NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD

Safeguarding Adults Policy and Procedures 2017-2019

Foreword

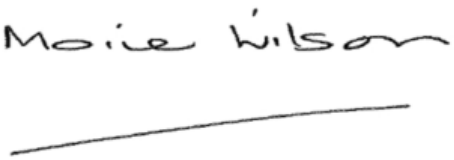
Welcome to North Lincolnshire Safeguarding Adults Policy and Procedures which reflect not only the development of practice since the publication of No Secrets but the duties and principles enshrined in the Care Act 2014.

At the heart of our Policy and Procedures are the principles of Making Safeguarding Personal which places peoples` experiences and outcomes at the centre of all safeguarding in a way that enhances Involvement, Choice and Control. This principle is therefore at the core of all of the North Lincolnshire Safeguarding Adults Board activity.

In North Lincolnshire we already have well established and robust multi - agency arrangements for safeguarding adults. The key purpose of these Procedures is to continue to develop and enhance this work in order to secure a coordinated and integrated approach that identifies and responds effectively to any issues of neglect or harm.

As the legislation and guidance from the government on Adult Safeguarding is new these Policy and Procedures should be seen as documents which will be developed and amended over future months and as any legislative changes are made.

We hope you find these policies and procedures helpful in working together to safeguard in North Lincolnshire. We would like you to share these widely with front line practitioners, partners and the wider public.



Moira Wilson
Independent Chair
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Introduction

This Safeguarding Adults Policy and Procedures document is a multi-agency document endorsed by the North Lincolnshire Safeguarding Adults Board.

This document updates and supersedes the North Lincolnshire Safeguarding Adults Procedures published in 2015 and is based on the guidance contained within the Care Act 2014 and subsequent Care and Statutory update guidance published since the act. This procedure sets out the policy principles and core process for Safeguarding Adults.

Although the accountability for the coordination of safeguarding adult's arrangements rests with councils with social services responsibilities, (CSSR) the operation of procedures is a joint initiative. These policy and procedures have therefore been agreed and endorsed at a senior and executive level by all partner agencies at the North Lincolnshire Safeguarding Adults Board.

It confirms the high priority given to Safeguarding Adults, in that partners agree to:

- Protect an adult's right to live safely, free from abuse and neglect
- Always promote the adults well-being in their safeguarding arrangement
- Support staff and volunteers who raise concerns
- Commit to providing training and development opportunities for all staff to support them in their safeguarding responsibilities, as outlined in the interagency procedures.

This document is published on the North Lincolnshire Council website, Safeguarding Adults pages. http://www.northlincs.gov.uk/people-health-and-care/information-for-professionals/safeguarding/safeguarding-adults-board/

Section A

North Lincolnshire Safeguarding Adults Policy

Chapter 1

Policy Statement

The following policy has been written to meet the needs of all professionals and adults with care and support needs within North Lincolnshire. It has been compiled following collaboration with other Safeguarding professionals within the region.

1. The Duty to Safeguard Adults

The Safeguarding duties apply to an adult who:

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

The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the adult throughout this chapter.

The safeguarding duties have a legal effect in relation to the three essential organisations which are North Lincolnshire Council People Directorate, North Lincolnshire Clinical Commissioning Group and Humberside Police.

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

> For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the case. However, the level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply – so long as the conditions set out are met.

Statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. However, senior representatives of those services may sit on the Safeguarding Adults Board and play an important role in the strategic development of adult safeguarding locally. Additionally, they may ask for advice from the local authority when faced with a safeguarding issue that they are finding particularly challenging.

2. Adult Safeguarding – what it is and why it matters

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

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.

The Care Act requires that each local authority must**:**

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- Set up a Safeguarding Adults Board (SAB)
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
- Co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk or abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect

In order to achieve these aims, it is necessary to:

- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

The following six principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help SABs, and organisations more widely, by using them to examine and improve their local arrangements.

Empowerment People are being supported and encouraged to make their own decisions and informed consent	'*I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'*
Prevention It is better to take action before harm occurs	'*I receive clear and simple information about what abuse is how to recognise the signs and what I can do to seek help'*
Proportionality The least intrusive response appropriate to the risk presented	'*I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed'*
Protection Support and representation for those in greatest need	'*I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want'*
Partnership Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	*'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.'*
Accountability Accountability and transparency in delivering safeguarding	'*I understand the role of everyone involved in my life and so do they.'*

3. Shared Governing Principles of safeguarding adults with care and support needs

In order to safeguard and promote the welfare of adults, every organisation represented at the North Lincolnshire Safeguarding Adults Board should follow and take into account the key principles, values and good practice guidelines leading to an effective safeguarding system when carrying out its usual functions. These are;

3.1 All individuals have a right to:

- The protection of the law and to live their lives free from violence, abuse and risk
- Be listened to and what they have to say is taken seriously and acted upon in an appropriate manner.
- Privacy
- Be treated with dignity
- Lead an independent life and be enabled to do so
- Be able to exercise choice about how they lead their lives
- Independent support and representation, particularly where there is an issue about mental capacity
- Have their rights upheld regardless of ethnic origin, gender, sexuality, disability, age, religious or cultural background and beliefs
- To make informed decisions, including the taking of risks and to have maximum control over their own lives wherever possible

3.2 The needs of the adult who is being abused or is suspected of being abused or is at significant risk will always be of paramount concern. Work focuses on improving the well-being and life chances of that individual and family; adults are listened to and what they have to say is taken seriously and acted on in an appropriate manner. The wishes and feelings of the adult must be taken into account. Communication with the adult will be according to their needs e.g. another language, signing.

3.3 A person is not to be treated as unable to make a decision just because they make an unwise decision. A person must be assumed to have capacity unless it is established that they lack capacity in accordance with the Mental Capacity Act Code of Practice 2005. A person is not to be treated as unable to make a decision unless all practicable (achievable) steps to help them to do so have been taken without success.

3.4 Any act done or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests. Any act done or decision made, for or on behalf of a person who lacks capacity should be achieved in a way that is the least restrictive option.

3.5 Intervention should be proportionate to the harm, or real possibility of future harm, and which has the overall effect (outcome) of improving the life of the adult, including their safety and happiness.

3.6 Assessments of adults and families are consistent with current best practice and interventions should take place at an early point when difficulties or problems are identified.

3.7 Race, gender, sexuality, culture, language, faith and disability are taken into account when working with adults and their family.

3.8 Adults experiencing abuse and their representatives should be made aware of their rights to take action on their own behalf, for example in contacting the Humberside Police, or speaking directly to the Care Quality Commission, obtaining their own legal advice, or using complaints procedures.

3.9 Relevant services should be provided to respond to the identified needs the adult and to support carers in effectively undertaking their roles. This may require referral to a colleague within your agency or to another agency to obtain advice, guidance and/or appropriate services. Where a particular service is not available or there is a delay in it being available, alternative services should be provided where possible to ensure the adult's welfare is safeguarded.

3.10 Where a number of professionals are involved in supporting an adult and their family, a co- ordinated approach to meeting their needs should be developed. In these cases, it may be appropriate for one practitioner among those involved to take on a lead role in co-ordinating the support.

3.11 Each stage of the safeguarding process should consider an outcome which supports or offers the opportunity to develop or to maintain, a private life which includes those people with whom the adult wishes to establish, develop or continue a relationship and a right to make an informed choice.

3.12 All staff have a responsibility to report any and all concerns regarding abuse, suspected abuse or significant risk. All staff have the right to expect that their concerns are acted upon and treated seriously without fear of reprisals. Their anonymity will be protected as far as possible. A culture of intolerance to all abuse should be encouraged through staff training, cultural awareness and regular effective supervision and monitoring of work with individual adults and their families.

3.13 Quality records will be kept and information appropriately shared on all work with individual adults and their families in accordance with agency requirements and agreements.

3.14 All agencies developing their own procedures will use the agreed definitions and exhibit zero tolerance to abuse. The roles specified in procedures should be clear about which incidents will not require investigation under the multi-agency policy and comply with current regulations.

4 Making Safeguarding Personal

In addition to these shared governing principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is helpful to prescribe a process that must be followed whenever a concern is raised.

Making safeguarding personal means it should be person-led and outcome-focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

To find out more about making safeguarding personal click below

Making Safeguarding Personal.pdf

5 What are abuse and neglect?

“Abuse” is a violation of an individual’s human and civil rights by any other person or persons and takes many forms.

An accepted definition of significant harm is: ‘ill-treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development’. (Law Commission 1995)

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

- **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal or services or supportive networks.

- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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

- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

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

- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Who abuses and neglects adults?

Anyone can carry out abuse or neglect, including:

- Spouses/ partners;
- Other family members;
- Neighbours;
- Friends
- Acquaintances;
- Local residents;
- People who deliberately exploit adults they perceive as vulnerable to abuse;
- Paid staff and professionals; and
- Volunteers and strangers

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

Spotting signs of abuse and neglect

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

Anyone can witness or become aware of information suggesting that abuse and neglect is occurring. The matter may, for example, be raised by a worried neighbour, a concerned bank cashier, a GP, a welfare benefits officer, a housing support worker or a nurse on a ward. Primary care staff may be particularly well-placed to spot abuse and neglect, as in many cases they may be the only professionals with whom the adult has contact. The adult

may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or come to light during a needs assessment. Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves. This will include:

- Knowing about different types of abuse and neglect and their signs;
- Supporting adults to keep safe;
- Knowing who to tell about suspected abuse or neglect; and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control

Awareness campaigns for the general public and multi-agency training for all staff will contribute to achieving these objectives.

