



Newcastle Safeguarding Adults Board

Multi-Agency Safeguarding Adults Procedures

Revised March 2018

If you have a concern that someone is being abused or neglected then you must take action.

In an emergency always contact the Police or emergency services: 999

Adult Safeguarding

If your concern is about an adult, contact:

Community Health and Social Care Direct: 0191 278 8377

Emergency Duty Team (Out of Hours Service): 0191 278 7878

Child Safeguarding

If your concern is about a child, contact:

Initial Response Service: 0191 277 2500

Emergency Duty Team (Out of Hours Service): 0191 278 7878

For more information about safeguarding adults in Newcastle visit our web pages:

<http://www.newcastle.gov.uk/care-and-wellbeing/adult-social-care/safeguarding-adults>

If you have a concern about an adult or child who is being abused or neglected in a different area (e.g. outside of Newcastle upon Tyne), please contact the local council for that area.

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A. Introduction

These procedures describe the response that should be made to any situation where there is knowledge or concern that an adult who:

- is aged 18 or over; and
- has needs for care and support (whether or not those needs are being met); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Hereafter, those individuals meeting the above definition, will be referred to as the *adult/adult at risk*.

These procedures should be read in conjunction with the Newcastle Safeguarding Adults Board (NSAB) Safeguarding Adults Policy and associated guidance, templates and forms. Where appropriate, there will be specific references to these additional resources in the following procedures.

These procedures have been agreed and adopted by all partner organisations of the Newcastle Safeguarding Adults Board (NSAB). Organisations that are contracted or funded by NSAB members to provide care and support to adults are also expected to follow these procedures. A number of organisations have a duty to cooperate and share information under these safeguarding adults procedures. It is in the interests of all agencies working with adults to follow these procedures to contribute to effective safeguarding adults arrangements. Please refer to the Policy document for further information.

The aim of the procedures is to provide anyone in contact with an adult, whether in a volunteer or a paid role, an understanding of their role and responsibility in responding appropriately to abuse or neglect.

In addition, these procedures provide members of the public, service users and carers with information about the steps that they can expect to be taken if they themselves, or another citizen, are at risk.

These procedures overarch the procedures of different organisations as they respond to concerns of abuse or neglect. They do not override those other processes; they create a framework for organisations to work together – each carrying out their specialist role – in seeking to ensure that all citizens of Newcastle live safe and fulfilling lives.

A member of staff or volunteer taking action in line with these procedures can expect support from their organisation, their professional body and from the NSAB.

A service user or carer can expect support from any member of staff or volunteer within an NSAB partner organisation and specifically from: an organisation's complaints officers;; patient advocates; and independent advocacy agencies.

If an adult is being abused but they are not covered by this policy, the adult should be signposted to or a referral made to another appropriate agency or process (see practice guidance, **'supporting people at risk'**).

Do not hesitate to use these procedures because you are unsure whether or not abuse or neglect is taking place. The procedures are designed so that such concerns are assessed by those best able to do that work and that agencies work together both to assess the risk and to create a Safeguarding Adults Plan to manage the risk.

B. Overview of the procedures

Under Section 42 of the Care Act 2014, local authorities must make enquiries, or ensure others do so, if it reasonably suspects an adult who has care and support needs:

- is, or is at risk of, being abused or neglected; and
- is unable to protect themselves against the abuse and neglect or risk of it because of their care and support needs.

A Safeguarding Adults Enquiry could range from a conversation with the individual who is the subject of the concern to a much more formal multi-agency arrangement.

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

- establish facts;
- ascertain the individual's views and wishes and seek consent;
- assess the needs of the adult for protection, support and redress; and
- make decisions as to what follow-up action should be taken with regard to the person responsible, or the organisation, for the abuse or neglect.

The priorities are to ensure the safety and wellbeing of the adult at risk and, when the adult has capacity to make their own decisions, aim for any action to be taken in line with their wishes as far as appropriate. This approach is referred to as "Making Safeguarding Personal". The principles of Making Safeguarding Personal will be used throughout these multi-agency procedures, ensuring that the Safeguarding Adults Enquiry is person-centred and outcome-focused.

There are five key stages of a Safeguarding Adults Enquiry which can be summarised as follows:

Stage 1	Initial Enquiry
Stage 2	Further information gathering
Stage 3	Strategy and investigation
Stage 4	Protection Plan and Review
Stage 5	End of Safeguarding Adults Enquiry

Each stage involves a number of actions and activities. The table on pages 12-16 summarises what is involved at each stage.

During these stages, key considerations are:

- supporting and enabling the adult, where possible, to achieve outcomes that they see as the best for them;
- the need for the person at risk to be represented and supported by an appropriate individual, including a family member, friend, advocate or Independent Mental Capacity Act (IMCA);
- assessing and addressing risk;
- taking action to protect and support the adult;
- deciding whether a mental capacity assessment is needed to clarify issues of consent and/or decision-making;
- taking appropriate action for the person causing harm;
- taking appropriate action with a service and/or its management if they have been culpable, ineffective or negligent;
- identifying any lessons to be learnt for the future, including recommendations for any changes to the organisation and service delivery.

At each stage, consideration should be given to whether the Safeguarding Adults Enquiry continues to be appropriate. This is a multi-agency decision (coordinated by a local authority Safeguarding Adults Manager) and is primarily based on whether it is felt that risks are being managed as far as they possibly can be and the whether the adult's desired outcomes have been met as far as is possible. The local authority Safeguarding Adults

Manager, referred to throughout these procedures, can be any Adult Social Care Team Manager or Safeguarding Adults Manager from the Safeguarding Adults Unit.

Some issues of concern may prove very complex, e.g. involve one or more adults at risk and several partner agencies. These will usually require the implementation of the complete safeguarding process.

Less complex cases on the other hand might sometimes allow greater flexibility, with the option of moving the concern outside of the procedures at any given step in the process. Proper consultation still takes place and (wherever possible) positive safeguarding outcomes are achieved.

When a case has been referred to the local authority, a decision to end the Safeguarding Adults Enquiry will be made by the local authority Safeguarding Adults Manager in conjunction with the adult and/or their representative and with relevant partner agencies.

The local authority Safeguarding Adults Manager has a responsibility to respond to the person who made the referral, and to reassure them that appropriate action has been taken.

It is important that the process is managed in a timely way; however, the interests of the adult are paramount and therefore only suggested timescales are provided. Divergence from the suggested timescales will be justified on grounds of good practice where adherence would:

- hinder the adult's involvement in the safeguarding adults process;
- jeopardise achieving the outcome that the adult wants;
- not be in the best interests of the adult;

An extension of timescales would also be justified when the complexity of the investigation is such that a longer timescale is unavoidable.

Reasons for significant divergence from suggested timescales must be recorded. Where a particular timescale has been determined by a local authority Safeguarding Adults Manager (for example for completion of an investigation, or for a multi-agency meeting); any extension must be discussed and agreed with the local authority Safeguarding Adults Manager and an alternative timescale agreed to avoid the process becoming open ended.

Other processes, including Police investigations, can continue alongside the Safeguarding Adults Enquiry, but should not delay it; for example, a Safeguarding Adults Plan can be developed for the adult even if the Police have not concluded their criminal investigation.

Stage	Activity	Responsibility	Suggested Timescale	Documentation
Stage one Initial Enquiry	<ul style="list-style-type: none"> Act to protect the adult. Deal with immediate needs. Consider reporting to Police if a crime. Notify line manager/ Safeguarding Adults Lead Record concern/incident and action taken. 	<ul style="list-style-type: none"> Everyone. 	As soon as possible, ideally within same working day of becoming aware of the concern.	Written record made of concern.
	<ul style="list-style-type: none"> Take any further action to identify and address risk. Speak to the adult (or their representative) about their desired outcomes. Seek consent/override consent for sharing concerns on a multi-agency basis. Consider the adult's mental capacity in relation to making decisions about their safety. Consider other reporting duties e.g. Serious Incident (SI) in NHS, to CQC, to Commissioners. Decide if the concerns need to be shared with the Local Authority. 	<ul style="list-style-type: none"> Line Manager. Lead for Safeguarding Adults in referring agency. Any other professional/ member of staff if appropriate. 	As soon as possible ideally within one working day of becoming aware of the concern.	<ul style="list-style-type: none"> Safeguarding Adults Initial Enquiry Form; or Equivalent multi-agency referral form (e.g. Adult Concern); or Individual agency recording system (if decision is <u>not</u> to share concern with the Local Authority).
<p>Concerns not shared on a multi-agency basis under safeguarding adults procedures if: initial enquiries suggest no abuse/neglect occurred; OR there is no consent from the adult and it is not appropriate to override this. Concern/incident and any actions to manage risk recorded by agency.</p>				

Stage	Activity	Responsibility	Suggested Timescale	Documentation
Stage One Initial Enquiry (continued)	<ul style="list-style-type: none"> • Telephone Adult Social Care (0191 278 8377) and follow up with written referral if appropriate. • Use information gathered above to complete written referral. <p>Abuse/neglect is reported to the local authority area in which the abuse occurred. For concerns that have happened in a different local authority area please go to: http://www.safeguardingadultsne.com/ or contact 0191 278 8377 for further advice.</p>	<ul style="list-style-type: none"> • Line Manager. • Lead for Safeguarding Adults in referring agency. • Any other professional/ member of staff if appropriate. • Member of the public (including service users, carers, family members). 	As soon as possible, ideally within one working day of becoming aware of the concern.	<ul style="list-style-type: none"> • Safeguarding Adults Initial Enquiry Form; or • Equivalent multi-agency referral form (e.g. Adult Concern). <p>Members of the public are not expected to complete a form.</p>
	<ul style="list-style-type: none"> • Check social care records for the adult and the alleged perpetrator. • Contact other relevant agencies to check involvement and background. • Review mental capacity and consent. • Consider whether the adult (or the alleged perpetrator) should be offered a social care assessment. • Decide whether the adult requires advocacy support and arrange where necessary. • Make an assessment of the level of harm and vulnerability of the adult (refer to threshold guidance). • Review the actions in place to manage risk. • Provide feedback on decision to person making referral and the adult/representative. 	<ul style="list-style-type: none"> • Local authority Safeguarding Adults Manager (supported by Social Worker). 	As soon as possible, ideally within one working day of receiving the concern from the individual agency or other source.	Stage 1 Safeguarding Adults Enquiry Form (on CareFirst – local authority electronic recording system).
<p>Safeguarding Adults Enquiry ends if: low level harm and actions to manage the risk are clear and the adult's desired outcomes have been met as far as possible. Safeguarding Adults Plan and outcomes recorded. Go to Stage Five.</p>				

