRM)
Consideration may be given to using the Multi-Agency Risk Management Protocol (MRM).
- MRM provides professionals with a framework to facilitate effective multi-agency working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services.
- It aims to provide professionals from all Rochdale Borough Safeguarding Adults Board (RBSAB) partner agencies with a framework for the management of complex cases where, despite ongoing work, serious risks are still present.
- MRM is a multi-agency process to discuss, identify and document serious current risks for high risk cases, and formulate an action plan identifying appropriate agencies responsibility for actions. It also provides a mechanism for review and re-evaluation of the action plan.

12.15 Formal Investigation Actions
Actions to establish facts, as far as is reasonable and proportionate to the circumstances, will be taken.

It may not be necessary to pursue information further where the Protection Actions are in place and the Adult and/or their representative is satisfied with the Outcome. Formal Investigation routes may apply in circumstances of very serious Safeguarding Concerns.

The three most commonly used Formal Investigation routes are as follows:

a) Criminal
b) Disciplinary
c) Serious Untoward Incidents (SUIs)
12.15.1 Criminal Investigation
These may apply where the alleged abusive act is in breach of legislation.

Purpose
- To discuss the wishes of the Adult in respect of a potential Criminal Investigation.
- To gather collaborative evidence and scheduling rapport sessions, video interviews, Appropriate Adults, post-interview support, medicals and special measures.
- Whilst Criminal Procedures are the responsibility of the Police, where the victim is an Adult with care and support needs additional consideration must be given to information sharing between agencies, communication with the Adult and recording.

Who has Responsibility?
- The Enquiry Practitioner is responsible for maintaining contact with the Adult and keeping them updated throughout.
- The Safeguarding Adults Manager is responsible for ensuring liaison with the Police and recording progress.
- On notification of a Concern, the Police must act promptly to secure evidence or advice accordingly.
- Police must consider requirement for medical examination, photographs and other forensic evidence.
- Police must commence Criminal Investigation evidence-gathering and preparation of papers for consideration by Crown Prosecution Service, as appropriate.
- Police must update the Adult as per the Victim’s Charter, either personally or in conjunction with the Enquiry Practitioner.

Timescales: Timescales will be determined by the Criminal Investigation Process.

Recording: For the purpose of recording consistently a Criminal Investigation will be said to commence at the point where formal witness statements are taken by the Police. Information gathering prior to this are Police Enquiries.

The Safeguarding Enquiry may be “closed” once the Crown Prosecution Service has agreed to progress the case depending on circumstances. Where the Adult and/or their representatives needs further support in relation to the process the Enquiry will remain “open”.

The Enquiry Practitioner will record the final outcome on the Closure Summary
12.15.2 Disciplinary Investigation

This may apply where the person who is alleged to have caused harm is a professional, employee or volunteer within an organisation providing care and support services to Adults.

Purpose

- To establish the facts of the circumstances under which the Safeguarding Concern was made.
- To determine the severity and impact of any breach of procedure or expectations of conduct that may have occurred.
- To determine appropriate sanctions or remedial actions.
- A Disciplinary Investigation will identify a suitable named Lead Manager/Senior Officer of the employer’s organisation and outline the scope of the Disciplinary Investigation.
- Allegations of abuse and neglect by professionals/employees are dealt with through the Disciplinary Procedures of the employing organisation/agency.
- A Disciplinary Investigation cannot usually commence until it is confirmed that there will not be a Criminal Investigation or until the Criminal Investigation is completed.
- Disciplinary Rules are necessary to set the standards of conduct to which employers can reasonably expect employees to conform.
- Expectations about the way staff conduct themselves within services that support Adults are informed by general principles of social care and professional codes of practice.
- Understanding and following the rules and requirements and being aware of the consequences of contravening rules and requirements is an important measure which protects Adults from abuse and neglect.
- Disciplinary Procedures generally distinguish between ‘misconduct’ and ‘gross misconduct’.
- Abuse of an Adult may be so serious that a single incident could result in dismissal.
- Repeated incidents of less serious abuse could also result in dismissal, following adequate warnings. This generally includes a series of oral and written warnings.
- Where the Safeguarding Enquiry involves an allegation against a Professional and/or member of staff or volunteer who has access to children and young people consideration must be given as to whether it is appropriate to inform the Local Authority Designated Officer (LADO).
- If further allegations of abuse emerge during the Disciplinary Investigation, a new Safeguarding Concern must be raised.