6 Categories and Indicators of abuse

6.1 Physical Abuse

Physical injuries which have no satisfactory explanation or where there is a definite knowledge, or a reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person, including hitting, slapping, pushing, misuse of or lack of medication, restraint, or inappropriate sanctions.

Possible Indicators of physical abuse:

- History of unexplained falls or minor injuries
- Unexplained bruising – in well protected areas, on the soft parts of the body or clustered as from repeated striking
- Unexplained burns in an unusual location or of an unusual type
- Unexplained fractures to any part of the body that may be at various stages in the healing process
- Unexplained lacerations or abrasions
- Slap, kick, pinch or finger marks
- Injuries/bruises found at different stages of healing for which it is difficult to suggest an accidental cause
- Injury shape similar to an object
- Untreated medical problems
- Weight loss – due to malnutrition or dehydration; complaints of hunger
- Appearing to be over medicated

6.2 Psychological Abuse

Psychological, or emotional abuse, includes the use of threats, fears or bribes to negate an adult's choices, independent wishes and self-esteem; cause isolation or overdependence (as might be signalled by impairment of development or performance); or prevent an adult from using services, which would provide help.

Possible Indicators of psychological abuse:

- Ambivalence about carer
- Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach
- Deference
- Overtly affectionate behaviour to alleged source of risk
- Insomnia/sleep deprivation or need for excessive sleep
- Change in appetite
- Unusual weight gain/loss
- Tearfulness
- Unexplained paranoia
- Low self-esteem
- Excessive fears
- Confusion
- Agitation

6.3 Sexual Abuse

Sexual acts which might be abusive include non-contact abuse such as looking, pornographic photography, indecent exposure, harassment, unwanted teasing or innuendo, or contact such as touching breasts, genitals, or anus, masturbation, penetration or attempted penetration of vagina, anus, and mouth with or by penis, fingers or other objects (rape).

Possible Indicators of sexual abuse:

- A change in usual behaviour for no apparent or obvious reason
- Sudden onset of confusion, wetting or soiling
- Withdrawal, choosing to spend the majority of time alone
- Overt sexual behaviour/language by the adult
- Disturbed sleep pattern and poor concentration
- Difficulty in walking or sitting
- Torn, stained, bloody underclothes
- Love bites
- Pain or itching, bruising or bleeding in the genital area
- Sexually transmitted urinary tract/vaginal infections
- Bruising to the thighs and upper arms
- Frequent infections
- Severe upset or agitation when being bathed/dressed/undressed/medically examined
- Pregnancy in a person not able to consent

6.4 Domestic Abuse

There has been a legal broadening of the parameters of Domestic abuse it now includes the following:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless or gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage
- Age range extended down to 16 or over.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work (that meets criteria) that occurs at home is, in fact concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Such crimes cut across all cultures, nationalities, faith groups and communities and should be referred on within existing adult protection procedures.

Where children are identified as being involved in, or witness to, domestic abuse contact should be made with the Children's Services Single Access Point on 01724 296500/ 2965555

6.5 Financial or Material Abuse

Financial abuse is the main form of abuse investigated by the Office of the Public Guardian amongst adults. Financial recorded abuse can lead to isolation, but research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.

This usually involves an individual's funds or resources being inappropriately used by a third person (i.e. theft) It includes the withholding of money or the inappropriate or unsanctioned use of a person's money or property or the entry of the adult into financial contracts or transactions that they do not understand, to their disadvantage.

Possible Indicators of financial abuse

Potential indicators of financial abuse include:

- Change in living conditions
- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Unexplained withdrawals from an account;

- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signers on a client or donor's signature card; or
- Sudden or unexpected changes in a will or other financial documents.
- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Person lacks belongings or services, which they can clearly afford
- Lack of receptiveness to any necessary assistance requiring expenditure, when finances are not a problem – although the natural thriftiness of some people should be borne in mind
- Power of Attorney obtained when the adult is not able to understand the purpose of the document they are signing
- Recent change of deeds or title of property
- Unpaid carer or support worker only asks questions of the worker about the user's financial affairs and does not appear to be concerned about the physical or emotional care of the person
- The person who manages the financial affairs is evasive or uncooperative
- A reluctance or refusal to take up care assessed as being needed
- A high level of expenditure without evidence of the person benefiting
- The purchase of items which the person does not require or use
- Personal items going missing from the home
- Unreasonable and /or inappropriate gifts

6.6 Neglect / Acts of Omission

Neglect can be both physical and emotional. It is about the failure to keep the adult clean, warm and promote optimum health, or to provide adequate nutrition, medication, being prevented from making choices. Neglect of a duty of care or the breakdown of a care package may also give rise to safeguarding issues i.e. where a carer refuses access or if a care provider is unable, unwilling or neglects to meet assessed needs. If the circumstances mean that the adult is at risk of significant harm, then Safeguarding Adults procedures should be invoked.

Possible Indicators of neglect:

- Poor condition of accommodation
- Inadequate heating and/or lighting
- Physical condition of person poor, e.g. ulcers, pressure sores etc.
- Person's clothing in poor condition, e.g. unclean, wet, etc.
- Malnutrition
- Failure to give prescribed medication or appropriate medical care
- Failure to ensure appropriate privacy and dignity
- Inconsistent or reluctant contact with health and social agencies
- Refusal of access to callers/visitors

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

Where the abuse is by someone who has the authority to manage an adult's money, the relevant body should be informed, for example, the Office of Public Guardian for deputies and Department for Work and Pensions (DWP) in relation to appointees.

If anyone has concerns that a DWP appointee is acting incorrectly they should contact the DWP immediately. In addition to a name and address the DWP can get things done more quickly if it also has a National Insurance number. The important thing is to alert DWP to their concerns. If DWP know that the person is also known to the local authority then they should also inform them.

A person with capacity may choose to self-neglect, and whilst it may be a symptom of a form of abuse it is not abuse in itself within the definition of these procedures.

In situations of perceived self-neglect involving adults only, the mental capacity of the individual(s) concerned should be assessed. Where there are continued risks steps should be taken to address risks through casework practice and reference to the adults risk management policy.

Self-Neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. The Care and Statutory support guidance issued in 2016 highlights the need to consider self-neglect in its wider context. Emphasising that ordinarily as no external perpetrator is involved it is not expected that self-neglect will automatically trigger a S42 enquiry. However, assessment will need to be made on a case by case basis regarding the suitability of a safeguarding response.

6.7 Discriminatory Abuse

This is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's disability. It can take any of the other forms of abuse, harassment, slurs or similar treatment. Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system.

Possible Indicators of discriminatory abuse:

- Hate mail
- Verbal or physical abuse in public places or residential settings
- Criminal damage to property
- Target of distraction burglary, bogus officials or unrequested building/household services

6.8 Institutional (Organisational) Abuse

Institutional abuse happens when the rituals and routines in use force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution

or service provider.

Abuse may be a source of risk from an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the institution or service.

Possible indicators of institutional abuse:

- Institutions may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to adults.
- It may be reflected in an enforced schedule of activities, the limiting of personal freedom, the control of personal finances, a lack of adequate clothing, poor personal hygiene, a lack of stimulating activities or a low quality diet – in fact, anything which treats the person concerned as not being entitled to a 'normal' life.

The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

6.9 Modern Slavery

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

Human trafficking

(1) A person commits an offence if the person arranges or facilitates the travel of another person ("V") with a view to V being exploited.

(2) It is irrelevant whether V consents to the travel (whether V is an adult or a child).

(3) A person may in particular arrange or facilitate V's travel by recruiting V, transporting or transferring V, harbouring or receiving V, or transferring or exchanging control over V.

(4) A person arranges or facilitates V's travel with a view to V being exploited only if—

- The person intends to exploit V (in any part of the world) during or after the travel, or
- The person knows or ought to know that another person is likely to exploit V (in any part of the world) during or after the travel.

(5) "Travel" means—

- Arriving in, or entering, any country,
- Departing from any country,
- Travelling within any country.

(6) A person who is a UK national commits an offence under this section regardless of—

- Where the arranging or facilitating takes place, or
- Where the travel takes place.

(7) A person who is not a UK national commits an offence under this section if—

- Any part of the arranging or facilitating takes place in the United Kingdom, or
- The travel consists of arrival in or entry into, departure from, or travel within, the United Kingdom.

6.10 Crime and Anti-Social Behaviour

Antisocial behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life; defined by the Crime and Disorder Act 1998 as

'acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the defendant'.

7 Who can be the source of risk (perpetrator)?

7.1 Adults by anyone, including relatives, carers, professional staff, care staff, volunteers, and other users of services, neighbours, friends or organisations, which allow a culture of poor practice to develop. Professional status or title does not guarantee safety. There are many recent examples of professionals being responsible for abuse.

7.2 More than one person may abuse an adult and some sources of risk will abuse more than one alleged victim.

7.3 Abuse does not always just involve the actions of one person towards another. Institutions and services can be guilty of abuse if they persistently fail to take account of the needs of the people using that service or provide inadequate staffing or equipment to enable people's needs to be met adequately and safely.

8 Predisposing Factors

8.1 Abuse can happen in a range of settings, in a variety of relationships and can take a number of forms. There are a number of indicators, which could, in some circumstances, in combination with other possibly unknown factors, suggest the possibility of abuse. Abuse may be more likely to happen in the following situations:

- Environmental Problems
  - Overcrowding/poor housing conditions/lack of facilities.
- Financial Problems
  - Low income and a dependency may add to financial difficulties,
  - Inability to work due to caring role,
  - Debt arrears,
  - Full benefits not claimed
- Psychological and Emotional Problems
  - Family relationships over the years have been poor and
  - There is a history of abuse in the family or

- Where family violence is the 'norm'
- Communication Problems
  - The adult or their carer has difficulty communicating due to sensory impairments, loss or difficulty with speech and understanding,
  - Poor memory or other conditions resulting in diminished mental capacity;
  - This also includes people for whom English is a second language
- Dependency Problems
  - Increased dependency of the person,
  - Major changes in personality and behaviour,
  - Carers are not receiving practical and/or emotional support

- Organisational culture
  - Services which are inward looking,
  - Where there is little staff training/knowledge of best practice
  - Where contact with external professionals is resisted,
  - High staff turnover or shortages may also increase the risk of abuse.