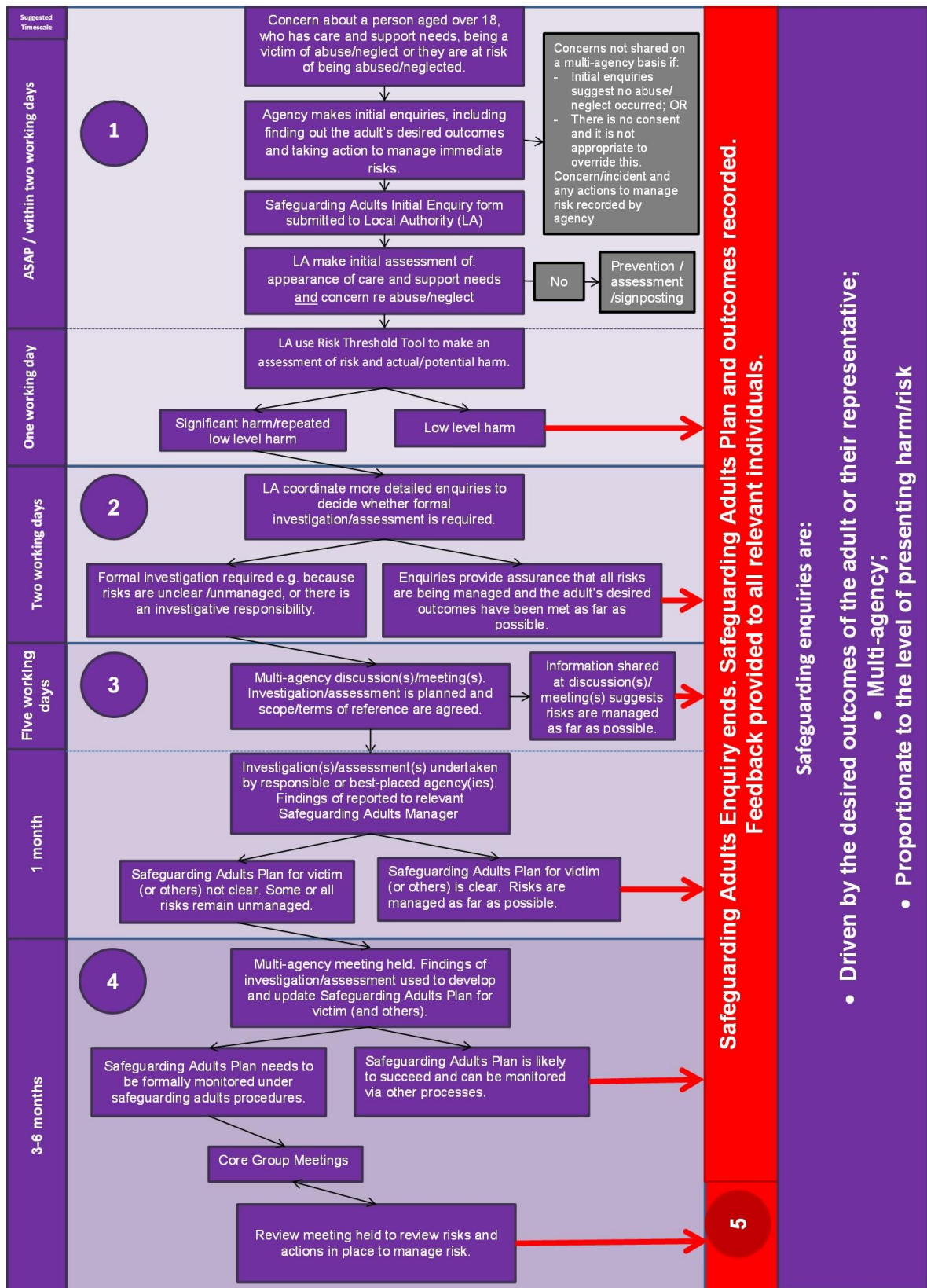
Stage	Activity	Responsibility	Suggested Timescale	Documentation
Stage Two Further Information Gathering	<ul style="list-style-type: none"> • More detailed information gathered from relevant agencies to formally identify risks and actions in place to manage risks. • Make an assessment of robustness of plan to manage risk. • Decide whether there is a formal investigative responsibility. • Continued liaison with adult and/or their representative. 	<ul style="list-style-type: none"> • Local authority Safeguarding Adults Manager (supported by Social Worker). • Relevant partner organisations. 	Ideally within two working days of decision to continue with Safeguarding Adults Enquiry.	Stage 2 Safeguarding Adults Enquiry Form (CareFirst).
	Safeguarding Adults Enquiry ends if: enquiries provide assurance that risks are managed, and the adult's desired outcomes have been met, as far as possible. Safeguarding Adults Plan and outcomes recorded. Go to Stage Five.			
Stage Three Strategy and Investigation	<ul style="list-style-type: none"> • Share information to confirm allegation(s) and evaluate risk. • Decide if investigation is required. • Agree terms of reference for, and type of, investigation. • Appoint person to undertake investigation and timescales for completion. • Continued liaison with adult and/or their representative. 	<ul style="list-style-type: none"> • Coordinated by local authority Safeguarding Adults Manager. • Relevant partner organisations. 	Ideally within five working days of decision to continue with Safeguarding Adults Enquiry	Stage 3 Safeguarding Adults Enquiry Form (CareFirst).
	Safeguarding Adults Enquiry ends if: strategy discussion(s)/meeting(s) provide assurance that risks are managed, and the adult's desired outcomes have been met, as far as possible. Safeguarding Adults Plan and outcomes recorded. Go to Stage Five.			

Stage	Activity	Responsibility	Suggested Timescale	Documentation
Stage Three Strategy and investigation (continued)	<ul style="list-style-type: none"> Undertake investigation by most appropriate means. Re-evaluate risk. Collate evidence, findings and outcome into a report. Send report to local authority Safeguarding Adults Manager and relevant partner organisations. Continued liaison with adult and/or their representative. 	<ul style="list-style-type: none"> Coordinated by local authority Safeguarding Adults Manager. Undertaken by relevant partner organisation. 	Within one month of decision to continue with Safeguarding Adults Enquiry.	<ul style="list-style-type: none"> Investigation Report Form or equivalent. Stage 3 Safeguarding Adults Enquiry Form (CareFirst).
Safeguarding Adults Enquiry ends if: investigation provides assurance that risks are managed, and the adult's desired outcomes have been met, as far as possible. Safeguarding Adults Plan and outcomes recorded. Go to Stage Five.				
Stage Four Protection Plan and Review	<ul style="list-style-type: none"> Multi-agency meeting held. Receive investigation evidence and recommendations. Evaluate risk and Safeguarding Adults Plan in place. Core Group meetings instigated if Safeguarding Adults Enquiry continues. Continued liaison with adult and/or their representative. 	<ul style="list-style-type: none"> Coordinated by local authority Safeguarding Adults Manager. Relevant partner organisations including Key Worker. 	<ul style="list-style-type: none"> On completion of investigation. (ideally within one month). Core Groups to occur every 4-6 weeks following initial multi-agency meeting and then subsequent review. Review meeting to ideally be held within 3-6 months of initial meeting. 	Stage 4 Safeguarding Adults Enquiry Form (CareFirst).
Safeguarding Adults Enquiry ends if: there is assurance that risks are managed, and the adults desired outcomes have been met, as far as possible. Safeguarding Adults Plan and outcomes recorded. Safeguarding Adults Enquiry cannot be ended at a Core Group meeting. Go to Stage Five.				

Stage	Activity	Responsibility	Suggested Timescale	Documentation
Stage Five End of Safeguarding Adults Enquiry	<ul style="list-style-type: none"> • Ensure agreed Safeguarding Adults Plan is known to all relevant organisations and applied in day-to-day work with individuals concerned. • Discuss outcomes and closure of procedures with adult/representative. • Consider any lessons learnt and disseminate as appropriate. • Complete all safeguarding adults documentation and sign-off safeguarding adults process. 	<ul style="list-style-type: none"> • Local authority Safeguarding Adults Manager. • Relevant partner organisations. 	At any point in the Safeguarding Adults Enquiry (apart from at a Core Group meeting).	Outcomes form (CareFirst).

C. Flowchart

A larger version of this procedural flowchart can be downloaded from the Newcastle Safeguarding Adults Board **webpages**.



D. Risk assessment and management

Risk assessment and risk management are central to the Safeguarding Adults Enquiry. An initial risk assessment must be undertaken at the point that there is a concern of abuse or neglect by the person who first has the concern (or their line manager). This should clarify the degree of risk to the adult, other adults and/or children.

Risk should be constantly re-evaluated throughout the Safeguarding Adults Enquiry to ensure adults and all others involved are appropriately protected.

The Safeguarding Adults Plan is the risk management plan aimed at removing or minimising risk (if it is not possible to remove the risk altogether) to the adult, and others who may be affected. It will need to be monitored, reviewed and revised as circumstances arise and develop.

The Safeguarding Adults Plan will not include actions which do not directly manage the risks to the adult concerned e.g. administrative tasks associated with the Safeguarding Adults Enquiry. These should be recorded on a separate action plan.

Initial risk assessments will seek to determine:

- what the actual risks are – the harm that has been caused, the level of severity of the harm, and the views and wishes of the adult at risk;
- the person's ability to protect themselves;
- who or what is causing the harm;
- factors that contribute to the risk, for example, personal, environmental, relationships, resulting in an increase or decrease to the risk;
- the risk of future harm from the same source.

More formal and detailed risk assessments should:

- establish the facts of the abuse or neglect;
- assess what service provision may be needed by the adult at risk and/or, where indicated, their carer;
- gain information to help inform decisions about what legal powers may be relevant to a Safeguarding Adults Plan;
- ensure that forensic and other evidence is collected and preserved, and relevant files and documents are secured, using the appropriate powers of partner organisations where necessary;
- ensure that any other assessments required are carried out;
- establish if there is a need to protect other adults at risk and find out what is needed to protect them;
- identify the person causing the harm if their identity is not known and establish where they are;
- find out if the person causing the harm is also an adult with care and support needs;
- decide if domestic violence and abuse is indicated and the need for referral to a Multi-Agency Risk Assessment Conference (MARAC);
- identify people causing harm who meet the criteria for referral to Multi-Agency Public Protection Arrangements (MAPPA);
- identify whether a child or children (under 18 years) are at risk.

Risk assessments should also take into account wider risk factors, such as the risk of fire in the person's home.

Organisations will have a range of tools to assist staff in risk assessment.

Stage one: Initial Enquiry

This section includes:

- Responsibilities of the alerter;
- Responsibilities of the referrer;
- Decision-making checklist for the referrer;
- Mental capacity;
- Domestic violence and abuse;
- Making a decision not to refer;
- Evidence gathering and victim care;
- Making a referral to the local authority;
- Role and responsibility of the local authority;
- Advocacy;
- Deciding whether to continue with the Safeguarding Adults Enquiry;
- Challenging a decision not to proceed;
- Supporting an adult at risk who makes repeated allegations; and
- Responding to family members, friends and neighbours who make repeated allegations

This stage combines a variety of activities undertaken by a number of different organisations and individuals at the initial stage of a Safeguarding Adults Enquiry. It includes responding to the initial concern or disclosure, making a decision to share the concern on a multi-agency basis and the initial local authority response.

Suggested timescales are provided for each of these steps (see pages 11-15); overall this stage may take up to three working days.

Alerting refers to the duty of all staff (paid and volunteers) of any service involved with adults to inform their relevant manager of a concern that an adult:

- has been harmed, abused or neglected; or
- is being harmed, abused or neglected; or

- is at risk of being harmed, abused or neglected.

A concern may be;

- 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 at risk or of the behaviour of another person towards the adult at risk.

Concerns may be referred directly to the local authority by people who are not managers, staff or volunteers of an organisation, including family members, friends, neighbours and the adult themselves.

Responsibilities of the alerter

Taking immediate action

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- Where appropriate, dial 999 for an ambulance if there is a need for emergency medical treatment;
- Consider contacting the Police if a crime has been or may have been committed;
- Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room;
- Contact Children's Social Care if a child is also at risk;
- Keep yourself and others safe.

In situations where there is an immediate risk of harm or need for treatment, all staff in all agencies should be authorised to call the Police or Ambulance service, without referring to a senior manager if this would cause delay. Not to do so might later be construed as negligent and as a failure of their duty of care.

Responding to an adult who is making a disclosure

- 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;
- 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, if possible try to find out what the adult wants to 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;
- Use open questions to ensure you get the most reliable information – e.g. start questions with “Tell me...”, “Explain...”, “Describe...”.

Considering the person alleged to have caused harm.

The concern should not be discussed with the person alleged to have caused harm, unless the immediate concerns for the welfare of the adult or others makes this unavoidable.

Informing a manager

The alerter should inform their line manager as soon as possible, ideally within one working day.

If the concern related to a member of staff or a volunteer abusing or neglecting an adult there is a duty placed on other staff/volunteers to report these concerns. They must be reported to a line manager.