Suspension

Suspension of the employee who has allegedly abused or neglected an Adult may be necessary to:

- Protect the Adult and other Adults with care and support needs.
- Prevent any actions or activities that may prejudice the Criminal or Disciplinary Investigation.
- Protect the employee from potential further allegations.
Suspension is a neutral act whilst an investigation takes place. It is the responsibility of the employing organisation to consider the welfare of the suspended individual, arranging support as necessary and keeping the individual informed of the progress of the investigation.

Who has Responsibility?

- The Enquiry Practitioner is responsible for maintaining contact with the Adult and keeping them updated throughout.
- Implementing a robust and timely Disciplinary Investigation is the responsibility of the employer.
- The Enquiry Practitioner must maintain regular contact with the designated lead for the Disciplinary Investigation.
- It is the responsibility of the Enquiry Practitioner to maintain an overview of the progression of the Disciplinary Investigation and, where necessary, feedback information to any interested parties, including the Safeguarding Adults Manager.
- Following the completion of the Disciplinary Investigation, the designated Disciplinary Investigating Officer must inform the Enquiry Practitioner of the final outcomes.
- Where a referral to the Disclosure and Barring System and/or Regulatory Bodies, e.g. Health and Care Professional Council, General Medical Council, Nursing and Midwifery Council is required it is the employer’s responsibility to do so promptly.

**Timescales:** Disciplinary Procedures must commence as soon as practicable after the Strategy Discussion or Strategy Meeting has determined this course of action is applicable.

**Recording:** The Enquiry Practitioner is responsible for liaising with the Manager leading the Disciplinary Investigation and recording progress on case notes.

The Enquiry Practitioner will record on-going contact with the Adult/others on case notes.

The Manager leading the Disciplinary Investigation must record the findings and recommendations in accordance with the requirements of their own agency.

The Enquiry Practitioner will record the final outcome of the Disciplinary Investigation on the Closure Summary.
12.15.3 Serious Untoward Incidents/Serious Incidents

Review processes for Serious Untoward Incidents (SUIs) and Serious Incidents (SIs) will apply within all NHS Trusts where an Incident meets the relevant criteria and involves abuse or neglect of an Adult.

**Purpose**
- To undertake a timely Root Cause Analysis so that the incident or circumstances can be fully understood and lessons learnt.

**Who has responsibility?**
- The NHS provider Adult Safeguarding Lead is responsible for ensuring that any SUI / SI review that involve the abuse of an Adult with care and support needs are also reported to Rochdale Adult Care Access and Intervention Team as a Safeguarding Adults Concern.
- The NHS provider Adult Safeguarding Lead is responsible for liaison with the Adult and their family as per the SUI / SI Policy to be assured that the response has been sufficient to deal with the safeguarding issue.
- The Local Authority Safeguarding Adults Manager must maintain regular contact with the designated NHS provider Adult Safeguarding Lead so that information can inform the closure of a Safeguarding Enquiry.

**Timescales:** A SUI / SI review Root Cause Analysis report will be completed in accordance with NHS guidance; there are varying timescales appropriate to the level of the incident. The timescale must be confirmed by HMR Clinical Commissioning Group on a case by case basis.

**Recording:**
Confirmation that a SUI / SI has been agreed must be recorded by the Safeguarding Adults Manager.

The Safeguarding Adults Manager is responsible for liaising with the NHS Provider Adult Safeguarding Lead and recording progress.

The NHS provider Adult Safeguarding Lead must ensure that internal records are made as per the SUI / SI Policy.

The Enquiry Practitioner must record the final SUI / SI outcome on the Closure Summary.
12.16 Case Conference

Where a Safeguarding Enquiry has been complex a Case Conference can be held to scrutinise the Enquiry process and outcomes, consider if any legal or statutory action or redress is indicated and make recommendations where any wider actions or learning are identified.