8.2 Patterns of abuse

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

- Serial abuse in which the source of risk seeks out and 'grooms' adults. Sexual abuse may fall into this pattern, as do some forms of financial abuse.
- Long term abuse in the context of an ongoing family relationship such as domestic abuse between spouses or generations.
- Opportunistic abuse such as theft happening because money has been left around.
- Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour.
- Neglect of a person's needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems.
- Stranger Abuse where adult can be targeted by strangers; this may be an individual, a gang, or people offering services (e.g. the conman who tells the older person he will repair their roof, taking a large amount of money but actually does nothing). Different forms of abuse can be inflicted in these situations e.g. financial, physical, and emotional. 'No Secrets' states that:

> 'Stranger abuse will warrant a different kind of response from that appropriate to abuse in an on-going relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the locally agreed inter-agency adult protection procedures to ensure that the adult receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other adults who may be at risk'

8.3 In what circumstances may abuse occur?

Abuse can occur in any setting and may involve any source of risk, not just “hands on” care staff. Vigilance should be exercised with all who have reason to have contact with adults at risk, including for example, domestic/ancillary staff, drivers, escorts, contractors and people from voluntary or grant-funded organisations.

Abuse may not be apparent to the person being abused if, for example, they lack capacity and are not aware of the value of money or property. Similarly a person may not know that they have been sexually abused if they do not understand what constitutes appropriate sexual behaviour. Where a person’s capacity to understand that they have been or are being abused is impaired particular vigilance is required if they are to be protected.

8.4 Significantly high levels of risk

High levels of risk may be present even when there are no particular vulnerabilities from abuse. The risk may be classed as significant if an individual, whether a potential victim of abuse or not, presents a level of risk to themselves which could threaten the life of themselves or others.

Examples of significantly high levels of risk would include vulnerability from fire or an exposure to a potentially dangerous situation (road risk, train lines, water risk). In these instances it would be appropriate for the Local Authority Adult Protection Lead and the relevant professionals working with the individual to consider a risk management meeting to look at support to the adult to reduce risk to themselves and others.

9 Carers and safeguarding

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

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

If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken and other agencies are involved as appropriate.

If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to:

- Whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse. For example, the provision of training or information or other support that minimises the stress experienced by the carer. In some circumstances the carer may need to have independent representation or advocacy; in others, a carer ay benefit from having such support if they are under great stress or similar; and
- Whether other agencies should be involved; in some circumstances where a criminal offence is suspected this will include alerting the police, or in others the primary healthcare services may need to be involved in monitoring.

Other key considerations in relation to carers should include:

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

Chapter 2

Roles and Responsibilities

10 Statutory Partners & Responsibilities

The lead duty for the coordination of procedures to protect adults at risk lies with the three lead agencies identified under the Care Act. These are the North Lincolnshire Council People Directorate, North Lincolnshire Clinical Commissioning Group and Humberside Police.

They have the lead role in coordinating the multi-agency approach to safeguard adults at risk. This includes the coordination of the application of this policy and procedures, coordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

The Governance for safeguarding duties are discharged through the North Lincolnshire Safeguarding Adults Board which consists of representatives from the local statutory groups named above that have responsibilities under the Care Act and non-statutory organisations that are also involved in providing support to adults. These organisations include Humberside Fire Rescue Service, Ongo, The National Probation Service, Voluntary Sector organisation, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), North Lincolnshire and Goole NHS Foundation Trust (NLaG) and Independent Sector Providers.

The three lead agencies should:

- Ensure that any Safeguarding Adults concern is acted on in line with this policy and procedures
- Coordinate the actions that relevant organisations take in accordance with their own duties and responsibilities. This does not mean that the local authorities undertake all activities under Safeguarding Adults – relevant organisations have their own roles and responsibilities
- Ensure a continued focus on the adult at risk and due consideration is given to other adults or children
- Ensure that key decisions are made to an agreed timescale
- Ensure that an appropriate safeguarding plan is put in place with adequate arrangements for review and monitoring
- Ensure that actions leading from any S42 enquiry are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case
- Ensure independent scrutiny of circumstances leading to the concern and to
- Facilitate learning the lessons from practice and communicate these to the Safeguarding Adults Board.

10.1 Adult Protection Team

The lead role for the coordination of safeguarding adult concerns and any subsequent S42 enquiries is the responsibility of North Lincolnshire Council Adult Services. This is managed through Adult Protection Team.

Adult Protection Team
Adult Services
North Lincolnshire Council
Church Square House
PO Box 42
Scunthorpe
North Lincolnshire
DN15 6XQ

Telephone: 01724 297979
Fax: 01724 298194
Email: adultprotectionteam@northlincs.gov.uk

Chapter 3

Obligations and Duties

Roles and responsibilities of organisations

This multi-agency procedure sets out what is expected of staff working within any organisations that have contact adults at risk. All staff must work within the framework of best practice and know what their responsibilities are under the procedure and to whom they should report. Organisations should have internal guidance for their own staff that complements this multi-agency procedure.

11 Information Sharing Guidance

'The Care Act' says that the government expects organisations to be sharing information about individuals who may be at risk from abuse. It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with early enough. Confidentiality must never be confused with secrecy with the needs of the individual the primary concern- see "Care and Support Statutory Guidance" which replaces 'No Secrets Guidance'.

> 'If someone knows that abuse or neglect is happening they must act upon that knowledge, not wait to be asked for that information'

Investigating and responding to suspected abuse or neglect requires close co-operation between a range of disciplines and organisations. Safeguarding Adults work is concerned with sharing 'personal information', both about someone who is alleged to have experienced abuse and an alleged source of risk.

11.1 Record Keeping

Good record keeping is vital. All agencies need to keep clear and accurate records.

Staff should be given clear direction about what should be recorded and in what format using the following as a guide:

- What information do staff need to know in order to provide a high quality response to the adult concerned
- What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm
- What information is not necessary
- What is the basis for any decision to share (or not) information with a third party

Agencies need to identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by,

and subject to, any enquiry If an alleged source of risk is also a recipient of care or support then information about their involvement in a safeguarding enquiry should be included in their case record.

11.2 Purpose Of Information Sharing

The information exchanged under the Safeguarding Adults Procedure will only be used for Safeguarding Adults purposes and where it meets these conditions:

- A criminal offence has taken place
- It may prevent crime
- The alleged victim is at risk of harm
- Staff, other service users, or the general public may be at risk of harm
- For early intervention and identification of abuse
- For enquiries under Safeguarding Adults procedures and to understand what went wrong

If other reasons for sharing information are subsequently identified, these will be considered and amendments approved by the appropriate Caldicott Guardians of the partner organisations.

Where personal information is shared it will be maintained securely and in accordance with the Data Protection Act. Each employing agency will take steps to ensure that any disclosure to other agencies of personal information is on a strict 'need to know' basis, in accordance with their own internal procedures and agreed protocols. Any action taken as a consequence of this information is entirely the responsibility of the employing agency.

11.3 Information sharing when the adult has given consent

There are situations where information can be shared legally without obtaining the consent from an individual. An element of information sharing will need to happen as part of the Strategy Meeting/discussion where initial assessments of the risk factors affecting an adult are made.

In this situation information can be shared without consent, relying upon statutory powers and duties. As part of the Strategy meeting the following decisions will be made:

- Any legal requirement to gain consent
- When and who will gain consent if required

Even if there is no legal requirement to obtain consent before sharing information, it is good practice to do so. The emphasis throughout this protocol is a presumption of person led decisions and on obtaining the informed consent of the alleged victim to share information at the first point of contact.

Informed consent is a freely-given specific and informed indication of a person's agreement to a course of action where information is given to that person about the proposed course of action. It may be expressed verbally or in writing (except where an individual cannot write or speak when other forms of communication may be sufficient). Consent may be given in the form of an advanced statement.

If an adult who is the subject of a Safeguarding Enquiry or Safeguarding Adult Review, has 'substantial difficulty' in being involved in the process; and where there is no other suitable person to represent or support them, the local authority must arrange for an independent advocate to represent and support the person.

Workers need to make sure that the adult understands what will be recorded, what the information will be used for and with whom it might be shared. If the worker does not explain this, they will not be able to give valid informed consent for information sharing to take place. The following information should be recorded clearly within their own organisation's record when consent to share information has been freely given:

- Why the information needs to be shared
- What information the adult has consented to be shared
- Who the adult has consented for the information to be passed to, and any limitations to this
- That this has been explained to the adult and they understand the implications of giving consent to share their information
- Any comments made by the adult in relation to the disclosure
- Date consent given
- Decisions to refer/not to refer

Consent should be reviewed through existing working practices, for example, when the adult's personal circumstances change, or an enquiry is in progress.