If the concern relates to a person’s line manager abusing or neglecting an adult then a senior manager, or Lead for Safeguarding Adults in the organisation must be informed.

In most circumstances, the concern will be made to a line manager or the Lead for Safeguarding Adults, however anyone can make a direct referral to the local authority:

- if discussion with the line manager would involve delay in a high-risk situation; or
- if the person has raised concerns with their line manager before and they have not taken action.

If a person has the authority to decide whether to share the concern on a multi-agency basis, or where professional or service practice allows, a referral may be made directly to the local authority (see page 24, “responsibilities of the referrer”).

Making a record

It is vital that a written record of any incident or allegation of abuse or neglect 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 either as a victim, suspect 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.

The record should include:

- date and time of the incident;
- exactly what the adult said, using their own words (their account) about the abuse or neglect and how it occurred or exactly what has been reported to you;
- appearance and behaviour of the adult at risk;
- any injuries observed (complete a **body map** if appropriate);
- name and signature of the person making the record;
- if you witnessed the incident, write down exactly what you saw.

The record should be factual. However, if the record does contain opinion or an assessment, it should be clearly stated as such and

be backed up by factual evidence. Information from another person should be clearly attributed to them.

Responsibilities of the referrer

A referrer is the person within an organisation designated to make safeguarding adult referrals to the local authority. They may be a line manager or or Lead for Safeguarding Adults within the organisation. Once the concern has been raised with a manager (or other appropriate person), they must decide without delay on the most appropriate course of action.

Supporting immediate needs

The referrer may need to take the following actions:

- make an immediate evaluation of the risk to the adult;
- take reasonable and practical steps to safeguard the adult as appropriate;
- consider referring to the Police if the abuse or neglect suspected is a crime;
- if the matter is to be referred to the Police, discuss risk management and any potential forensic considerations;
- arrange any necessary emergency medical treatment (note that offences of a sexual nature will require expert advice from the Police);
- if there is a need for an immediate risk management plan, refer to the relevant adult care services or health professional/team, or the relevant out of hours service;
- if the person causing the harm is also an adult with care or 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, consider suspending staff suspected of abusing or neglecting an adult or adults at risk.

Speaking to the adult

It will often be necessary for the referrer to speak to the adult. In particular to understand what the adult wants to happen as a result of the concern that has been identified and to seek consent to share information on a multi-agency basis (if this is the intention). To do this, the referrer 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;
- giving them information about the safeguarding adults process and how that could help to make them safer;
- seeking consent to share information on a multi-agency basis about the concern;
- overriding/not seeking consent where it is relevant to do so;
- supporting them to ask questions about issues of confidentiality;
- explaining how they will be kept informed and supported;
- identifying communication needs, personal care arrangements and access requests;
- discussing what could be done to ensure their safety (not necessarily limited to the Safeguarding Adults Enquiry itself).

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible. They should also be given the opportunity to express their wishes and feelings. Where the adult is not able to express their wishes or feelings, consideration will need to be given about consulting with others who could do this on their behalf (e.g. family member, advocate).

It is important to establish whether the adult has the mental capacity to make decisions (see page 28, mental capacity). This may require the assistance of other professionals. In the event of the adult not having mental capacity to make decisions, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision maker will depend on the decision to be made.

Person alleged to have caused harm

The referrer should consider liaison with the Police regarding the management of risks involved.

However, if the person alleged to have caused the harm is a member of staff or a volunteer an immediate decision will need to be made about whether it is safe for them to continue working in their role (e.g. consideration of suspension without prejudice or moving to an alternative role). The referrer will need to ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistleblowers.

The person alleged to have caused the harm has a right to know in broad terms what allegations or concerns have been made about them, once it is clear that the case is appropriate for safeguarding adults procedures. This will be need to be determined on a case-by-case basis, but will usually be when the enquiry progresses to a formal investigation/assessment (Stage 3 Enquiry).

If the person causing harm is another service user, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met.

Deciding whether or not to make a multi-agency referral

As well as deciding whether or not to refer the issue on a multi-agency basis to the local authority, the referrer must also decide whether to follow other relevant organisational reporting procedures.

For example, NHS colleagues may still need to report under clinical governance or serious incident processes. Where a concern indicates that a member of staff may have caused harm, referral to the organisation's disciplinary procedures should also be considered.

Decision-making checklist for the referrer

A multi-agency referral should be made when:

Alleged victim	<p>The alleged victim is an adult who is:</p> <ul style="list-style-type: none"> • aged 18 or over; • has needs for care and support (whether or not those needs are being met); • as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.
AND	
Abuse or neglect	<p>The alleged victim is experiencing, or is at risk of, abuse and neglect.</p> <p>Please refer to Risk Threshold Tool for further information.</p>
AND	
Information sharing and consent	<ul style="list-style-type: none"> • the alleged victim has the mental capacity to make decisions about their own safety and wants this to happen. <p>OR</p> <ul style="list-style-type: none"> • the alleged victim has been assessed as not having mental capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral. <p>OR</p> <ul style="list-style-type: none"> • a crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made. <p>OR</p> <ul style="list-style-type: none"> • the abuse or neglect is a serious crime and not proceeding would prejudice the detection or prevention of crime. <p>OR</p> <ul style="list-style-type: none"> • the abuse or neglect has been caused by a member of staff or a volunteer and other adults (or children) are at risk from the person causing the harm. <p>OR</p> <ul style="list-style-type: none"> • the concern is about institutional or systemic abuse. <p>OR</p> <ul style="list-style-type: none"> • there is concern that the abuse or neglect may cause serious harm to the adult or others. <p>OR</p> <ul style="list-style-type: none"> • there is a concern that a person is not able to freely consent because they have been threatened or coerced. <p>OR</p> <ul style="list-style-type: none"> • Seeking consent would be too dangerous, putting either the adult or others at further risk of harm.

Factors to consider when making a multi-agency referral:

- Is there any doubt about the mental capacity of an adult at risk 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?
- What is the intent of the alleged perpetrator?
- 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 or children (under 18 years) at risk?

Please refer to the **Risk Threshold Tool** for further information.

Mental capacity

The mental capacity of the adult at risk and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant (but not the only factor in deciding what action to take, as can be seen from the checklist on page 27).

The assessments of mental capacity in relation to the Safeguarding Adults Enquiry is to find out if the adult at risk has the mental capacity to make informed decisions:

- about a multi-agency referral;

- about actions which may be taken under multi-agency safeguarding adults 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.

Professionals should refer to the [Mental Capacity Act 2005 Code of Practice](#) which provides guidance to anyone working with and/or caring for adults who may lack capacity to make particular decisions. The guidance below is taken directly from the Code of Practice.

Certain people are legally required to 'have regard to' relevant guidance in the Code of Practice. This includes people who act in a professional capacity for, or in relation to, a person who lacks capacity. This includes but is not limited to: healthcare staff, social care staff, paramedics, housing staff and Police Officers.

There are five statutory principles of the Mental Capacity Act 2005:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

If there is a doubt about a person's mental capacity then an assessment should be made and recorded (mental capacity assessment and best interest decision forms are available, **see templates and forms**).

The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. Where the decision relates to making a safeguarding adults referral to the local authority, the assessment of mental capacity should be undertaken by the referrer.

Anyone assessing someone's mental capacity to make a decision for themselves should use the two-stage test:

1. Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It does not matter whether the impairment or disturbance is temporary or permanent).
2. If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

A person is unable to make a decision if they cannot do any one of the following:

- Understand information about the decision to be made ('relevant information'); or
- Retain that information in their mind; or
- Use or weigh that information as part of the decision-making process; or
- Communicate their decision (by talking, using sign language or any other means).

Advice and support can be sought from the local authority should this be needed (see contact details on page 33).

Mental capacity for specific decisions may be reviewed or reassessed as the Safeguarding Adults Enquiry continues.

Domestic violence and abuse

There are specific considerations for the referrer if the abuse or neglect could be termed as domestic violence or abuse.

Domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse towards those aged 16 or over who are or have been intimate partners or family members regardless of their gender and sexuality.

This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Financial
- Sexual
- Emotional.

Where the concern for the adult at risk is domestic violence and abuse, the referring manager should consult the **“Multi-agency domestic violence and abuse procedural flow chart”**.

This will guide the referring manager through specific considerations, including using the Multi-Agency Risk Assessment (MARAC) checklist (also known as the SafeLives Dash Risk Checklist) to assess the level of risk and determine whether a referral should be made to MARAC.

It is good practice to make a safeguarding adults and a MARAC referral where both criteria have been met. Even if the case is accepted at MARAC, this does not negate the need for Safeguarding Adults Enquiry where the victim is an adult at risk.

Making a decision not to refer

If the adult at risk has mental capacity to make relevant decisions and does not consent to a referral and there are no public or vital interest considerations (see table on page 27), 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 referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation.

Just because safeguarding adults procedures do not apply (e.g. because the adult does not have care and support needs or there is no abuse or neglect), does not mean that action should not be taken to manage the perceived risk. This could include concerns about a person's welfare. This could include but is not limited to:

- referral into another multi-agency system or procedure (see practice guidance, '**Supporting people at risk**');
- health and/or social care assessment;
- safety planning with the adult;
- signposting or advice to other services.

A record must be made of the concern, any views of the adult at risk and of the decision not to refer, with reasons. A record should also be made of what information and support they were given or offered.

Making a decision to refer without consent

The table on page 27 gives information on circumstances when you should override a person's consent (or not seek consent) to progress with the referral to the local authority.

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

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the referring manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

**If the referring manager is unsure whether to refer, they should seek advice from:
Adult Social Care (0191 278 8377) or
Safeguarding Adults Unit (0191 278 8156)**

Who else should be informed?

Where relevant, the referrer should consider informing:

- the unit or service manager responsible for the management of the service where the abuse or neglect occurred;
- the Lead for Safeguarding Adults in the organisation or service where the abuse or neglect occurred;
- the Police, if a crime has been or may be committed;
- the CQC if the adult is living in, or a receiving a service from a registered organisation;
- Children's Social Care if children are also at risk from harm.

Recording

If not already done so by the alerter, the person making the referral must record:

- the allegation in the exact words of the person or description of the first witness;
- the views and wishes of the adult at risk;
- any actions and decisions taken at this point.

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 Enquiry;
- ensuring that any staff delivering a service to the adult at risk are kept up-to-date on a need-to-know basis and do not take actions that may prejudice the Safeguarding Adults Enquiry.

Evidence gathering and victim care

The Police will always be responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm. The Police should be contacted as soon as possible when it is suspected that a crime has occurred (with the consent of the victim where appropriate).

However, other organisations and individuals can play a vital role in the preservation of evidence to ensure that vital information or forensics are not 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 contact the Police and ask for advice.

Police are required to obtain oral (spoken) evidence in specific ways. For some vulnerable witnesses this means that their evidence has to be obtained in accordance with the Youth and Criminal Evidence Act 1999, which is designed to help them to give evidence and provides a number of 'special measures' to enable them to do this.

Medical treatment and examination

In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidentally). Medical or specialist advice should be sought.

If medical treatment is needed, an immediate referral should be made to the person's GP, Accident and Emergency (A&E) or a relevant specialist health team.

If forensic evidence needs to be collected, the Police should always be contacted and they will normally arrange for a Police surgeon (forensic medical examiner) to be involved.

Consent of the adult at risk should be sought. Where the person does not have capacity to consent to medical examination, a decision should be made on the basis of whether it is in the person's best interest for a possibly intrusive medical examination to be conducted.

Should it be necessary as part of the investigation to arrange for a medical examination to be conducted, the following points should be considered:

- the rights of the adult at risk;
- issues of consent and ability to consent;
- the need to preserve forensic evidence;
- the involvement of any family members or carers;
- the need to accompany and support the adult at risk and provide reassurance and the identification of someone appropriate to do so (consider an advocate).