Purpose

- Provide scrutiny of the Enquiry process and its outcomes
- To ensure that the views, wishes and Best Interests of the Adult have been central to this.
- To ensure effective risk management and monitoring arrangements are in place.
- To ensure allegations have been put to individuals alleged to have caused harm and they have been given an opportunity to respond.
- To determine whether an investigated allegation is substantiated, not substantiated or is inconclusive on the balance of probabilities.
- To consider what legal or statutory actions or redress may be needed including referrals to the Disclosure and Barring Service (DBS) or a professional registration body – Health and Care Professional Council (HCPC) or the Nursing and Midwifery Council (NMC).
- To consider any recommendations where wider actions or learning are identified.
- To identify any further actions and timescales.
- To consider the need for a Safeguarding Adults Review.
- If appropriate, close the Enquiry.

Who has responsibility?

- The Safeguarding Adults Manager has responsibility for deciding if a Case Conference is required.
- The Safeguarding Adults Manager has the responsibility for identifying an Independent Chair for the Conference and ensuring that administrative arrangements for the meeting are in place.
- The Safeguarding Adults Manager is responsible for inviting relevant individuals and discussing these with the Independent Chair.
- The minute taker is responsible for sending invites, booking a venue/room, requesting copies of reports for circulation, attendance recording, monitoring apologies and minuting the meeting.
- The Independent Chair has overall responsibility for decision making at the Case Conference.
- The Independent Chair is responsible for the accuracy of the minutes and their secure dissemination.

Further guidance on Case Conferences, including roles and responsibilities, is available in “Safeguarding Adult Case Conference Procedure and Practice Guidance”.

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**Timescales:**
When needed, a Case Conference should be scheduled no more than 20 working days after the Enquiry has been completed.

**Recording:**
The minutes of a Case Conference must be securely circulated to attendees. The Independent Chair has responsibility for ensuring the minutes of the Case Conference are stored and distributed to the Adult and/or advocate and agencies involved in the care and support of the Adult.

12.17 Feedback and outcomes

Feedback to the Adult and/or their representative and others as appropriate, must be given at all stages so that the process is understood and expectations are clear. It is the responsibility of the Enquiry Practitioner to provide feedback throughout, unless specifically agreed otherwise.

**Purpose**
- To understand the Adult’s experience and that the outcomes of the Enquiry as defined by the Adult and/or their representative have been achieved.
- Inform other agencies processes as appropriate, such as Provider Services, Complaints or Contracting/Commissioning functions, so that lessons can be learned.
- Demonstrate that the Safeguarding Concern is taken seriously and that enquiries were proportionate and appropriate.

**Who has responsibility?**
- The Enquiry Practitioner must make sure the Adult and/or their representative understand what is being or has been done in response to the Safeguarding Concern and any ongoing action.
- The Enquiry Practitioner must seek the Adult and/or their representative’s views on the extent to which the Enquiry has involved the Adult and achieved the outcomes they wanted. This discussion may take place,
  - Prior to a Closure Meeting or
  - When agreed actions are in place and a Closure Meeting is not considered necessary.
- The discussion may be in person or by telephone and will usually be confirmed by letter.
- The Safeguarding Adults Manager is responsible for identifying the most appropriate person appropriate to give feedback, e.g. Managers/owners of Provider Services, CQC and other professional bodies.
**Recording:** Verbal feedback to the Adult and/or their representative should be recorded by the Enquiry Practitioner on the organisation’s information system.

A Feedback Letter must be written sensitively by the Enquiry Practitioner to provide feedback to the Adult and/or their representative and others, as appropriate.

The letter must be signed, dated and scanned onto the organisation’s information system.

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**Timescales:** Timely feedback to the Adult and/or their representative and others as appropriate.

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### 12.18 Closure Meeting

An Adult Safeguarding Enquiry must be formally closed. It is not a requirement to hold a formal meeting to agree Closure, though it will be good practice in the more complex cases.