Information given to an individual member of staff, or organisation representative, belongs to the organisation not that member of staff. Personal information shared with a member of staff in the course of their employment is:

- Confidential to the employing organisation and can be shared within that organisation
- Should only be used for the purposes for which it was intended
- Can be shared with another organisation either when:
    - Permission is given by the person about whom the information is held
    - There is an overriding justification, statutory power or duty to share information without the person's consent

11.4 Information sharing when an adult does not have the capacity to consent to information sharing

If an adult is not able to make their own decisions, professionals should share information that is in their 'best interests'. The capacity to be able to give consent can be assessed by considering:

- Has the person got the ability or power to make a particular decision
- Have they got the ability to understand and retain the information relevant to the decision
- Will they be able to understand the reasonably foreseeable consequences of deciding one way or the other
- Will they have the ability to communicate the decision they have come to

The adult must be informed of their right to support from a suitable person to represent them i.e. family, carer, friend; or in the absence of such a person the local authority must appoint an independent advocate.

Where a person is not the legal representative but acts as 'carer' to a person not capable of giving consent, we have to consider whether they are acting on their behalf and in the individual's best interests. As long as the individual's rights are not adversely affected and we act in the best interests of that individual, we have to get the best form of consent we can at the time a decision has to be made.

11.5 Best Interest

The Mental Capacity Act 2005 (section 4) and The Code of Practice set out the best interest's checklist to which professionals must have regard when determining what is in the best interests of an individual.

Where an adult with is judged to lack capacity in relation to a specific decision, this decision should be made in their 'best interests'.

In other aspects of decision making, particularly in relation to information sharing, the law is less clear. However, the Law Commission has recommended that in deciding what is in a person's best interests consideration should be given to the following:

- Ascertainable past and present wishes and feelings of the person concerned and the factors the person would consider if able to do so.
- The need to encourage the person to participate as fully as possible in decisions.
- The views of other people whom it is appropriate and practical to consult about the person's wishes and feelings and what would be in their best interests.
- Any person named by the service user as someone to be consulted on those matters.
- Anyone (whether a spouse, relative, friend or other person) engaged in caring for the service user or interested in the service user's welfare.
- The holder of any continuing power of attorney.
- Any manager appointed for him by the court.
- Achieving the purpose of an action or decision by means which least restrict the

freedom of action of the person.

- If someone is unable to give consent and there is no-one to represent them, we should record that they cannot give consent and only share information where necessary in their best interests or where we have a statutory duty to provide care.
- If an adult is unable to give informed consent, then decisions to disclose information will generally be taken by the professional concerned. Any decision should take into account the person's best interests and as necessary the views of relatives and carers. An earlier refusal to particular information being passed on, given while the person had capacity to decide, should normally be regarded as decisive.
- Where a service user's capacity may change from day to day (for example as a consequence of fluctuating mental health), a decision on consent should be deferred wherever possible, until such a time as they are able to be involved in the decision making process, as long as this does not adversely impact on the vulnerability of the adult.
- Where it is considered that a service user does not have the capacity, a record should be made of this decision and the steps taken by the professional to reach a decision about whether information should be shared.

11.6 Information sharing when the adult withholds consent to share information

Individuals have the right to refuse, or withhold consent, for your organisation to share information in relation to the suspected abuse. Wherever possible the views and wishes of the adult will be respected. However, if it is thought that they are in a situation that results in their abuse or if they may be abusing another person(s), the duty of care overrides the individual's refusal; this decision must be recorded.

The need to protect the individual or the wider public outweighs their rights to confidentiality. Decisions to share information about the adult must be made by the organisation and not that member of staff acting on their own. This, however, should not cause unnecessary delay in the disclosure process.

The worker must explain to the person why the disclosure needs to take place and to whom the information will be passed. This should generally be done unless it would increase the risks of harm. Workers must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved*.

The person's decision to withhold consent to share information must be recorded, along with any further decisions to sharing information.

Decisions to share without consent must make sure that it does not interfere with that person's human rights.

The Care Act states that it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse particularly in those situations when other adults may be at risk.

11.7 Sharing information with carers, parents, family, partners etc

When the adult has the 'capacity' to make the decision, it should be up to them to decide what information is disclosed to their carers/ parents/ family/ partners, and records should reflect this.

When the adult does not have the capacity, consideration should be given to when to share information with carers/parents of the adult. In addition, consideration must be given to the relationship between the carers/parents and the alleged source of risk. Clear decisions should be recorded about when and what to share, and who is the most appropriate person to talk to, e.g. the parent/carer etc. Generally some assessment should be made as to whether the sharing of certain information with a particular person or organisation is in the adult's best interests.

11.8 Sharing Information with third parties about the (alleged) source of risk

Information in a range of media should be produced in different, user-friendly formats for adults and their carers. These should explain clearly what abuse is and also how to raise concerns and make a complaint. Adults and carers should be informed that their concern or complaint will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They should be reassured that they will receive help and support in taking action on their own behalf. They should also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish.

Organisations and workers must 'honestly and reasonably believe' that the sharing of information is necessary to protect adults at risk or the wider public and must use the test of 'pressing social need'. To pass this test the relevant organisation must consider the following issues:

- How strong is the belief in the truth of the particular allegation? The greater the conviction that the allegation is true, the more compelling the need for disclosure.
- What is the interest of the third party in receiving the information? The greater the legitimacy of the interest in the third party in having the information, the more important need to disclose
- What is the degree of risk posed by the alleged source of risk if the disclosure is not made?

Decisions about who needs to know and what needs to be known should be taken on a case by case basis. It is vital there is a balancing exercise undertaken weighing the serious consequences of disclosure against risks to the adult. Clearly the issue of proportionality will be vital.

This decision will be made at the strategy discussion stage, where it will be determined who will be best placed to contact and speak to the alleged source of harm and how this will be managed.

11.9 Disclosures to other organisations outside of the Safeguarding Enquiry/Outcome Meeting

There may, exceptionally, be some cases where the risk posed by an individual in the community cannot be managed without the disclosure of some information to a third party outside statutory organisations. Such an example would be where an employer, voluntary group organiser or church leader has a position of responsibility/control over the individual and other persons who may be at serious risk. Caution should be exercised before making any such disclosure: it should be seen as an exceptional measure. The following check list may be of assistance:

- The individual presents a risk of serious harm to the adult, or to those for whom the recipient of the information has responsibility. The right person will be the person who needs to know in order to avoid or prevent the risks.
- There is no other practical, less intrusive means of protecting the adult, and failure to disclose would put them in danger. Also, only that information which is necessary to prevent harm should be disclosed, which will rarely be all the information available.
- The risk to the individual should be considered although it should not outweigh the potential risk to others were disclosure not to be made. The individual retains their rights (most importantly their Article 2 right to life) and consideration must be given to whether those rights are endangered as a consequence of the disclosure.
- The disclosure is to the right person and that they understand the confidential and sensitive nature of the information they have received. The information will not be disclosed by the recipient third party without the express permission of the original disclosing organisation. Consider consulting the individual about the proposed disclosure. This should be done in all cases, unless to do so would not be safe or appropriate. If it is possible and appropriate to obtain the individual's consent, then a number of potential objections to the disclosure are overcome. Equally, the individual may wish to leave the placement rather than have any disclosure made. If appropriate, this would also avoid the need for disclosure.
- Ensure that whoever has been given the information knows what to do with it. Again, where this is a specific person, this may be less problematic but in the case of an employer, for example, advice and support may need to be given.

12 Capacity, Consent and Decision Making

12.1 The consideration of capacity is crucial at all stages of Safeguarding Adults procedures. For example determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive or consensual; or determining how the adult can be involved in making decisions in a given situation.

12.2 The key development affecting this area of work is the implementation of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect adults who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. It enables people

to plan ahead for a time when they may lose capacity. It applies to anyone aged 16 years and over therefore appropriate liaison needs to occur for young people aged 16 to 18 years with Children's Services.

12.3 The whole Act is underpinned by a set of five key principles:

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

Mental Capacity Act 2005 sections 2 (1), Code of Practice 4.11 – 4.13

Section 2 states that a person lacks capacity in relation to a matter if at the material time s/he is unable to make a decision for himself or herself in relation to the matter because of an impairment of, or a disturbance, in the functioning of the mind or brain.

Mental Capacity Act 2005 section 3, Code of Practice 4.49 – 4.54

Section 3 states that a person is unable to make a decision if s/he is unable:

- To understand the information relevant to the decision
- To retain the information
- To use or weigh that information as part of the process of making the decision
- To communicate his decision by any means.

Every assessment of capacity must be undertaken in accordance with the Act and provisions of the Code of Practice. Where there is a reasonable belief that a person lacks capacity, there is a statutory best interest checklist for people acting on behalf of others. The decision maker must work through the factors when deciding what is in the best interests of the individual.

12.4 The Act deals with two situations where a designated decision-maker can act on behalf of someone who lacks capacity:

- Lasting powers of attorney (LPAs) - The Act allows a person to appoint an attorney to act on their behalf if they should lose capacity in the future. This allows people to let an attorney make health and welfare and / or financial decisions. The latter is similar to previously available Enduring Power of Attorney (EPA).
- Court appointed deputies - The Act provides for a system of court appointed deputies

to replace the current system of receivership in the Court of Protection. Deputies will be able to take decisions on welfare, healthcare and financial matters as authorised by the Court but will not be able to refuse consent to life-sustaining treatment. They will only be appointed if the Court cannot make a one-off decision to resolve the issues.

12.5 The Act created two public bodies to support the statutory framework, both of which are designed around the needs of those who lack capacity:

- A Court of Protection - The Court has jurisdiction relating to the whole Act and will be the final arbiter for capacity matters. It has its own procedures and nominated judges.
- A Public Guardian - The Public Guardian and his/her staff are the registering authority for Lasting Power of Attorney (LPAs) and deputies. They supervise deputies appointed by the Court and provide information to help the Court make decisions. They also work together with other agencies, such as the police and social services, to respond to any concerns raised about the way in which an attorney or deputy is operating. A Public Guardian Board scrutinises and reviews the way in which the Public Guardian discharges his/her functions. The Public Guardian is required to produce an Annual Report about the discharge of his/her functions.