Making a referral to the local authority

A referral is the reporting of an allegation, concern or disclosure on a multi-agency basis to the local authority's Adult Social Care department. A referral will place the information about the concern in a multi-agency context. The referral should be made as soon as possible, but not more than one working day after the concern is passed to the referrer. It is not necessary to make the referral to the Out of Hours Service. However, the Out of Hours Service (0191 278 7878) can provide help with urgent social care needs if this is required as a result of the concern about abuse or neglect.

A referral begins a process of gathering and sharing information on a multi-agency basis to inform a risk assessment and development of a Safeguarding Adults Plan.

Where to refer and how to make a referral

Referrals to the local authority will be taken from anyone who has a concern that an adult is at risk of abuse or neglect. It is best practice for referrals to be made by telephone or in person initially.

If the referrer is a professional/member of staff/volunteer they will be asked to complete a Safeguarding Adults Initial Enquiry Form or equivalent (some organisations use their own referral forms e.g. Adult Concern). This should be sent, by secure methods, to the referral point. Guidance on how to send the form securely is available on the form itself.

If the referral is made by a member of the public, a member of the family, a friend, a carer, a neighbour or anonymously, a written referral would not be expected but they could be offered a meeting to discuss the referral.

The matter can additionally be reported to the Police where a crime is committed or suspected but this would not negate the need to make the referral to the local authority.

Where to make the multi-agency safeguarding adults referral

The alleged victim's allocated **Social Worker** if you are aware that they have one.

In **all other circumstances**, or if you are not sure:

Community Health and Social Care Direct (Mon-Fri, 8am – 5pm)
0191 278 8377 (telephone), 0191 278 8312 (fax)
0191 278 8359 (textphone)
sda@newcastle.gcsx.gov.uk (secure email)

If you require further advice (after consultation with your manager /Safeguarding Lead) is required you can **contact** the above referral points or:

Safeguarding Adults Unit

0191 278 8156

Advice Line for professionals on safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards.

Monday – Friday, 9.30am-4pm.

Abuse/neglect is reported to the local authority area in which the abuse occurred, regardless of where the adult at risk may live or which local authority may fund their care. For concerns that have happened in a different local authority area in the North East please go to:

<http://www.safeguardingadultsne.com/> or contact 0191 278 8377 for further advice.

Information required in the referral

When professionals/staff members/volunteers make a safeguarding adults referral there is an expectation that the following information will be included where it is available.

Completion of the Safeguarding Adults Initial Enquiry Form (or equivalent referral form) will provided the necessary information described below.

Details of the referrer

- Name, address and telephone number;
- Role of the person making the referral;
- Name of the person raising the concern if different;
- Name of organisation;
- Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details.

Details of the alleged victim

- Name, address and telephone number;
- Date of birth;
- Information about the primary care needs of the adult;
- 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 adult's mental capacity and their views about the abuse or neglect and what they want done about it;
- Whether the adult would have substantial difficulty in participating in the safeguarding adults process. If so, is there a suitable person who could represent them?
- Other professionals/organisations involved with the adult who could help with the safeguarding adults enquiry.

Information about the abuse, neglect or 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?
- Is anyone else at risk?

Details of the person causing the harm (if known)

- Name, age and gender;
- What is their relationship to the adult?
- Are they a member of staff, paid carer or volunteer?
- Which organisation are they employed by?

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 or others from further harm.
- Have Children's Social Care been informed if a child (under 18 years) is a risk?

Referrals to the Police

Staff must make it clear whether they are reporting a crime or suspected crime, or seeking advice when contacting the Police.

In an emergency call the police on 999.

If a crime has been or may have been committed, consider reporting immediately to the Police using the non-emergency number, 101, **unless** the adult has mental capacity, does not want a report made and there are no overriding public or vital interest issues.

The Police may also be contacted later, if more information becomes available and it becomes apparent that a crime has been committed.

The local authority role and responsibility

Receiving a referral and gathering the facts

On receipt of a referral the local authority will take the following action:

- Check social care records for the adult and the alleged perpetrator;
- Contact other relevant organisations to check involvement and background;
- Review information about the adult's mental capacity and consent;
- Consider whether the adult (or the alleged perpetrator) should be offered a social care assessment;
- Decide whether the adult requires advocacy support and make arrangements for this where necessary;
- Make an assessment of the level of harm and vulnerability of the adult, referring to the Risk Threshold Tool;
- Review the actions in place to manage risk.

Decision to accept the safeguarding adults referral

The decision to accept the referral should be based on the criteria listed in the table on page 27.

If the criteria has not been met, other actions may be taken outside of safeguarding adults procedures to address the concern that have been raised.

The referring manager and the adult at risk should be informed of the decision and the reason for the decision.

Concerns regarding adults with so-called 'low level needs' will not be excluded from action under the procedures where there are risks that the harm to the person puts their independence and well-being at risk and leads to a deterioration in their ability to protect themselves. Such adults include:

- adults with a low-level mental health illness/borderline personality disorder;

- older people living independently in the community;
- adults with low-level learning disabilities/difficulties;
- adults with substance misuse problems;
- adults self-directing their care.

Advocacy

The local authority has a duty to arrange an advocate for someone who would have substantial difficulty in participating in the safeguarding adults process and if there is not an appropriate individual (or individuals) to facilitate the adult's involvement.

The local authority must consider for each person, whether they would have "substantial difficulty". The Care Act defines the four areas, in any one of which a substantial difficulty may be found:

- Understanding the relevant information;
- Retaining information;
- Using or weighing the information as part of engaging;
- Communicating their views, wishes or feelings.

The appointment of an advocate or identification of an appropriate individual should be arranged as close to the start of the Safeguarding Adults Enquiry as is possible. This is because the Safeguarding Adults Enquiry should be determined as far as is possible by the adult who is at risk and it would be difficult to make significant progress with the Enquiry without having an understanding of their views. If a Safeguarding Adults Enquiry needs to start urgently then it can begin before an advocate is appointed, but one must be appointed as soon as possible.

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. For example this means that it cannot be the adult's key worker, Social Worker, GP, nurse etc.

The local authority must respect the adult's wishes not to be represented by a particular person. For example, if an adult does not want to be represented by a particular relative, the local authority cannot consider the relative an appropriate individual.

Consideration must also be given as to whether the identified appropriate individual will be able to fulfil their role of facilitating an adult's involvement in the safeguarding adults process. For example, if the appropriate individual lived a distance away and only had occasional contact with the adult at risk.

Independent advocacy under the duty flowing from the Care Act 2014 is similar in many ways to independent advocacy under the Mental Capacity Act 2005. In relation to safeguarding adults processes, the Care Act 2014 places a legal duty on the local authority to arrange independent advocacy where the above criteria has been met. The local authority may use their discretionary power under the Mental Capacity Act 2005 to appoint an Independent Mental Capacity Advocate (IMCA) where a person lacks mental capacity in relation to making decisions about their safety and there are safeguarding concerns. An IMCA can be appointed even if the adult has friends or family who could represent them, if it is felt it would be beneficial to the adult.

If an adult already has an advocate for another reason, they may be able to fulfil the independent advocacy role in the safeguarding adults process. This will be at the discretion of the relevant local authority Safeguarding Adults Manager.

Deciding whether to continue with the Safeguarding Adults Enquiry

The key decisions for the local authority Safeguarding Adults Manager at Stage One of the Safeguarding Adults Enquiry are:

- Determining the level of risk of harm to inform a proportionate response;
- Confirming whether the adult's desired outcomes have been met as far as possible;
- Ensuring that risks have been managed as far as possible.

Concerns that relate to low level harm are not likely to progress beyond Stage One of the safeguarding adults process. The **Risk Threshold Tool** will be used to inform this decision.

It is important to also remember that repeated low level allegations amount can amount to a significant risk of harm. Even if the concern does not progress beyond Stage One, the information is still recorded as a Safeguarding Adults Enquiry and is valuable in the wider management of risk.

Where there have been four safeguarding adults referrals or welfare concerns made in the previous six months, which have not progressed beyond Stage One of the Safeguarding Adults process, then the local authority will undertake a Safeguarding Adults Enquiry to at least a Stage Two. On these occasions a more in-depth enquiry with partner agencies will be done and will often result in a face-to-face visit. As well as safeguarding adults procedures, consideration will be given to an assessment or reassessment of care needs.

If the Safeguarding Adults Enquiry ends at this point, the concerns should be fully recorded, a record will be made of the Safeguarding Adults Plan that is in place to manage the identified risks and feedback provided to the referrer. If this feedback is not provided, the referrer should follow this up with the local authority. See Stage Five: Ending Safeguarding Adults Procedures, page 69.

Role of the referrer in contributing to the decision to continue with Safeguarding Adults Enquiry

The referrer must cooperate with the Safeguarding Adults Enquiry and play an active role in the decision. They should:

- communicate all the information they have about the potential risk;
- be prepared to give advice about an interim Safeguarding Adults Plan and receive information about what action is planned;
- find out from the local authority Safeguarding Adults Manager what they will do next and how and when they will be informed about what will be happening;
- agree at this stage what they will tell the alerter and the adult at risk.

If the referrer is the manager of the service where the adult at risk attends or where the abuse took place, they have particular responsibilities to:

- feedback to the alerter, thank them for raising the concern and make sure the alerter knows how to contact them;
- make sure they have the name and contact details of the local authority Safeguarding Adults Manager;
- record all conversations, discussions and decisions at this stage;
- feedback as required to the organisation's Designated Adult Safeguarding Manager/Lead for Safeguarding Adults;
- meet any other requirements to provide information internally or to external bodies, for example, the CQC.

Challenging a decision not to proceed

If the referrer does not agree with the decision that has been made, they can ask for an explanation from the local authority Safeguarding Adults Manager or their line manager.

If they are still not satisfied they can contact the Safeguarding Adults Unit (0191 278 8156) for further advice and support. The Safeguarding Adults Unit will liaise with the referrer, the relevant local authority Safeguarding Adults Manager and their line

manager to review the decision that has been made. This review must be done on the same day as the disagreement is raised.

Please see page xx for further information.

Supporting an adult at risk who makes repeated allegations

An adult who makes repeated allegations that have been investigated and are unfounded should be treated without prejudice. Each allegation must be responded to under these procedures.

A risk assessment must be undertaken and measures taken to protect staff and others and a Safeguarding Adults Enquiry commenced, where appropriate. 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.

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 investigation is not in the best interests of the adult at risk, then local procedures apply for dealing with [persistent and vexatious complaints](#).

Stage Two: Further Information Gathering

This section includes:

- Responsibilities of the local authority Safeguarding Adults Manager; and
- Factors to consider when deciding whether the Safeguarding Adults Enquiry should continue.

This stage allows more time to gather further information to inform the progress, or otherwise, of the Safeguarding Adults Enquiry. This stage should ideally take no longer than two working days to conclude.

Responsibilities of the local authority Safeguarding Adults Manager

If it has been decided that the Safeguarding Adults Enquiry should continue, the local authority Safeguarding Adults Manager will undertake some more detailed information gathering to formally identify the risks and actions in place to manage risks.

In order to do this, the local authority Safeguarding Adults Manager will:

- Ensure that contact is made with the adult at risk or their representatives to confirm their desired outcome and progress made in relation to these;
- Gather further information from relevant agencies which was not collected as part of the Stage One Initial Enquiry;
- Consider whether there is a formal investigative responsibility e.g. disciplinary investigation, regulatory investigation, criminal investigation (see type of investigation/assessment, page 55);
- Confirm the identified risks and the plans in place to mitigate or manage those risks.