**Purpose**

- To determine the extent to which the Enquiry achieved the outcomes desired by the Adult and/or their representative.
- To understand the issues that may have prevented the Adult and/or their representative’s desired outcome/s being realised.
- To affirm that the agreed actions have been implemented and ensure that no further action is necessary in respect of the Safeguarding Concern.
- To reach a collective decision as to whether the Enquiry can be closed.
- If there is disagreement in respect of closure, the matter must be referred to the relevant Safeguarding Lead.
- To identify cases which have potential for a Safeguarding Adult Review (SAR).

**Who has Responsibility?**

- In more straightforward cases, where a formal meeting is not required, the decision to close the case is made by the Safeguarding Adults Manager in conjunction with the Enquiry Practitioner.
- The Safeguarding Adults Manager has the responsibility for convening invitations to the Closure Meeting where this is appropriate.
- The Closure Meeting must be chaired by the Safeguarding Adults Manager.
- Where the Concern originated as a complaint or contractual concern, consideration must be given to informing the relevant Complaints/Contracting Officers of the outcomes.
- All those involved in the Enquiry (e.g. professionals in other agencies, family and carers) must also be informed that the Enquiry has been concluded.
**Timescales:** A date and time for the Closure Meeting must be scheduled during the previous Safeguarding Meetings.

If any persons/agencies do not agree to closure, the matter must be referred to the relevant Safeguarding Lead within **2 normal working days**.

**Recording:** The minutes of the Closure Meeting must be recorded by the Safeguarding Adults Manager.

The Safeguarding Adults Manager (Chair) has responsibility for recording, electronically storing and distributing the minutes to relevant persons and agencies involved in the care and support of the Adult.

### 12.19 Enquiry Closure Summary

A summary of key information is required to provide a readily accessible overview of the Safeguarding Enquiry and is also the point from which reportable data is gathered.

**Purpose**
- To ensure that the Adult is satisfied with the outcome.
- To evidence that all Investigation and Protection Actions have been robustly and appropriately completed.
- To check that referrals to regulatory bodies have been made where this has been identified.
- To ensure that all relevant recording has been completed.
- To ensure management oversight of the Safeguarding process and of the Closure decision.
- To ensure the Adult and others involved have received feedback of the Enquiry outcomes.
- To record if the risk has been removed, reduced or remains.
- To record if abuse has been substantiated, not substantiated or is inconclusive.

**Who has responsibility?**
- The Enquiry Practitioner will present the Closure Summary to the Safeguarding Adults Manager for approval or closure.
- The Safeguarding Adults Manager will audit check to ensure that actions are completed as appropriate.
- All outstanding actions should be addressed prior to closure. Any outstanding issues will, be returned to the Enquiry Practitioner to action within agreed timescales.
**Timescales**

Where possible, the number of days from the date of the Safeguarding Concern to Closure Summary date should not exceed 30 calendar days in cases that DO NOT require a Strategy Meeting.

Where possible, the number of days from the date of Safeguarding Concern to Closure Summary date should not exceed 90 calendar days in cases that DO require a Strategy Meeting.

**Recording:** The Enquiry Practitioner must complete the Closure Summary following all Safeguarding Enquiries unless advised otherwise.

The Safeguarding Adults Manager must approve the Closure Summary and in doing so undertake a Case File Audit.
Contact received and screened. Non-safeguarding concerns signposted for alternative action.

Safeguarding concern received Section 42 Enquiry

Initial Enquiry Discussion
Decide actions and who will lead

Initial Enquiry Visit to establish outcomes

Additional Enquiry Discussion

Strategy Meeting to identify and agree:
Protection Actions
Formal Investigation Actions

Case Conference to monitor and review:
Protection Actions
Formal Investigation Actions

Final evaluation of Feedback & Outcomes

Agreement on additional actions and feedback to those involved can happen at any stage

Report criminal activity to the police

Closure meeting / Closure Summary
13 Safeguarding Adult Reviews

13.1 Section 44 of the Care Act 2014 requires Local Safeguarding Adult Boards to arrange a safeguarding adult review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. It places a duty on all Board members to contribute in undertaking the review, sharing information and applying the lessons learnt. The purpose of the safeguarding adult review is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk. The safeguarding adult review brings together and analyses the findings from individual agencies involved in order to make recommendations for future practice where this is necessary.