12.6 The Act also includes further key provisions to protect people with care and support needs:

- **Advance decisions to refuse treatment**
  Statutory rules with clear safeguards confirm that people may make a decision in advance to refuse treatment if they should lose capacity in the future. It is made clear in the Act that an advance decision will have no application to any treatment, which a doctor considers necessary to sustain life, unless strict formalities have been complied with. These formalities are that the decision must be in writing, signed and witnessed. In addition, there must be an express statement that the decision stands 'even if life is at risk'.

- **A criminal offence**
  The Act introduces two new criminal offences of 'ill treatment' or 'wilful neglect' of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.

- **Independent Mental Capacity Advocate (IMCA)**
  The purpose of the Independent Mental Capacity Advocacy Service is to help particularly people with care and support needs who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends that it would be appropriate to consult about those decisions. The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity, and represent their views to those who are working out their best interests.

The Department of Health has extended the Act through Regulations to cover circumstances where a safeguarding adults allegation has been made. The Regulations specify that Local Authorities and the NHS have powers to instruct an IMCA if the following requirements are met:

- Where safeguarding measures are being put in place in relation to the protection of the adult from abuse; and
- Where the person lacks capacity.

In these circumstances the Local Authority or NHS body may instruct an IMCA to represent the person concerned, if it is satisfied that it would be of benefit for the person to do so. Safeguarding adults cases access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity who have family and friends can still have an IMCA to support them through the safeguarding process.

The regulations equally apply to a person who may have been abused or neglected and a person who is alleged to be the source of risk.

Where the qualifying criteria are met, it would be unlawful for the Local Authority or the NHS not to consider the exercise of their power to instruct an IMCA for Safeguarding adults cases.

- **Restraint**

  Section 5 permits the use of restraint if the person using it reasonably believes that it is necessary to prevent harm to the person who lacks capacity and if the restraint is proportionate to the likelihood and seriousness of harm. However, where the restriction or restraint is frequent, cumulative and ongoing then consideration should to be given to whether this amounts to deprivation of liberty. In April 2009 the Mental Capacity Act was amended to include provision for the deprivation of liberty for those who need to be accommodated under circumstances that deprives them of their liberty. Refer to Mental Capacity Act 2005, Deprivation of Liberty Safeguards Code of Practice.

13 Risk Management

13.1 Risk assessment and risk management are essential aspects of adult protection; they must be included in the measures taken to prevent abuse or mitigate risk as well as being an integral part of the protection plan in response to actual allegations or suspicion of abuse.

13.2 Risk assessments are undertaken by a variety of professionals; they may encompass different assessment tools and be recorded in a variety of formats. Workers should follow organisational policies and share the results in accordance with the Safeguarding Adults Information Sharing Protocol.

13.3 In assessing the seriousness of the risk the following should be considered:

- The vulnerability of the individual
  - The extent of any cognitive impairment
  - Their level of physical dependency

- Their level of emotional dependency
- Their level of financial dependency
- Their ability to communicate
- Their social and cultural isolation

- The nature and extent of the abuse/risk
- The length of time over which the abuse has been happening
- The impact on the individual
- The impact on others
- Whether the situation can be monitored

13.4 In assessing the likelihood of an abusive situation reoccurring, the following should be considered:

- Whether there is a history of abuse or neglect
- The intent of the alleged source of risk – was it a deliberate act or a lack of awareness
- The existence of known predisposing factors or triggers
- The supportive measures that can be put in place
- Whether the situation can be monitored

13.5 The risk should be considered high if:

- There is reason to believe someone's life may be in danger
- There is reason to believe that major injury or serious physical or mental ill health could result
- The incidents are increasing in frequency
- The incidents are increasing in severity
- The behaviour is persistent and/or deliberate.

13.6 North Lincolnshire Safeguarding Adults Board has a Positive Risk Policy which provides more comprehensive information to support professionals

14 Safeguarding Adult Review (SAR)

14.1 The North Lincolnshire Safeguarding Adults Board must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. It is the responsibility of the three lead agencies for safeguarding to ask the SAR Group to consider whether a referral meets the criteria for a full safeguarding adults review. This recommendation must be taken back to the Safeguarding Adult Board chair for their final decision.

14.2 The SAB must also arrange a SAR if an adult in its area has not died, but the SAB knows of, or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect, where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life as a result of

abuse or neglect. SAB's are free to arrange for a SAR in any other situations involving an adult in its area with care and support needs.

14.3 SARs can also be arranged to explore examples of good practice where this is likely to identify lessons that can be applied in future.

14.4 The SAB should determine what type of review will promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

14.5 Discussions will need to take place with the adult, family and friends to agree how they wish to be involved. The adult who is subject to a SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

14.6 SAR's should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, and employment law.

14.7 It is vital if individuals and organisations are to be able to learn lessons from the past that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them, If individuals and organisations are fearful of SARs their response will be defensive and their participation guarded and partial.

14.8 The process for undertaking SARs is determined locally according to the specific circumstances of individual cases. No one model is applicable for all cases. The focus must be on what needs to happen to achieve understanding, remedial action and often answers for families and friends of adults who have died or been seriously abused or neglected. The recommendations and action plans from a SAR need to be followed through by the SAB.

Please click below to access the NSAB Multi Agency Learning and Review Framework, which includes the process for undertaking a SAR

Multi Agency Learning and Review

15 North Lincolnshire Safeguarding Adults Board

Under the Care Act 2014, each local authority must set up a Safeguarding Adults Board (SAB).

The SAB has a strategic role in relation to safeguarding adults. It oversees and leads adult safeguarding across North Lincolnshire and has responsibility for the prevention of abuse and neglect. These include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. It is important that SAB partners feel able to challenge each other and organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners as well as providers of services.

The main objective of a SAB is to assure itself that local safeguarding arrangements and partners help and protect adults in its area who meet the criteria as in 14.2 of the Act.

The Safeguarding Adults Board promotes proactive collaboration between partners in order to create a framework of inter-agency arrangements. The Care Act states that local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act.

The lead agency with responsibility for coordinating adult safeguarding arrangements is the local authority, however, all members of the SAB should designate a lead officer. Other agencies should also consider the benefits of having a lead for adult safeguarding.

Members of the SAB are expected to consider what assistance they can provide in supporting the Board in its work. This may be through a variety of means including meeting attendance, discussions contribution and payment as a joint contribution: all partners have to ensure that the SAB is adequately resourced to carry out its functions.

The SAB has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation in preparing the plan. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

- It must publish an annual report detailing what both the SAB and its members have done, to carry out and deliver the contents of the strategic plan. The report must provide information about any safeguarding adult reviews that the SAB arranged which are ongoing or have been reported in that year. The report should also set out how the SAB is monitoring progress against its policies. The SAB should publish the report on its website. The SAB should send a copy of the report to:

    - The Chief Executive and leader of the local authority

- The Police and Crime Commissioner and Chief Constable
- Local Healthwatch
- The Chair of the Health and Wellbeing Board.

- It must conduct any Safeguarding Adults Reviews in accordance with Section 44 of the Act.

In addition each SAB should:

- Identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- Establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- Establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- Determine its arrangements for peer review and self-audit;
- Establish mechanisms for developing policies and strategies for protecting adults which should be formulated, to also take account of the views of adults, their families, advocates and carer representatives;
- Develop preventative strategies that aim to reduce instances of abuse and neglect in its area
- Identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- Develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- Balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis';
- Identify mechanisms for monitoring and reviewing the implementation and impact of policy and training;
- Evidence how SAB members have challenged one another and held other boards to account; and,
- Promote multi-agency training and consider any specialist training that may be required.

15.1 Board Membership

The following organisations must be represented on the Board:

- North Lincolnshire Council
- The North Lincolnshire NHS Clinical Commissioning Group
- The Chief Officer of Humberside Police
- The Board may also include other organisations and individuals as it considers appropriate having consulted its key SAB partners as detailed above

Other organisations represented on North Lincolnshire's SAB are:

- The ambulance service
- The fire service
- Independent Providers
- Ongo
- National Probation Service
- Healthwatch
- Representative of the LSCB
- NHS England
- Rotherham, Doncaster and South Humber Mental Health Trust
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
- General Practitioners
- Representatives of user advocacy and carers groups
- Care Quality Commission

The board will invite advisors as required to contribute to the board and its Action Group meetings.

The Board also ensures proactive links with:

- The Community Safety Partnership
- The Local Safeguarding Children's Board
- The Health and Wellbeing Board

15.2 Roles and responsibilities of the of the Safeguarding Adult Board Chair

The Board is chaired by someone who is not an employee or member of any agency that is a member of the SAB. The Chair is independent of all agencies. The Chair's role is to lead collaboratively, give advice, support and encouragement but to also offer constructive challenge and hold main partners to account. The Chair is accountable to the Chief Executive of the local authority.

For further information on the purpose and function of the North Lincolnshire Safeguarding Adults Board, please see the Memorandum of Understanding.

Cross border agreement

The increased risk to adults whose care arrangements are complicated by cross boundary considerations must be recognised. The authority where the abuse happened (host authority) should always take the initial lead on responding to the referral.

Section B

North Lincolnshire Procedures

Chapter 4

Stages of the Safeguarding Adults Process

16 Reporting and responding to abuse and neglect

In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding this multi-agency procedure.

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response from the Adult Protection Team. Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to consider whether a criminal investigation would be required or appropriate.