Factors to consider when deciding whether the Safeguarding Adults Enquiry should continue

A decision to continue with Safeguarding Adults Enquiry will be based on the following factors:

- the potential risk to the person being harmed;
- the risks to others from the person causing harm;
- the views of the adult at risk and their mental capacity in relation to making decisions about their safety;
- whether several organisations have concerns and need to share information at a multi-agency meeting;
- whether there may be a number of investigations by different organisations;
- whether there may be legal or regulatory actions;
- whether the allegation involves a member of staff/volunteer or the safety of a service;
- whether the situation could attract media attention.

A decision not to progress with the Safeguarding Adults Enquiry might be made because there is sufficient information to indicate that:

- the person is not at risk of abuse or neglect and there is no need to investigate or take further action under the procedures. The decision will be recorded with the reasons and an alternative plan formulated if necessary;
- no formal investigation is needed and a Safeguarding Adults Plan can be put in place to remove or reduce the risk to the adult. The adult at risk or their representative agrees with this decision and with the plan. The plan should specify a time for review and indicators of risk that might trigger further action under the procedures.
- the adult is not an adult who is covered by these procedures (see page 6);
- the adult has the mental capacity to make an informed choice about their own safety, there are no public interest or vital interest considerations and they do wish to engage with the support or services that have been offered.

As stated earlier in these procedures, consideration should be given to referral or signposting to other services or procedures which may be appropriate (see practice guidance '**Supporting People at Risk**').

If a decision is made not to continue with the Safeguarding Adults Enquiry, a record must be made with the reasons. See Stage Five: Ending Safeguarding Adults Procedures, page 69.

The local authority Safeguarding Adults Manager will designate the most appropriate person to feed back to the adult or the appropriate individual who is acting on their behalf. Where the person does not have mental capacity, they should still be included in the process.

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.

Stage Three: Strategy and Investigation

This section includes:

- Purpose of discussion(s) or meeting(s);
- Continuing to support and involve the adult at risk;
- Involvement of the person allegedly causing harm;
- Possible outcomes of the discussion(s) or meeting(s);
- Type of investigation or assessment and lead responsibility;
- Purpose of the investigation or assessment;
- Undertaking the investigation or assessment;
- The report; and
- Outcomes following the investigation or assessment.

A local authority Safeguarding Adults Manager will coordinate Stage Three of the Safeguarding Adults Enquiry. Stage Three is divided into two key parts:

- Planning the investigation/assessment
- Undertaking the investigation/assessment

Up until this point, the large majority of activity undertaken as part of the Safeguarding Adults Enquiry will have been as a result of information being shared over the telephone or via email. At Stage Three, the local authority Safeguarding Adults Manager will make a decision as to whether a multi-agency safeguarding adults meeting is required to share information and plan the investigation.

This should be decided for each individual circumstance and will not be required in all cases. The investigation could be planned via a discussion by telephone if holding a meeting would involve a delay and place the person at greater risk or where few organisations are involved and a meeting is not necessary to ensure that a Safeguarding Adults Plan is put in place.

More than one discussion/meeting may be required at this stage. This would usually be because either:

- Not all information has been shared or information needs to be clarified in order that the investigation or assessment can commence;
- The investigation or assessment is taking longer to conclude and an interim discussion/meeting is held to note and monitor progress.

Purpose of discussion(s) or meeting(s)

The purpose of the discussion(s) or meeting(s) held at Stage Three are:

- to decide whether there needs to be (and if so, agree) a multi-agency plan to investigate the allegations and assess the risk to the person who is being harmed and address any immediate needs;
- to coordinate the collection of information about the alleged abuse or neglect.

The discussion(s) or meeting(s) must:

- consider the wishes and desired outcomes of the adult at risk;
- agree whether an investigation or assessment will take place, and if so, how it should be conducted and by whom;
- undertake a risk assessment;
- agree the what the current Safeguarding Adults Plan is;
- make a clear record of the decisions;
- record what information is shared;
- agree the scope of the investigation and assessment with timescales;
- agree a communication strategy where necessary;
- consider whether others (including children) may be at risk.

The discussion or meeting should take place before any investigation. The commencement of a Police investigation is an exception to this when vital evidence gathering is required. An organisation should not begin an investigation or assessment prior

to be requested to do so either by the local authority Safeguarding Adults Manager or at a meeting.

Continuing to support and involve the adult at risk

The local authority Safeguarding Adults Manager will need to (or ensure others do so) continue to liaise with the adult at risk and/or their representative. This could include:

- Clarifying the key issues of risk faced by the adult;
- Reviewing the adult or their representative's desired outcomes;
- Ensuring that advocacy or appropriate representation is in place;
- Deciding what additional support the adult may need to be involved in the investigation;
- Confirming the mental capacity of the adult to make decisions about their own safety. Arrange an assessment by the most appropriate person, if required. If the person does not have mental capacity, decide how they will be supported to be involved as much as they are able;
- Identify if the adult needs advice, support, assistance or services;
- Identify any communication needs of the adult;
- Identify who will keep the adult informed and what information can be shared with them if they do not attend the meetings held under safeguarding adults procedures;
- Where the adult has capacity, ensure their wishes are respected as to sharing of information with relatives and/or carers (unless there is a duty to override their decision).

Involvement of the person allegedly causing harm

As part of the planning of the investigation or assessment, consideration will need to be given to how the person alleged to have caused harm will be informed and involved. This could include the following considerations:

- Deciding who will interview/speak to the person allegedly causing harm and/or give them information about the allegations (and when this should happen) This will usually be a person from the organisation that has a duty to investigate or assess;
- If the person allegedly causing harm is a member of staff or a volunteer, confirm that the relevant regulatory authority or professional body has been informed;
- The primary concern must be the safety of the adult, but the person allegedly causing harm has a right to have information about any accusations and the process that will be followed;
- Decisions about notifying the person allegedly causing harm need to weigh up the potential repercussions or further risk of harm;
- If the person allegedly causing harm is also an adult covered by these procedures (see page 6), a decision must be made about how their needs are to be met during the continuing Safeguarding Adults Enquiry For example, if they lack capacity, they will also need someone who can represent them, possibly an advocate;
- Identify if the person needs advice, support, assistance or services;
- Throughout the Safeguarding Adults Enquiry, people alleged to have caused harm must be treated and spoken of without prejudice;
- Cases where the person alleged to have caused harm is a family member, friend or carer need to be treated with particular sensitivity. For example, work may need to be done to make sure the person alleged to have caused harm understands what abuse is. A carer may also need a carer's assessment;
- It is important to preserve the confidentiality at all times of all concerned including staff members. Please refer to the **Newcastle Safeguarding Board Information Sharing Protocol**.

Possible outcomes of the discussion(s) or meeting(s)

The Safeguarding Adults Enquiry ends before an investigation commences

This may be because:

- There are safeguarding adults concerns, but the adult at risk has mental capacity, they are confident that they can protect themselves from further harm and there are no overriding public or vital interest requirements and they do not wish any further action to be taken under the procedures; OR
- Information suggests that no abuse or neglect had occurred and therefore no further investigation is required; OR
- People are confident that they have all the necessary information to devise a Safeguarding Adults Plan that will manage long-term risks to the adult and others without undertaking a formal investigation.

In the case of the first scenario, practitioners must be confident that the adult at risk is making this decision without undue influence, threats and intimidation. If there are no other people at risk from the person causing the harm, there will be no more action under the procedures at this time. In this situation there should be express agreement with the adult at risk that this decision is being made.

The adult at risk should be given information about abuse and neglect, possible sources of help and support and whom they can contact if they should change their mind or the situation changes and they no longer feel able to protect themselves.

If a concern persists and the adult at risk's refusal to consent to action is seen to have resulted from fear, loyalty, coercion or disempowerment as the result of long-term or persistent abuse, the action under the procedures will continue and a multi-agency decision made about the best way to engage with the person, considering the legal powers available to intervene.

A decision to discontinue the Safeguarding Adults Enquiry must be agreed by all relevant organisations and signed off by the local authority Safeguarding Adults Manager. See Stage Five: Ending Safeguarding Adults Procedures, page 69.

Continuing the Safeguarding Adults Enquiry

If a decision is taken to continue with the Safeguarding Adults Enquiry agreement should be reached on the following matters:

- Whether the strategy/plan for the investigation will need to be reviewed as the investigation or assessment progresses. If so, a date should be agreed for that to happen (e.g. follow-up discussion/meeting required);
- The timescale in which the investigation or assessment should take place. The investigation or assessment should begin as soon as possible after the discussion/agreement and be ideally be completed within one month;
- If, due to the complexity of the case, it is clear from the outset that a longer timescale will be required, this must be agreed as part of the discussion/meeting by all relevant organisations and a record made of the decision. In this situation it may be necessary to hold a further discussion/meeting to ensure that a review is made of the Safeguarding Adults Plan which has been agreed.

Type of investigation or assessment and agency lead responsibility

A formal investigation or assessment as part of the Safeguarding Adults Enquiry can take a number of different forms dependent on the circumstances.

Local authorities are responsible for coordinating these investigations or assessments under safeguarding adults procedures but other agencies/organisations are often responsible for undertaking them. The following table provides a list of some of the investigations/assessments that may take place as part of the Safeguarding Adults Enquiry.

Type of investigation/assessment (and clarification of when it should be used)	Agency responsible
Criminal - the alleged abuse or neglect is a criminal offence (e.g. assault, theft, fraud, domestic violence, hate crime, wilful neglect, ill treatment, sexual assault, rape, sexual exploitation).	Police
MARAC referral/risk assessment - the alleged abuse or neglect is domestic violence and abuse Note – the MARAC checklist should be completed as soon as possible following identification of the concern (i.e. if possible as part of the Stage One Safeguarding Adults Enquiry)	Most appropriate professional/agency
Regulatory investigation - the concern relates to the fitness of a registered service provider. - there is a serious unresolved complaint in a registered service. - there has been a breach of the rights of a person detained under Deprivation of Liberty Safeguards.	CQC
Employment/disciplinary investigation - the abuse or neglect relates to a paid worker or volunteer	Employer
Breach of professional code of conduct	Professional Regulatory Body
Breach of health and safety legislation and regulations	Health and Safety Executive (HSE)
Complaints investigation - failure of service provision	Manager of service/complaints department. Ombudsman if unresolved
Contracts investigation - there has been a breach of contract	Commissioner
Assessment of health or care needs - Where it is identified that a need for services may reduce risk of abuse or neglect	Adult Social Care NHS
Risk Assessment and Management Plan (RAMP) - Where an in depth risk assessment is deemed to be required. Likely to be used in cases where abuse is perpetrated by family member/friend/associate and is of a complex nature.	Any relevant agency
Misuse of Enduring/ Lasting Power of Attorney/ Deputyship	Office of Public Guardian/ Court of Protection/ Police

Type of investigation/risk assessment (and clarification of when it should be used)	Agency responsible
Misuse of Appointeeship/Benefits	Department for Work and Pensions
Anti-social behaviour	Housing and Anti-Social Behaviour Team (HASBET) Police
Breach of tenancy agreement	Landlord
Bogus callers or rogue traders	Trading Standards

Roles and responsibilities

Safeguarding investigations or assessments can involve more than one line of enquiry that will need to be coordinated. In fact many investigations and assessments may run concurrently, for example, disciplinary processes and a criminal investigation. However, all such processes need to be discussed, agreed and coordinated by the local authority Safeguarding Adults Manager as part of the Stage Three Safeguarding Adults Enquiry.

The organisation responsible for undertaking their part of the investigation or assessment should have regard to their other responsibilities or legal powers, for example, employment law, criminal law and clinical governance.

A person or persons will be identified to undertake the investigation(s) or assessment(s). The person(s) should be suitably qualified and experienced working under the supervision of a manager, who could be the Safeguarding Adults Lead within the organisation. Ideally, the person undertaking the investigation or assessment should not have line manager responsibilities for the person alleged to have caused harm, or work in the same department. However, it is recognised in smaller organisations that this might not be possible.