The Safeguarding Adults Board is the only body that can commission a Safeguarding Adult Review and must arrange a safeguarding adult review of a case of an adult in its area with needs of care and support (whether or not the Local Authority was meeting those needs) if:

- The case involves an adult with care and support needs (whether or not the Local Authority was meeting those needs)

- There is reasonable cause for concern about how the Safeguarding Adult Board, its members or organisations worked together to safeguard the adult

**AND**

- The person died (including death by suicide) and the SAB knows/suspects this resulted from abuse or neglect (whether or not it knew about this before the person died)

**OR**

- The person is still alive but the Safeguarding Adults Board knows or suspects they have experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.

The Care Act 2014 also enables Safeguarding Adults Boards to carry out reviews in other cases where it feels this would be appropriate in order to promote effective
learning and improvement action to prevent future deaths or serious harm occurring again. These may be cases which provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults but which may not meet criteria for a safeguarding adult review for example.
14. Complaints about the Safeguarding Decision Process

14.1 Introduction

There is a single complaints procedure for Rochdale Adult Care and the NHS Heywood, Middleton and Rochdale Clinical Commissioning Group, which can be found on www.rochdale.gov.uk. This means that if a complaint involves two or more organisations, the person complaining should receive one co-ordinated response.

14.2 Who may make a complaint?

A complaint can be made by anyone who is subject to a safeguarding process or has applied for or is in receipt of a service, including a carer, or a person acting on their behalf. No service will be delayed, withdrawn or suspended because a complaint has been made. The focus of the complaints procedure is to achieve the best outcome for both the individual concerned and the service and every complaint should be seen as an opportunity to make care better.

14.3 Complaints

Complaints may relate to the following:

- The quality or appropriateness of a service.
- Delays in decision-making or the provision of a service.
- Failure to deliver a service.
- Attitude or behaviour of staff.
- Application of eligibility or assessment criteria.
- Failure in safeguarding processes.

This list is not exhaustive; however the complaints procedure does not apply where:

- The complaint is about the actions of another local authority or an independent provider.
- The complaint is about a Court decision.
- The complaint has already been considered and investigated.
- The complaint is in relation to an event that occurred more than 12 months before (although there is a discretion to extend this time limit for example where there are good reasons why the person was not able to bring the complaint earlier).
The complaint should be dealt with under court proceedings, criminal proceedings, disciplinary proceedings, grievance proceedings or an application to a tribunal (for example in relation to a decision made by an Approved Mental Health Practitioner).

14.4 Giving People Support and Advice when they complain

There are many reasons why someone might need support (e.g. disability, language, age) and there are a number of services that help. The Rochdale Council Complaints Unit can provide advice and support to people who receive services and their representatives. Contact details are available on the Rochdale council website www.rochdale.gov.uk

Advocacy must be provided to help people who will have a substantial difficulty in making a complaint and to provide support during the investigative process.

14.5 Action to be taken on receiving complaints about the Safeguarding Process

Any person expressing a concern about a service should be listened to, so that the nature of the complaint is properly understood and wherever possible the issue causing concern can be quickly resolved. The initial contact the service has with a person who is unhappy with the service they have been given is key. If it is clear that a person wishes to make a complaint about the safeguarding process, this should be passed to the relevant agency’s Designated Adults Safeguarding Manager.

Where a quick resolution is possible without further investigation, this should be done so long as the complainant is happy with this outcome and there are no risks to others using services.

After receiving a complaint where a quick resolution is not possible, the Rochdale Council Complaints Unit should be notified within one working day and the complaint should be acknowledged within 3 working days. It will then be dealt with in accordance with the relevant complaints process.

If any person does not feel able to raise his or her complaint with the Designated Adults Safeguarding Manager, they may contact the Rochdale Council Complaints Manager directly.