The decision to report a safeguarding concern to the Adult Protection Team can be made after consideration and measurement against the risk matrix and safeguarding threshold document. These documents have been in place in North Lincolnshire for a significant period of time and have been updated to reflect the changes within the Care Act 2014.

Risk Matrix

LIKELIHOOD						
	Very High	**5**	**10**	**15**	**20**	**25**
	High	4	8	12	16	20
	MOD	3	6	9	12	15
	Low	2	4	6	8	10
	Very Low	1	2	3	4	5
		Minimal	Moderate	Significant	V Significant	Critical
			Harm			

1-3 Minor impact: unlikely to reoccur could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to Adult Protection Team to be made. It is not a 'given' that concerns falling into this section would be dealt with internally.

4-6 Moderate Harm: Low risk of reoccurrence could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to Adult Protection Team to be made. It is not a 'given' that any concerns falling into this section would be dealt with internally.

8-9 Significant harm: moderate risk of reoccurrence addressed under safeguarding procedures: referral to Adult Protection Team

10-12 Very Significant harm: high risk of reoccurrence addressed under safeguarding procedures referral to Adult Protection Team

15-20 Critical level of harm: addressed as a potential criminal matter contact police/Adult Protection and/or emergency services: consider Mappa, Marac etc.

Threshold Document

Type of Abuse	**Lower Level Harm** Could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to safeguarding to be made. It is not a 'given' that any concerns falling into this section would be dealt with internally.		**Significant/ Very Significant Harm** Addressed under Safeguarding Procedures – referral to safeguarding to be made.		**Critical** Addressed as potential criminal matter – contact Police/ Emergency Services – could be addressed as MAPPA, MARAC, Hate crime.
Physical **A**	Staff error causing no / little harm, e.g. skin friction mark due to ill-fitting hoist sling Minor events that still meet criteria for 'incident reporting'	Isolated incident involving service user on service user Inexplicable very light marking found on one occasion	Inexplicable marking or lesions, cuts or grip marks on a number of occasions	Inappropriate restraint Withholding of food, drinks or aids to independence Inexplicable fractures/ injuries Assault	Grievous bodily harm/ assault with weapon leading to irreversible damage or death
Sexual **B**	Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists	Verbal sexualised teasing or harassment	Recurring sexualised touch or masturbation without valid consent Being subject to indecent exposure Contact or non-contact sexualised behaviour which causes distress to the person at risk	Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent Being made to look at pornographic material against will/ where valid consent cannot be given	Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user Sex without valid consent (rape) Voyeurism
Psychological	Isolated incident where adult is spoken to in a rude or	Occasional taunts or verbal outbursts	Treatment that undermines dignity	Humiliation	Denial of basic human rights/ civil liberties, over-riding advance

C	inappropriate way – respect is undermined but no or little distress is caused	which cause distress The withholding of information to dis-empower	and damages esteem Denying of failing to recognise an adult's choice or opinion Frequent verbal outbursts	Emotional blackmail e.g. threats of abandonment / harm Frequent and frightening verbal outbursts	directive, forced marriage Prolonged intimidation Vicious / personalised verbal attacks
Financial or Material **D**	Money is not recorded safely or recorded properly	Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered	Adult's monies kept in a joint bank account – unclear arrangements for equitable giving of interest Adult denied access to his/ her own funds or possessions	Misuse/ misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards Personal finances removed from adult's control	Fraud/ exploitation relating to benefits, income, property or will Theft
Neglect or acts of omission **E**	Isolated missed home care visit – no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm occurs Adult does not receive prescribed medication (missed/ wrong dose) on one occasion – no harm occurs	In adequacies in care provision leading to discomfort – no significant harm e.g. left occasionally wet No access to aids for independence Recurring missed medication or administration errors that cause no harm	Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate planning and harm occurs Recurring missed medication or errors that affect one or more than one adult and/ or result in harm	Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/ confidence Deliberate maladministration of medications	Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death

				Covert administration without proper medical authorisation	
Discriminatory **F**	Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences	Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period Recurring taunts	Inequitable access to service provision as a result of diversity issue Recurring failure to meet specific care/ support needs associated with diversity	Being refused access to essential services Denial of civil liberties e.g. voting, making a complaint Humiliation or threats on a regular basis	Hate crime resulting in injury/ emergency medical treatment/ fear for life Hate crime resulting in serious injury/ attempted murder/ honour-based violence
Organisational **G**	Lack of stimulation/ opportunities to engage in social and leisure activities Service User not enabled to be involved in the running of the service Service design where groups of service users living together are incompatible	Denial of individuality and opportunities to make informed choices and take responsible risk Care-planning documentation not person-centred Poor, ill formed or outmoded care practice no significant harm Denying service user access to professional support and services such as advocacy	Rigid/ Inflexible routines, service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted Failure to refer disclosure of abuse	Bad practice not being reported and going unchecked Unsafe and unhygienic living environments Failure to support the adult to access health, care, treatments Punitive responses to challenging behaviours	Staff misusing position of power over service users Over-medication and/ or inappropriate restraint managing behaviour Widespread, consistent ill treatment Entering into a sexual relationship with a patient/ client

Self-Neglect **H**	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding – if the person lacks capacity please refer to the Mental Capacity Act Code of Practice for guidance on undertaking best interest decisions. If the person has capacity contact the Adult Protection Team if further advice or guidance is required. The Care and Statutory support guidance issued in 2016 highlights the need to consider self-neglect in its wider context. Emphasising that ordinarily as no external perpetrator is involved it is not expected that self-neglect will automatically trigger a S42 investigation. However, assessment will need to be made on a case by case basis regarding the suitability of a safeguarding response.
Domestic Violence **I**	Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, female genital mutilation, forced marriage. Please refer to the Decision Maker in the Police Protection of Vulnerable People (PVP) Unit - Can be contacted via the Adult Protection Team
Modern Slavery **J**	Encompasses slavery, human trafficking, forced labour and domestic servitude. Please refer to the Decision Maker in the Police Protection of Vulnerable People (PVP) Unit – Can be contacted via the Adult Protection Team
Sexual Exploitation **K**	Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' (eg accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Please refer to the Decision Maker in the Police Protection of Vulnerable People (PVP) Unit – Can be contacted via the Adult Protection Team

If any doubt remains or advice is needed please contact a member of the Adult Protection Team to discuss the concern.

Adult Protection Team details

Adult Protection Team
Adult Services
North Lincolnshire Council
Church Square House
PO Box 42
Scunthorpe
North Lincolnshire
DN15 6XQ

Telephone: 01724 297979
Fax: 01724 298194
Email: adultprotectionteam@northlincs.gov.uk

The flowcharts below show the pathway for any safeguarding concern. This is a national pathway as laid out in the Care act 2014. See this section for guidance on reporting a safeguarding concern to the Adult Protection Team.

The safeguarding concern form can be accessed via this link

http://www.northlincs.gov.uk/people-health-and-care/worried-about-someone/worried-about-an-adult/

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

No professional should assume that someone else will pass on the information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the Adult Protection Team, and, or the police if they believe or suspect that a crime has been committed.

17 Local Authority's role and multi-agency working

Local Authorities must cooperate with each of their relevant partners, as described in section 6 (&) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their responsibilities relevant to care and support including those to protect adults.

Relevant partners are Humberside Police and the following agencies or bodies who operate within the Council area including:

- NHS England
- Department for Work and Pensions
- North Lincolnshire Voluntary Action Service
- Her Majesties Probation Services

- Northern Lincolnshire and Goole Hospitals NHS Trust
- Private providers of health and social care
- Humberside Fire and Rescue

18 Safeguarding Enquiries

The Care Act has replaced terminology of alerts and referrals and now talks about concerns and enquiries.

18.1 What is a Safeguarding Concern?

This is the first contact between a person concerned about abuse or neglect and the local authority. This is the same as an alert in the old procedures. In North Lincolnshire Council the local authority role is undertaken by staff in the Adult Protection Team. A care concern is where the practitioner or member of the public raises a concern regarding the health and well-being of a vulnerable adult, or raises concerns regarding services provided by a health or social care provider. A safeguarding concern is when a person notifies the local authority that an adult at risk, may be at risk of abuse or neglect or is suffering abuse and neglect, and because of their care and support needs is unable to protect themselves.

What is a Safeguarding Enquiry?

Any enquiry made or instigated by the Adult Protection Team after receiving a safeguarding concern. Queries raised by the Adult Protection team during the safeguarding concern should not be classed as an enquiry.

An enquiry:

- Should establish whether any action needs to be taken and if so, by whom
- Could range from an informal conversation with the adult at risk to a more formal multi-agency discussion
- Does not have to follow a formal safeguarding process
- Establish on the balance of probabilities, if abuse or neglect has occurred
- If abuse or neglect has occurred, to establish which type of abuse and by whom
- Consideration should then be given to the referring to the Disclosure and Barring Service or other professional bodies so the potential future risk of the perpetrator can be assessed and shared if appropriate
- The responsibility to refer to these organisations rests with the employer

The flowchart on the following page shows the pathway and process that will be undertaken in North Lincolnshire once a concern is raised with the Adult Protection Team.