Agreement must be reached at Stage Three discussions/meetings about respective roles and responsibilities of organisations during the investigation or assessment, including agreement on lead

responsibilities, specific tasks, cooperation, communication and the best use of skills.

Action that may lead to legal proceedings should take precedence over other proceedings and there should be discussion and coordination of those processes to avoid prejudicing such investigations.

If there is a criminal investigation, the Police will be the lead organisation and any other investigations must be coordinated with them.

If the referral was made by a service user or a member of the public about abuse or neglect within an organisation, the organisation's complaints procedure could form part of the investigation. A decision will be made on a case-by-case basis as to whether the complaints process is suspended pending the outcome of another investigation.

Additionally it is good practice to:

- Identify any possible personal safety issues for the person who will conduct the investigation or assessment and plan to address these;
- Agree how communication will be maintained during the investigation or assessment;
- Identify who will be the responsible person within each participating organisation for any agreed actions;
- Decide who else needs to be informed;
- Identify whether there are others at risk, including children, and share information about these risks as is appropriate.

Responsibility of all organisations taking part in the investigation or assessment

The manager of the organisation undertaking an investigation or assessment will ensure that:

- clear records are kept of any contact with, or actions taken to support or care for, the adult at risk;

- there is support and supervision for staff undertaking the investigation or assessment;
- the organisation actively cooperates with other organisations taking part in the investigation, assessment and Safeguarding Adults Enquiry;
- the local authority Safeguarding Adults Manager is kept up to date and informed of any new information or changes in the situation or the plan as soon as possible;
- any agreed actions are conducted without delay;
- clear records are kept of any findings which emerge about the circumstances of the safeguarding adults concerns;
- a written report of the findings is prepared and sent to the local authority Safeguarding Adults Manager, which will form the basis of the organisation's input into the Safeguarding Adults Plan.

Responsibilities to the adult at risk during the investigation or risk assessment

Where possible, the adult at risk should be the first person to be spoken to establish what has occurred and what they want to happen. Where the adult at risk is not able to participate (either fully or at all) in the investigation or assessment then their representative or advocate must be involved and spoken to. This would usually be undertaken by the investigating officer or the best-placed person.

Investigation or assessment by the organisation in which the concern has arisen

A decision agreeing that an organisation, in which the alleged abuse or neglect has occurred, may solely undertake an investigation or assessment will be made as part of the Stage Three discussion(s)/meeting(s) on the basis of an assessment of risk and harm to the adult.

A clear record of this decision must be made by the local authority Safeguarding Adults Manager with reasons for the decision listed. Any organisation conducting an investigation or assessment must

allow their records to be open to scrutiny by the local authority Safeguarding Adults Manager and the multi-agency safeguarding adults process.

If it is decided that an investigation or assessment will be undertaken by the organisation in which the concern arose, the manager within the organisation responsible for the investigation or assessment must ensure that:

- the adult at risk is protected by implementing an immediate risk management plan;
- only essential information is shared within the organisation on a need-to-know basis;
- staff or teams delivering services to the adult at risk are adequately resourced and are supported to implement the risk management plan;
- if the person causing the harm is also a service user, ensure that staff delivering services to them are adequately resourced and supported to deliver the risk management plan;
- the relevant local authority Safeguarding Adults Manager is notified if any monitoring or reviews show that the risk management plan is not working.

Specific decisions to be taken when the person alleged to have caused harm is also an adult with care and support needs

The primary focus of the Safeguarding Adults Enquiry is the adult at risk. It may be necessary to hold a separate multi-agency meeting to meet the needs and address the behaviour of the person causing the harm. This would not usually be a meeting held under safeguarding adults procedures as the person is not at risk of abuse or neglect themselves. However, decisions that will need to be taken at this stage in relation to the person causing the harm will include:

- how to coordinate action in relation to the adult causing the harm;
- identification, and allocation, of a separate care manager/care coordinator in order to ensure that their needs are met and that

a care plan is devised to ensure that other adults at risk are not also put at risk from the person's actions;

- identification of who should be involved in the investigation and development of the Safeguarding Adults Plan;
- whether there is likely to be a criminal prosecution (if known at this point);
- what information needs to be shared, and with whom.

The local authority Safeguarding Adults Manager will maintain communication with those concerned with the care of the adult who is also alleged to be the person causing harm.

In all cases, the care manager, care coordinator or link/key worker representing the adult at risk and the relevant staff working with the person causing the harm must be informed immediately and be closely involved throughout the Safeguarding Adults Enquiry.

Purpose of the investigation or assessment

The purpose of the investigation or assessment is to:

- establish the facts and contributing factors leading to the referral;
- identify and manage risk to ensure the safety of the adults and others;
- respond to the desired outcomes of the adult at risk.

Contributing to other lines of enquiry

The investigation may also contribute to:

- a criminal prosecution;
- identifying powers to protect the adult at risk, for example, a restraining order;
- actions under civil law, for example, an injunction;
- staff disciplinary proceedings;
- referrals to: the Disclosure and Barring Service (DBS); the CQC in relation to a registered provider; commissioners of the service in relation to breach of contracts; a landlord in relation to a breach of a tenancy agreement;
- an assessment of care and support needs;

- an assessment of health needs.

Standard of proof

The primary purpose of the investigation or assessment is not necessarily to prove, or otherwise, whether abuse or neglect has occurred. However, determining the facts of the case will be important in managing risk. Any standard of proof with regards to a Safeguarding Adults Enquiry is based on the “balance of probabilities” which is much lower than the “beyond reasonable doubt” standard of proof for a criminal investigation.

The fact that there is insufficient evidence for a criminal prosecution does not mean that action cannot be taken under civil or disciplinary proceedings as there are differing burdens of proof.

Undertaking the investigation or assessment

Timescales

Unless the situation was regarded as so urgent that it was decided to conduct an immediate investigation or assessment, the person(s) undertaking the task(s) will make contact with the adult at risk (or representative) and begin the investigation or assessment immediately following the discussion/meeting which decided an investigation or assessment was required.

The investigation or assessment should commence without any reasonable delay and should ideally be completed within one month following the discussion/meeting which decided an investigation or assessment was required.

If for any reason the investigation or assessment cannot be completed within the agreed timescales, a revised agreement about timescales and any necessary action to be taken must be reached with the local authority Safeguarding Adults Manager and other relevant organisations and recorded.

The report

Once the investigation or assessment has been concluded, a written report should be sent to the local authority Safeguarding Adults Manager. The report should include as a minimum:

- assessment of risk;
- recommendations for management of risk for the individual(s) concerned and any wider service improvements;
- detailed evidence to respond to the allegation or concern;
- summary and analysis of information gathered as part of the investigation/assessment;
- a response to the desired outcomes of the adult at risk and/or representative;
- findings in relation to the allegations/concern (e.g. substantiated/unsubstantiated/inconclusive)

Many of the investigations or assessments listed on pages 55-56 will have a particular format/form to follow. A **template** is available if an organisation or agency does not have one available. The report will include important information used by the local authority Safeguarding Adults Manager to determine whether the Safeguarding Adults Enquiry needs to continue.

Key considerations when compiling the report:

- keep personally identifiable information concerning the adult at risk, the person causing the harm and any third parties to a minimum;
- share the report only with organisations who have a need to know in order to safeguard the adult at risk, to inform the Safeguarding Adults Plan and to inform what action will be taken against the person causing the harm.

Outcomes following the investigation(s) or assessment(s)

Not progressing to Stage Four of the Safeguarding Adults Enquiry

A decision will be made to end the Safeguarding Adults Enquiry if on receipt of the written report it is felt that:

- risks are managed as far as they possibly can be by the Safeguarding Adults Plan agreed previously; AND
- the adult or representative's desired outcomes have been met as far as possible; AND
- having a meeting is not felt to be necessary to share the outcome of the investigation or assessment; AND
- all relevant organisations are clear about the Safeguarding Adults Plan in place to manage risks.

See Stage Five: Ending Safeguarding Adults Procedures, page 69.

Progressing to Stage Four of the safeguarding adults enquiry

The most complex of safeguarding adults cases are likely to require progression to Stage Four of the Safeguarding Adults Enquiry. This will be most likely when:

- The Safeguarding Adults Plan for the adult at risk is not clear or will need adjustment following the findings of the investigation or assessment;
- Some or all of the risks remain or are unmanaged;
- There is concern that the Safeguarding Adults Plan will not be successful, for example if the adult at risk is not engaging with the plan.

Stage Four: Protection Plan and Review Meeting(s)

This section includes:

- Purpose of the a Protection Plan meeting;
- Possible outcomes of the Protection Plan Meeting;
- Core Group meetings;
- Review meeting;
- Actions to be undertaken as part of the review meeting;

At this stage all information relevant to the concern(s) should be known. However, it is acknowledged that in some cases, where there is ongoing risk, new information may be coming to light on a regular basis. This stage is likely to commence following the completion of the investigation or assessment, ideally within one month of the decision to undertake the investigation or assessment.

At this stage in the Safeguarding Adults Enquiry, a multi-agency meeting must be convened.

Purpose of a Protection Plan Meeting

The aim of a meeting held at Stage Four of the Safeguarding Adults Enquiry (often referred to as Protection Plan Meeting) is to:

- review the information contained within investigation or assessment report(s);
- update and finalise the Safeguarding Adults Plan, taking into account the information known as a result of the safeguarding investigation or assessment.

It is important that the adult at risk and/or their representative is involved in the meetings held at Stage Four so they can contribute to managing the risk.

The meeting

The representative from the organisation(s) that carried out the investigation(s) or assessment(s), will attend the meeting and summarise their findings. The written report(s) should be sent to

the local authority Safeguarding Adults Manager prior to the meeting so that it can be shared at the meeting.

The meeting will:

- receive and consider the information contained in the report(s) and decide what further action is/may be needed;
- make a decision about current levels of risk and make decisions about the reduction of future risks;
- decide what action is appropriate when the allegation was not proved or was unfounded but concerns remain;
- agree a Safeguarding Adults Plan with the adult at risk (or the person representing them) and decide which organisation or professional will monitor and coordinate the plan (if the Safeguarding Adults Enquiry is going to end);
- agree contingency actions if the Safeguarding Adults Plan does not work;
- agree how the Safeguarding Adults Plan will be shared with partners, taking into account information-sharing considerations;
- provide support and services to meet the needs of the adult at risk and of a carer, if that is indicated;
- determine what additional information needs to be shared and with whom.

Possible outcomes of the Protection Plan Meeting

A date for a review meeting should be agreed, unless all organisations agree that monitoring and review can take place as part of the care management or health and social care processes. If this decision is taken, it should be made clear that safeguarding adults procedures can be reconvened should concerns continue. See Stage Five: Ending Safeguarding Adults Procedures, page 69.

If there are concerns that the Safeguarding Adults Plan may not lead to a reduction of the risk or where the investigation(s) or assessment(s) is incomplete at the time of the meeting, a review

meeting should be arranged no later than six months from the date of the initial Protection Plan meeting.

Core Group Meetings

The purpose of the Core Group is to implement and monitor the Safeguarding Adults Plan where a decision is made that the plan needs to be reviewed formally as part of the Safeguarding Adults Enquiry.

The Core Group is responsible for

- reviewing, implementing and monitoring the Safeguarding Adults Plan;
- reviewing the risk assessment;
- identifying new risks and how they can be managed or reduced.

If it is felt that the risks have changed or escalated, the local authority Safeguarding Adults Manager must be informed and a formal review meeting scheduled at the earliest opportunity.

Membership of the Core Group

The Core Group members will be identified and negotiated at the Protection Plan Meeting. The Core Group should nearly always include the adult at risk if they are able to be involved. If they are not able to be involved, then consideration should be given to the involvement of someone who is able to represent them (e.g. the identified appropriate individual or independent advocate).

The group should meet at set frequencies as agreed at the Protection Plan Meeting or associated review meeting, for example four to six weekly intervals dependent upon the level of risk.