If a complainant is still unhappy following the complaint investigation by Rochdale Borough Council, they can refer their complaint to the Local Government Ombudsman. However the local authority should be allowed to complete their investigation before a referral to the Ombudsman is made. Contact details for the Local Government Ombudsman can be found at www.lgo.org.uk.
The Local Government Ombudsman cannot investigate complaints about an organisation or individual that does not fall within their jurisdiction.

14.5.1 Learning Lessons:
The appropriate Complaints Unit will ensure that a full record is kept of complaints made under this procedure, their outcomes and the lessons learned, together with any actions taken in response to improve services.

14.6 Resolving Professional Disagreements

Occasionally there will be a difference of professional views in the way that the safeguarding needs of the adult are addressed. This protocol is designed to clarify the actions required where there is a professional disagreement.

14.6.1 What Happens when Agencies Cannot Agree?

Stage 1:
If professionals are unable to reach agreement about the way forward regarding an individual issue then their disagreement must be addressed by more senior staff. In most cases this will mean the first line managers of the agencies involved discussing the issue of dispute and seeking to reach a resolution.

Stage 2:
If the issue cannot be resolved at this level then the matter must be referred up through each agencies line management structure without delay to a Head of Service or equivalent (e.g. Designated Adults Safeguarding Manager).

Stage 3:
If the issue cannot be resolved at Head of Service (or equivalent) level then consideration should be given to progressing the dispute through the further layers of more senior management up to, for example, Strategic Head of Service or Director level.

In situations where such senior officers have become involved in resolving disagreements between agencies and those disputes relate to the safeguarding needs of individual Adults at Risk, the RBSAB Safeguarding Unit Team must be made aware of this. The purpose of such notification is to help monitor interagency safeguarding activity, and to identify issues which may benefit from RBSAB scrutiny. The agency which found it necessary to escalate an issue to such a high level in another organisation should advise the other organisation of their intention to do so.

It is acknowledged that some organisations have limited hierarchical structures. Where this is the case, the same individual manager may have involvement in more than one of the above stages.
Each individual stage (1, 2 or 3) should be completed within 5 working days (15 working days maximum).

Where there is a need for intervention to prevent a life threatening episode (for example risk of suicide) immediate action to reduce the risk of harm will be required by all relevant parties whilst the dispute is ongoing. In such circumstances, where certain agencies maintain a position of non-involvement and other agencies disagree with this position, the Rochdale Borough Safeguarding Adults Board Business Unit should be informed at the earliest opportunity.

Written records of all these discussions must be kept for 5 years.

14.6.2 What happens when disagreements need to be resolved very quickly in order to safeguard an Adult at Risk’s Welfare?
Professional judgement should always be used. For a variety of reasons there may be a delay in managers at levels 1 and 2 responding to telephone calls or emails. When this occurs careful consideration should be given to involving managers at the next level of the management structure by letting them know there is a disagreement, that a speedy response is required to safeguard the adult and that in the absence of such a response, they will be contacted to help progress the disagreement further.

14.6.3 Complaints about agencies working together:
Complaints about agencies working together should be referred directly to the Chair of the Rochdale Borough Safeguarding Adults Board (RBSAB) by emailing rbsab@rochdale.gov.uk.

For further information about national guidance, please refer to:

- A Guide to Better Customer Care: Listening, Responding and Improving (Department of Health); and
- Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman).
Appendix A - Concerns Form

**PART A**
This part should be completed when safeguarding concerns need to be communicated to Rochdale Adult Care Service by other agencies.

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**Information about yourself**

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<td>Position / job title:</td>
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<td>Agency / Organisation:</td>
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| Address: |  |

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<thead>
<tr>
<th>Tel. No:</th>
<th>Email address:</th>
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**Basic information regarding the Adult**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ALLIS / NHS / ID Number (if known)</th>
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| Address: |  |

**Details of the concern:**

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**Contact details:**

**Access and Intervention Service**

Telephone number: 0300 303 8886  
Fax number: 0845 833 9004  
Email: social.services@rochdale.gov.uk
Rochdale Borough Safeguarding Adults Board is committed to Safeguarding Adults and will continue to establish a society where there is zero tolerance to adult abuse.