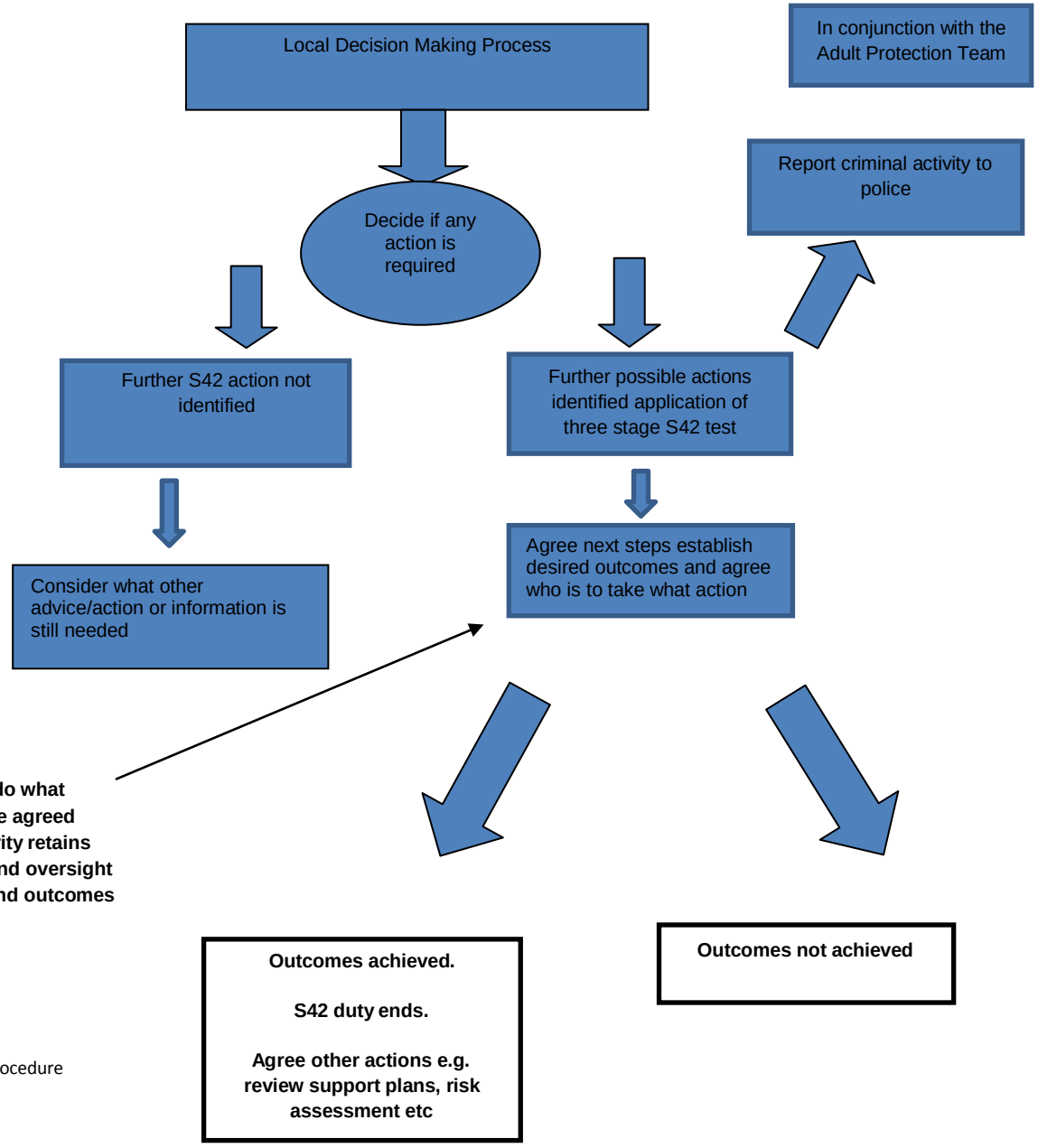
North Lincolnshire Adult Safeguarding in Action

What is a safeguarding concern?

A safeguarding concern is notification that a person with care and support needs is suffering or at risk of suffering abuse or neglect and is unable to protect themselves because of their care and support needs.

What is a safeguarding enquiry?

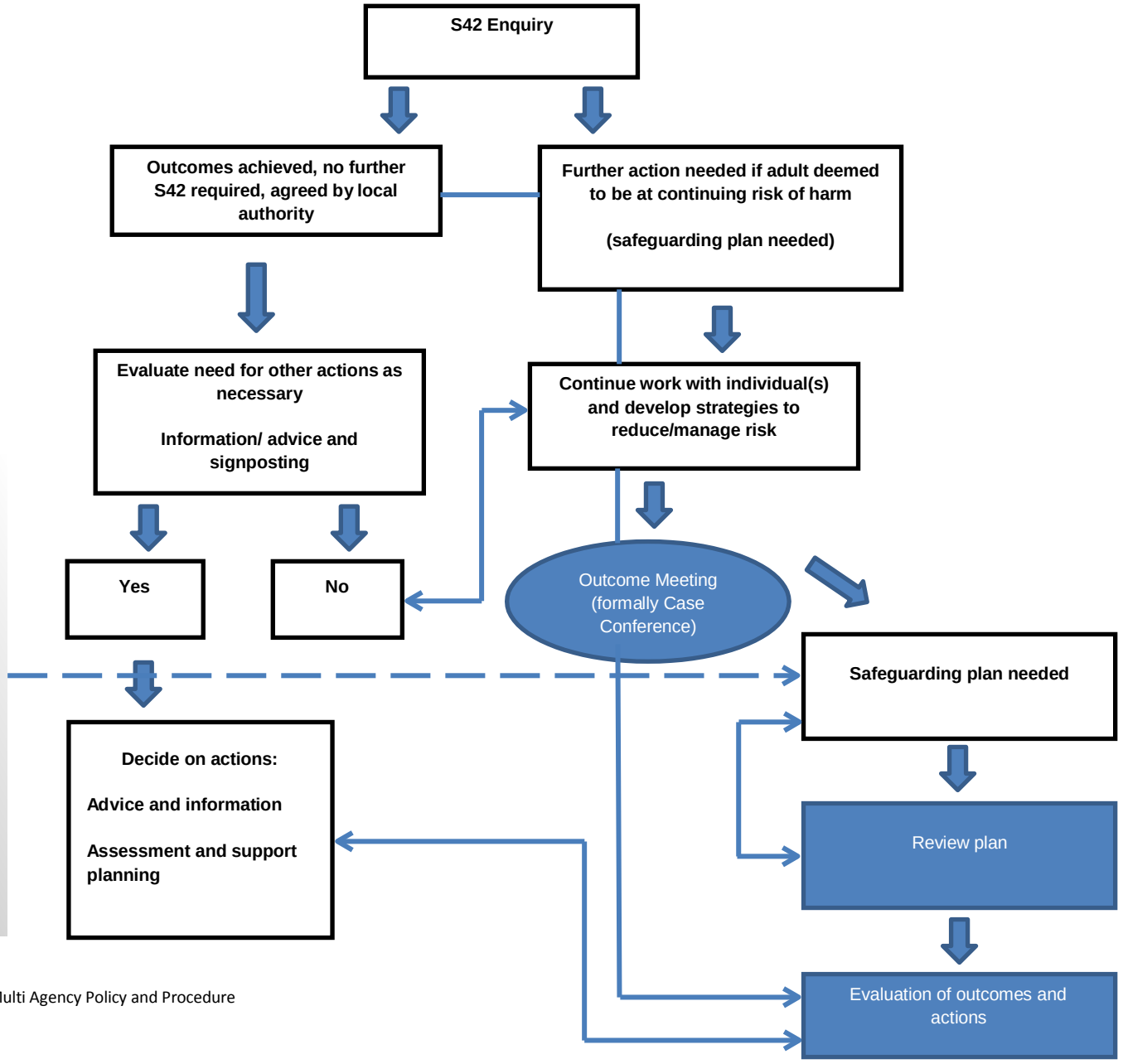
An enquiry is made or instigated by the Adult Protection Team after receiving a safeguarding concern.



Principles

- **Empowerment** presumption of person led decisions and informed consent
- **Prevention** It is better to take action before harm occurs
- **Proportionate** and least intrusive response appropriate to the risk presented
- **Protection** Support and representation for those in greatest need
- **Partnership** Local solutions through services working with their communities
- **Communities** have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** and transparency in delivering safeguarding

North Lincolnshire Safeguarding in Action



Safeguarding Plan:

- **Timescales for review and monitoring to be agreed**
- **Agree who will be the lead professional to monitor and review the plan**
- **Ensure all professionals are clear about their roles and actions**

Principles

- **Empowerment** presumption of person led decisions and informed consent
- **Prevention** It is better to take action before harm occurs
- **Proportionate** and least intrusive response appropriate to the risk presented
- **Protection** Support and representation for those in greatest need
- **Partnership** Local solutions through services working with their communities
- **Communities** have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** and transparency in delivering safeguarding

Any concern about an adult with care and support needs who is at risk of abuse or neglect should be made as soon as possible to staff at the Adult Protection Team. Staff in the Adult Protection Team work closely with other partner agencies, including the police and health. Their role is to decide if an incident meets the criteria for a safeguarding concern, carry out safeguarding enquiries and quality assure enquiries carried out by other agencies.

The Adult Protection Team will decide if the incident is a safeguarding concern and who is the most appropriate agency to carry out the enquiry.

The best way to contact is by telephone on 01724 297979.

This is described in the flowchart as “local decision making process”

Once a concern is identified the first priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive. Practitioners should wherever practicable seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has the capacity to given consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offense has occurred. It is the responsibility of all staff and members of the public to act on any suspicion of evidence of abuse or neglect and to pass on their concerns to their own agency or the Adult Protection Team.

This extract from the statutory guidance gives more detail to the issue of consent

“…where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to be this may be where a criminal offence may have taken place or where there may be significant risk of harm to a third party. If, for example, there may be an abusive adult in a position of authority in relation to other care and support needs adults [sic], it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take legal advice. Ongoing support should also be offered. Because an adult initially refuses the offer of assistance he or she should not therefore be lost to or abandoned be relevant services. The situation should be monitored and the individual informed that she or he can take up the offer of assistance at any time.”