The person who co-ordinates the group (the Core Group lead) will be identified at the Protection Plan Meeting and is responsible for

- coordinating the Core Group meetings;

- recording the details and outcomes of the Core Group meetings;
- informing the local authority Safeguarding Adults Manager of new concerns or increasing risk;
- maintaining contact with the adult at risk or their representatives.

The Safeguarding Adults Enquiry cannot end at a Core Group meeting.

Review meeting

The purpose of a review meeting at Stage Four of the Safeguarding Adults Enquiry is to ensure that the actions agreed in the Safeguarding Adults Plan have been implemented and the actions are working to manage the identified risks. The review meeting will also include a decision as to whether further action is needed, including any service improvements.

A review will always take place:

- if an investigation or assessment is still underway at the time of the first Protection Plan Meeting;
- if the adult at risk or their representative requests a review meeting;
- if the situation is seen as being high risk or that risks may escalate;
- where a review is requested by any organisation involved in the delivery or coordination of the Safeguarding Adults Plan.

Where a review meeting is to take place, Core Group meetings should have taken place following the Protection Plan Meeting.

Actions to be undertaken as part of the review meeting

The review should:

- receive a report from the Core Group meetings;

- review the risk assessment;
- decide about ongoing responsibility for the Safeguarding Adults Plan;
- decide in consultation with the adult at risk or their representative what changes, if any, need to be made to the Safeguarding Adults Plan to decrease the risk or to make the plan fit more closely with their wishes;
- record the feedback of the adult at risk or their personal representative about the Safeguarding Adults Plan and/or other matters of importance to them;
- make decisions about what changes/additions are needed to the person's care or support plan;
- decide whether there is need for a further review meeting and, if so, set a date. If this is the case, further Core Group meetings should also be scheduled.

Stage Five: Ending the Safeguarding Adults Enquiry

This section includes:

- When to end the Safeguarding Adults Enquiry;
- Outcomes;
- Actions on end the Safeguarding Adults Enquiry;
- Evaluation and learning; and
- When other processes continue.

When to end the Safeguarding Adults Enquiry

The safeguarding adults process may be closed at any stage outlined in these procedures, apart from at a Core Group meeting, if it is agreed that risks to the adult and others are managed as far as possible and the desired outcomes of the adult at risk have been met as far as possible.

Only the most complex of cases will progress to Stage Four of the Safeguarding Adults Enquiry.

The local authority Safeguarding Adults Manager must reach agreement to end the Safeguarding Adults Enquiry with all organisations that have been involved in the investigation or assessment and Safeguarding Adults Plan. The decision to end the Enquiry is not solely that of the local authority Safeguarding Adults Manager.

Outcomes

As detailed throughout these procedures, there is an expectation that the adult at risk (or their representative) will define the outcomes they want as a result of the safeguarding adults process.

At the end of the Safeguarding Adults Enquiry consideration will be given as to whether the defined outcomes of the adult at risk have been:

- fully met; OR
- partially met; OR
- not met at all.

Wherever possible the wishes of the adult at risk (or their representative) should be respected and used as the focus for the Safeguarding Adults Enquiry.

However, it is recognised that on occasions it will not always be possible to meet the desired outcomes. This may be because:

- the desired outcomes are not possible within the legal powers available to organisations; OR
- the desired outcomes would mean that other people would remain at risk; OR
- the desired outcomes would result in serious harm happening to the adult at risk or others.

At the end of the Safeguarding Adults Enquiry, the local authority Safeguarding Adults Manager will need to record what has happened as a result of the actions taken, as in the table below.

Risk Remains	This refers to cases where, after action has been taken to support management of risk, the circumstances causing the risk are unchanged and the same degree of risk remains. It should be acknowledged that there may be valid reasons why a risk remains, one of these being individual choice.
Risk Reduced	This refers to cases where, after action has been taken to support management of risk, the level of risk has reduced or the circumstances which made the individual vulnerable have been mitigated. It should be acknowledged that there may be valid reasons why a risk is reduced rather than removed. This should also include those cases where the conclusion was insufficient evidence, but where action of, for example, a preventative nature was taken.
Risk Removed	This refers to cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been fully addressed and the individual is no longer subject to that specific risk.

Actions on ending the Safeguarding Adults Enquiry

The local authority Safeguarding Adults Manager should ensure that, on conclusion of Safeguarding Adults Enquiry:

- all actions are completed or those that are ongoing are being monitored by other processes e.g. care management;
- all records are completed;
- the adult at risk or their representative knows that the process is concluded and where/who to contact if they have any future concerns about abuse or neglect;
- all those involved with the person know how to re-refer if there are renewed or additional concerns;
- all evidence and decisions are adequately recorded;
- the referrer is notified of completion if they have not continued their involvement in the Safeguarding Adults Enquiry;
- all relevant partner organisations are informed about the closure.

Feedback must routinely be sought from the adult at risk about their experience of the process and whether they are satisfied with the measures that have been put in place.

When other processes continue

The Safeguarding Adults Enquiry may have ended but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the person at risk.

E. Professionals-only Information Sharing Meetings

This section includes:

- When this type of meeting should be used;
- Who should attend;
- How the meetings fit in with usual procedures.

When this type of meeting should be used

Careful consideration should be given to using this type of safeguarding adults meeting. This type of meeting should only be held after discussion with the Safeguarding Adults Unit (0191 278 8156).

Remember that safeguarding adults meetings held at Stage Three and/or Stage Four can be held without the adult at risk or their representative present if it is felt that it would hinder or jeopardise the safeguarding of that individual or others. Therefore holding a professionals-only meeting only to avoid involving the adult at risk/their representative would not be appropriate.

The only circumstances when a professionals-only information sharing meeting should be used is:

- when it is not clear that abuse has occurred or may occur and further information is needed to decide whether normal safeguarding adults procedures should proceed (e.g. to share information to determine whether the adult has care and support needs);
- when confidential information needs to be shared with the purpose of preventing further risk of harm but normal safeguarding procedures do not apply (e.g. because general information has been shared about a risk of harm with no specific individuals identified).

The agreed agenda and minutes template should be followed, these will include an explanation of why this type of meeting has been used.

Who should attend?

As with all other safeguarding adults meetings, this will be dependent on the case and the information that needs to be shared. It is usually good practice to involve a legal representative at these meetings.

How the meetings fit in with usual procedures

Often information sharing meetings are held soon after a concern is raised. The possible outcomes of a professionals-only information sharing meeting are:

- consideration under formal safeguarding adults procedures (proceed to appropriate stage of the Safeguarding Adults Enquiry);
- no further action;
- further professionals-only information sharing meeting (not recommended, to be held only in exceptional cases and after consultation with the Safeguarding Adults Unit).

F. Transition from child to adult safeguarding procedures

This section includes:

- Key principles;
- How cases will transfer between child and adult safeguarding procedures;

Key principles

Safeguarding children procedures apply up until a child reaches their 18th birthday. At age 18 and over, these safeguarding adults procedures are the framework which must be used to safeguard the individual. This includes circumstances when the young person (aged over 18) has involvement from Children's Social Care (e.g. if the young person has been Looked After).

There may be occasions when a child approaching adulthood (aged 17.5 years old) is at risk of harm:

- The child may be subject to ongoing safeguarding children procedures (e.g. a Child Protection Plan, Vulnerable Young Person Plan, Complex Abuse, Risk Management Group) and it is felt that the risk is likely to continue beyond their 18th birthday; OR
- More recent concerns about abuse or neglect may have come to light and it is felt that the child will have care and support needs and risks will continue beyond their 18th birthday.

How cases will transfer between child and adult safeguarding procedures

In the above circumstances, discussions need to take place between Children's Social Care and Adult Social Care in the local authority to agree how the risk is going to be managed through the transition from child to adulthood.

This may be via the regular Transition Meetings (if it has already been identified that the child is likely to have care and support needs in adulthood) or by a local authority Safeguarding Adults Manager attending the relevant Safeguarding Children meeting.

The Chair of the safeguarding children meeting(s) will invite a local authority Safeguarding Adults Manager to the relevant safeguarding children meeting so that information can be shared and case transfer can be considered and planned. The decision to begin safeguarding adults procedures is taken by a Safeguarding Adults Manager. If it is decided that safeguarding adults procedures will continue for the child/young person, a safeguarding adults meeting will be held at least one month before their 18th birthday.

More detailed information is available in the **Safeguarding Transition Protocol**.

G. Learning and improvement

This section includes

- How learning will be identified, shared and addressed; and
- Safeguarding Adults Reviews.

At the end of the Safeguarding Adults Enquiry, the local authority Safeguarding Adults Manager will ensure that:

- an evaluation or a quality assurance audit of the safeguarding adults process is considered by organisations involved and informed by feedback from the adult at risk or their representative;
- a record is made of any lessons learnt and actions planned to address key issues;
- feedback is collated and integrated and cascaded into organisational learning in a variety of ways, including training and case discussions at appropriate levels within organisations. Safeguarding Adult Leads will have a key role in ensuring that learning is disseminated and acted upon within their organisations.

Feedback from the process will be included as appropriate in the annual reports compiled for the NSAB to inform future development and training and learning plans.

The Improving Practice Committee (a sub-group of the NSAB) regularly considers cases and lessons learned. Cases can be referred for consideration by this Committee via the Safeguarding Adults Unit.

Safeguarding Adults Reviews

The NSAB has a **Safeguarding Adults Review policy and procedure** in place. Any professional can make a referral to the Safeguarding Adults Review Committee about an adult with needs for care and support (whether or not the local authority has been meeting any of those needs) if –

(a) There is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) Condition 1 or 2 is met.

Condition 1 is met if—

(a) The adult has died, and

(b) The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if—

(a) The adult is still alive, and

(b) The SAB knows or suspects that the adult has experienced serious abuse or neglect.

An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

H. Principles applying throughout the safeguarding adults process

This section covers some general information that apply across the different stages of the safeguarding adults process:

- Who should be consulted/involved in the safeguarding adults process;
- Record keeping and confidentiality;
- Safeguarding adults minutes;
- Disagreements;
- Feedback;
- If the adult at risk dies;
- If the adult at risk moves out of Newcastle during the safeguarding adults process;
- If the person causing harm moves during the safeguarding adults process;
- Complex cases;
- Media.

Who should be consulted/involved in the Safeguarding Adults Enquiry?

Every safeguarding adults case is different and therefore who is consulted or involved will change dependent on the case (please refer to “**Who to involve or consult in the safeguarding adults process**” for more information).

Any organisation requested to contribute to the Safeguarding Adults Enquiry should regard the request as a priority. Where the request is for someone to attend a meeting, the decision to hold a safeguarding adults meeting (as opposed to using a strategy discussion for example) is not taken lightly and therefore it is expected that organisations will make every effort to attend. In exceptional circumstances, where no one from the organisation is able to attend, they must provide written information as requested to the Safeguarding Adults Manager prior to the meeting (a **report**

template is available). There are legal duties for all organisations (Section 45 Care Act, 2014) to cooperate and share information as part of Safeguarding Adults Enquiries.

The adult at risk or their representative should be involved from the start of the Safeguarding Adults Enquiry and invited to any safeguarding adults meetings, unless their involvement:

- would increase risks;
- would compromise any subsequent investigation; OR
- would be seen to be distressing or harmful for the adult at risk or a representative; OR
- confidential information relating to a third party needs to be shared.

There are **safeguarding guides** available to help explain the safeguarding adults process to the adult at risk or their representative.

The decision to involve the adult at risk or their representative must be reviewed throughout the stages of a Safeguarding Adults Enquiry. There may be occasions where involvement was considered inappropriate initially but as the case progresses would be felt to be appropriate. Equally a decision may have been made to involve the adult at risk or their representative but it becomes apparent that this is detrimental to the management of risk.

A decision not to involve the adult at risk or their representative should be fully recorded with reasons for this.

The person alleged to have caused the harm should not be invited to safeguarding adults meetings unless:

- this has been consented to by the adult at risk/representative;
AND
- it is felt to be beneficial to the management of risk.

This would be a very rare occurrence and would usually only happen where the alleged harm has occurred within a close person relationship.

Other people or organisations that the local authority Safeguarding Adults Manager should consider involving or consulting are:

- the alerter/referrer;
- GP;
- CQC;
- Commissioning organisation;
- Acute Hospital;
- Community Health Services;
- Mental Health Services;
- Housing/landlord;
- Service provider;
- Legal;
- Probation;
- Department for Work and Pensions;
- North East Ambulance Service;
- Complaints.

This list is not exhaustive.

The local authority Safeguarding Adults Manager should ensure consistency and continuity of communication with all relevant parties throughout the whole Safeguarding Adults Enquiry. A failure by an organisation to attend a safeguarding adults meeting or provide information should not affect future consultation, feedback or invitation to future safeguarding adults meetings.

The local authority Safeguarding Adults Manager should escalate concerns around non-engagement with the safeguarding adults process to the Service Manager, Safeguarding Adults who will liaise with the Safeguarding Adults Lead/Manager for the relevant organisation. Concerns of non-engagement which persist may be escalated to the NSAB if they cannot be resolved.

Recording keeping and confidentiality

Organisations will have their own recording systems for keeping comprehensive records whenever a concern is made/arises/occurs, and of any work undertaken under the safeguarding adults procedures, including all concerns received and all referrals made.

Organisations should refer to their own internal policies and procedures for additional guidance on recording and storage of records.

Throughout the Safeguarding Adults Enquiry, detailed factual records must be kept. This includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken relating to the process.

Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if CQC decides to take legal action against a provider.

Records kept by providers of services should be available to service commissioners and to regulatory authorities.

Agencies should identify arrangements, consistent with the principle of fairness, for making records available to those affected by, and subject to, investigation with due regard to confidentiality.

Information from the Safeguarding Adults Enquiry may be crucial to the long-term care and support of an individual. Decisions will need to be taken about:

- what information needs to be available for this purpose;
- how it will be documented;
- where within the adult's file this will be held.

If the person alleged to have cause harm is another service user/patient their involvement should be documented in their

records, including the outcome of the investigation. If an assessment is made that the individual still poses a threat to other service users, this must be included in any information passed on to service providers.

The local authority will keep a record of the Safeguarding Adults Enquiry, including copies of investigation reports.

NHS Digital requires that local authorities collect information about various aspects of the Safeguarding Adults Enquiry relating to details of the victim, the alleged person causing harm and the alleged incident and outcomes.

This information is anonymised, collated, and returned on an annual basis to NHS Digital.

All data collected will contribute towards policy development and service audit, and will also be a factor in the development of forward plans for service development, information/publicity work and training.

Safeguarding adults minutes

Each safeguarding meeting will follow a set-agenda (**see templates and forms**). It is the Chair's responsibility to ensure that this format is followed and that minutes are taken at the meeting. Reasons for deviating from this format should be recorded in the minutes.

There is an agreed template for minutes (**see templates and forms**).

It is the responsibility of those attending the meeting to make a record of the discussions and any actions at the time of the meeting so there isn't a delay in actions being taken (the agenda template facilitates this).

It is the responsibility of the local authority Safeguarding Adults Manager (the Chair) to inform any non-attendees of actions or decisions which need to be communicated more immediately.

Minutes of the meeting should be distributed within three months of the meeting being held, however there may be extraordinary circumstances when this timescale is not met.

The adult at risk and/or their representative should receive a copy of safeguarding adults minutes unless:

- It would compromise an investigation; OR
- It is felt it would be distressful or harmful.

Where third party information (e.g. about another adult at risk or the person alleged to have caused harm) is included this should be redacted.

Disagreements, challenges and escalation

At all times participating agencies should avoid delay resulting from inter-agency disagreement and ensure that the well-being of the person at risk is prioritised.

Attempts should be made to resolve disagreements at the earliest opportunity. Where there are disagreements that cannot be resolved by discussions between front-line workers or attendees at meetings, the issue should be brought to the attention of line managers or Safeguarding Adults Leads, or the Safeguarding Adults Unit (0191 278 8156) who will hold discussions to try to resolve differences.

If disagreements still cannot be resolved, the local authority Safeguarding Adults Manager will refer to the Service Manager, Safeguarding Adults in the Local Authority.

The Service Manager, Safeguarding Adults should then decide whether

to address the disagreement with another Safeguarding Adults Lead in the organisation where the delay or disagreement is occurring or take another course of action.

The Service Manager, Safeguarding Adults (in the Local Authority) will decide whether the issue needs to be escalated to the NSAB member (for the organisation in question) initially or to the NSAB (using the NSAB Challenge Log).

If a resolution cannot be reached via the above routes, a formal complaint can be raised with Newcastle City Council by:

- emailing complaints@newcastle.gov.uk;
- phone 0191 278 7878 and ask for "Complaints" from 8am to 6pm. For customers with hearing difficulties, please use our minicom: 0191 211 4944
- write to:

Complaints at Newcastle
Newcastle City Council
Civic Centre
Newcastle upon Tyne
NE1 8QH

Feedback

The following people will require feedback on how safeguarding adults procedures are progressing:

- alerter/referrer;
- adult at risk and/or their representative;
- the person alleged to have caused the harm.

The local authority Safeguarding Adults Manager is responsible for ensuring that feedback is provided (by the best-placed person) at appropriate points throughout the process.

If the adult at risk dies during the safeguarding adults process

The Safeguarding Adults Enquiry will continue and an immediate review must take place to decide whether the death was as a result of the inadequacy of the Safeguarding Adults Plan or whether poor inter-agency working was a contributory factor. In either of these situations the Police may be involved where there is evidence or suspicion:

- that the actions leading to harm were intended;
- that adverse consequences were intended;
- of gross negligence and/or recklessness in a serious safety incident.

If the incident occurred in a health or social care setting and involved unsafe equipment or systems of work a referral may be made to the Health and Safety Executive (HSE). The HSE will make a decision as to whether they will investigate.

Following the death of a person, more than one investigation into the circumstances surrounding the death may need to be instigated because more than one organisation may have been involved with the individual. A meeting of relevant organisations should be convened to review the allegation or complaint and to agree a coordinated investigation. If there is to be a Police investigation, that investigation will take primacy.

As with any other safeguarding situation giving rise to action under the safeguarding adults procedures, there is an expectation that all organisations will cooperate in the agreed process.

The Coroner will be informed by the best placed agency to do so. This will be done as soon as possible (and before burial or cremation) if abuse or neglect is suspected to be a contributory factor, that is, if it is thought that the death was not a natural death.

In the above situations, consideration should be given to whether there should be a Safeguarding Adults Review (**see Safeguarding Adults Review Policy and Procedures**) to examine the circumstances involved.

Where the death was not as a result of a failure of the Safeguarding Adults Plan and no risks to others have been identified, the Safeguarding Adults Enquiry will end.

If a safeguarding adults referral or complaint is received after an adult at risk has died

The referral or complaint could contain an allegation or suspicion that abuse or neglect could have been a contributory factor in the person's death.

The allegation may be made by a family member or friend, a concerned member of staff who is 'whistleblowing', or as a result of a report from the coroner.

Whilst action is not able to be taken to safeguard the adult concerned, safeguarding adults procedures should continue if:

- Safeguarding Adults Review criteria is met; OR
- there is a concern that others may be at risk from the same source.

In the first circumstance, a referral should be made to the Safeguarding Adults Review Committee at the earliest opportunity (**see Safeguarding Adults Review Policy and Procedures**).

In the latter circumstance, normal safeguarding adults procedures should be instigated, with the purpose being to safeguard other adults who may be at risk.

If the adult at risk moves out of Newcastle during the safeguarding adults process

The local authority Safeguarding Adults Manager must:

- ensure that action is taken to ascertain their whereabouts and their safety/wellbeing;

- notify the new local authority, in writing, of action taken under safeguarding adults process and what action remains outstanding. The new local authority area needs to agree to the case transfer, if this is what is being requested;
- send fully documented and relevant information and summaries as appropriate;
- reach agreement with a senior manager or the Designated Adult Safeguarding Manager in the new local authority about future action and roles and responsibilities. Acknowledgement of receipt of the information should be obtained in writing.

Other organisations that have been involved in the Safeguarding Adults Enquiry must also be advised if the adult at risk has moved to another area.

If an adult at risk moves to a residential or nursing home outside the local authority area, and the local authority area retains financial responsibility, they should liaise with the host local authority. In this case the funding authority retains a duty of care.

Special rules apply to adults who are subject to Section 117 of the Mental Health Act 1983 (aftercare). Where this applies, the mental health service in the original local authority area retains responsibility for the patient until this responsibility is accepted by the mental health services of the new area.

In some cases family, friends or carers may remove an adult from the UK before a full investigation can be carried out and protective measures put in place. If there is any indication that such a removal is being planned, legal advice must be sought urgently. If removal does occur, legal guidance must still be sought.

If the person causing the harm moves during the safeguarding adults process

If the person causing the harm is a paid worker or a volunteer working in a regulated activity setting then a referral can be made

to the Disclosure and Barring Service (DBS). The service provider has a duty and the Local Authority has a power to make a referral if there is evidence to suggest the worker or volunteer has harmed or put at risk of harm a child or a 'vulnerable' adult.

This includes the names of those who would have been dismissed because they harmed or put at risk of harm a child or a vulnerable adult but who left or moved before the end of disciplinary procedures.

The DBS will make a judgement on the evidence whether the person should be barred from any future employment or activity with adults at risk. For guidance on referral processes to the DBS, see the DBS practice guidance document.

A person who is barred from working with adults at risk and/or children and who seeks such employment commits an offence punishable with up to five years' imprisonment. An employer is also committing an offence if they knowingly employ someone who is barred from such employment.

Where a Police investigation is already under way, it will continue even if the person causing harm moves away.

Complex cases

A complex Safeguarding Adults Enquiry would be indicated when:

- a number of adults at risk have been allegedly abused;
- poor quality of care has been identified in a particular resource/establishment;
- children are identified as also being at risk of the alleged abuse or neglect;
- a group of individuals are alleged to be causing the harm.

Such situations will involve a wide range of organisations and may require a number of individual investigations or assessments.

A decision will need to be taken as to whether there is an overarching Safeguarding Adults Enquiry (more likely in organisational abuse cases) or separate Safeguarding Adults Enquiries for each individual. With both options, there should be a Safeguarding Adults Plan for each individual concerned. Information may need to be duplicated on a number of people's records.

It is important that all aspects of the Safeguarding Adults Enquiry are planned and the organisations and individual professionals are clear about their respective roles and responsibilities.

Where the need for a complex Safeguarding Adults Enquiry becomes apparent, the case should be discussed with the Safeguarding Adults Unit, with a view to it being transferred for management within the Safeguarding Adults Unit.

Senior managers within relevant organisations should be notified.

If a crime is thought to have been committed, the usual principles and responsibilities for reporting to Police apply.

If the concern is deemed to be complex and is within a regulated health or social care setting, the local authority Safeguarding Adults Manager will ensure that the Safeguarding Adults Lead in the organisation is notified and that Commissioners and the CQC have been notified.

Media

Staff must never under any circumstances disclose information to the media. If approached, all workers must report to their manager as a matter of priority.

All media contact/enquiries about a safeguarding adults case should be reported to the Safeguarding Adults Unit.

Senior management and Press Office advice will be sought from within Newcastle City Council and/or relevant partner organisations.

Where there is a belief that a case is likely to attract media interest, the Safeguarding Adults Unit will be proactive in liaising with relevant partner organisations and their press offices.