18.2 Who should carry out the enquiry?

Once the decision has been made that a safeguarding concern should progress to a S42 Enquiry then the decision maker within the Adult Protection Team will decide which agency is best placed to carry it out. Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who is the right person to begin an enquiry.

This is the extract from the statutory guidance on who should undertake the enquiry. Local decision making between the Adult Protection team and other agencies will still take place to agree who will carry out the enquiry.

The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example, this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police.

If the enquiry is undertaken by an agency other than the Adult Protection Team the quality of the enquiry will need to be checked. The Adult Protection Team in its lead and coordinating role, should assure itself that the enquiry satisfies under its duty under Section 42 to decide what action (if any) is necessary to help and protect the adult and by whom, and to ensure that such action is taken when necessary. In this role if the Adult Protection team has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The Adult Protection Team will make enquiries when:

- There is a serious conflict of interest on the part of the employer
- Concerns having been raised about non-effective past enquiries
- The incident is serious
- The incident involves multiple concerns
- The incident requires investigation by the police

Once the enquiry has achieved the desired outcome of the adult at risk then the S42 Enquiry is complete. The enquiry should follow the principles of Making Safeguarding Personal.

Making Safeguarding Personal (MSP) is about having conversations with people about how we might respond in safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conservations supported by a process.

MSP means any concern should be person-led and outcome-focussed. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

If the outcomes are not achieved the enquiry must continue. The flow chart shows the pathway the enquiry will take.

Examples of outcomes are:

- Criminal prosecution of the person who caused the abuse or risk
- Assessment of care and support needs
- Review of care and support needs
- Moved to a different location
- Management of access to the person who caused the risk or abuse

- Management of access to finances
- Regular reviews
- Referred for counselling
- Referred for training

The outcome of the enquiry will be fed back to all relevant parties with an outcome meeting – if appropriate which will be coordinated by the Adult Protection Team.

Anyone alleged to have been victims or perpetrators of abuse have the right to contest or appeal against the findings that abuse had or has not occurred and the nature of that abuse.

Concerns or disagreements regarding the decision whether or not to investigate a safeguarding concern, the type of investigation decided upon, the performance any individual or the provision/non provision of a service are outside the scope of this procedure and should be addressed first with the relevant individual and then via the complaints procedure of that individual's employing agency.

Disagreements regarding any safeguarding plan developed are also outside the scope of this procedure and should be addressed through the review process.

The full criteria for contesting decisions are:

- The complainant must be the alleged adult, source of risk or their representative
- The only decisions which may be contested are that abuse did or did not take place and the nature of that abuse
- The review of the decision making process must take place within the following parameters:
- Whether the decision making process was fair and objective
- Whether the decision making process had all the relevant information available to it and whether due consideration was given to it
- Whether failure to meet these criteria materially impacted on the decision made

19 Contesting the decision of the Safeguarding Manager

Where the disputed decision has been made by the Adult Protection Team Manager, the complainant should ask him/her in writing to review that decision setting out why they disagree with the decision made.

If the dispute does not meet the criteria the Adult Protection Team Manager should not review but should direct the complaint to the complaints procedure of the relevant organisation. If the complaint does meet the criteria, the Safeguarding Manager should then:

- Review the investigation report
- Consider whether additional investigation is required
- Review their decision making process according to the criteria set out above
- Discuss the case within supervision to obtain independent overview

The Adult Protection Manager should respond in writing within 20 days setting out the findings of the review and explaining their right of appeal to the North Lincolnshire Council Safeguarding Adults Board.

If the complainant is not satisfied, they should write to the Independent Chair of the Safeguarding Adults Board within 10 days of receiving the response setting out the reasons why they disagree with the response.

The Independent Chair will appoint a member of the Safeguarding Adults Board to review the disputed decision. The appointed officer will respond to the complainant within 20 days setting out their findings. If they have overturned the decision of the Safeguarding Manager, the protection planning will need to be repeated in the light of the new information.

19.1 Contesting the decision of an Outcome Meeting (Case Conference)

The complainant should write to the Independent Chair of the Safeguarding Adults Board within 10 days of the outcome meeting setting out why they think the wrong decision was made. Applications should be made to the Independent Chair North Lincolnshire Safeguarding Adults Board. If the dispute does not meet the criteria the Independent Chair should not review but should direct the complainant to the complaints procedure of the relevant organisation.

If the complaint does meet the criteria, the Independent Chair will acknowledge receipt within 10 days. Usually, the chair will review the case but where there is benefit to the decision making process she/he may convene a panel comprising of him/herself and at least two other Board Members. These members must not have had any previous or current management responsibilities for any aspect of the case or anyone involved in it. To facilitate resolution, the Independent Chair may ask for additional investigations to take place prior to any outcome appeal meeting and review relevant documents.

If, following the above process the Independent Chair feels there are grounds, she/he will convene an outcome review meeting. She/he should invite all of the people present at the original outcome meeting, the complainant and anyone else she/he deems appropriate. The alleged victim and perpetrator should always be invited, although each may be asked absent themselves from part of the meeting at the discretion of the Independent Chair to enable each to participate fully. The appeal may be heard by the Independent Chair alone or by the panel who considered the grounds for the meeting. This is at the discretion of the Independent Chair.

The outcome review meeting can only consider whether the decisions regarding whether or not abuse took place and the nature of that abuse were justified although if there are learning points for anyone involved they must be shared with the agencies involved. If these learning points give grounds for complaint against any individual or agency, the complainant should be directed to the complaints manager of the relevant agency. If the outcome meeting overturns the original findings, then the safeguarding plan must be reviewed.

20 Safeguarding Plan

The safeguarding plan is developed at the outcome meeting to address any ongoing risks to the adult.

Safeguarding Plans should:

- Identify actions, roles and timescales
- Take account of the wishes of the individual
- Set out the provision of any support, treatment or therapy including ongoing advocacy
- Detail any modifications needed in the way services are provided
- Detail how best to support the adult through any action they take to seek justice or redress
- Detail arrangements for monitoring and review
- Identify factors that may increase the identified risk and give contingency plans in such circumstances

20.1 Review of the Safeguarding Plan

A timescale for a review of any safeguarding plan will be agreed at the outcome meeting. It will be recorded and will take place within three months and thereafter yearly as part of routine reviews, until the safeguarding plan is completed. Any change in circumstances will result in appropriate changes being made to the safeguarding plan; these changes will be made by the person identified to review the plan.

Recording and Monitoring

The Adult Protection Team ensures that full minutes and comprehensive records are kept of the outcomes of any Section 42 Enquiry. The Adult Protection Team records all safeguarding concerns and enquiry details onto the council's social care record system; an annual report is submitted by the council to the Department of Health for the Safeguarding adult collection National Data Report.

Chapter 5

Complaints and Appeals

21 Complaints Procedures and Safeguarding Adults

21.1 Organisations providing health or social care services to adults should have their own internal Complaints Procedure. This includes the organisations that have signed up to the North Lincolnshire Safeguarding Adults Policy and Procedures or who are providers of contracted or accredited services.

21.2 The use of a Complaints Procedure should never replace the use of the Safeguarding Adults Policy and Procedures as a method of managing an Investigation into the abuse of an adult at risk.

21.3 If an allegation that an adult has been, or is at risk of being abused or neglected is reported to an organisation in the form of a complaint, the allegation should be referred immediately to the Safeguarding Adults Procedure.

21.4 If it is decided that the matter is not one to be addressed under the Safeguarding Adults Procedure then consideration should be given as to whether the issues should be addressed as a complaint by the relevant organisation.

21.5 Carrying out the Safeguarding Adults Enquiry should always take precedence over the investigation of a complaint. Carrying out an investigation under the Complaints Procedure may have to be delayed until the Safeguarding Adults Enquiry has been completed. This is particularly important if the Police are carrying out an investigation.

21.6 Wherever possible the need to interview someone twice should be avoided and people who are interviewed should be clear under which Procedure they are being interviewed.

21.7 If there are a series of complaints about the abuse of several users of the service the Adult Protection Team will need to consider whether they need to deal with the matter as a Larger Scale Investigation.

22 Appeals Protocol within Safeguarding Adults

This protocol outlines:

- The circumstances in which appeals about the management of adult safeguarding outcome meeting and/or decisions about the outcome of a Section 42 Enquiry can be made.
- How such appeals are to be resolved.
- Who can appeal.

22.1 When can an appeal be made?

Appeals can be made in the following circumstances:

- The multi-agency Safeguarding outcome meeting has not been run properly and in accordance with North Lincolnshire Safeguarding Adults Procedures and/or
- The plans made at the multi-agency Safeguarding Adults outcome meeting are not in the best interests of adult.
- When an agency disagrees with the recommendations of the outcome meeting outcome.

22.2 Who can use this procedure?

- Adults, carers and their advocates.
- A professional attending the outcome meeting.
- A person or organisation who is affected by the recommendations of the outcome meeting.

22.3 How can the procedure be implemented?

Anyone who wishes to challenge the recommendation of the outcome meeting should put this request in writing within 21 working days of the meeting taking place. They must indicate which of the above appeal criteria they believe applies to the case in question. They should send the written appeal to c/o Safeguarding Adults Board Manager, SafeguardingAdultsBoard@northlincs.gov.uk

On receipt of the request for an appeal the Independent Chair Person of the North Lincolnshire Safeguarding Adults Board will:

- Review all of the individual written agency reports that were submitted together with the outcome meeting.
- Where necessary, contact the complainant to clarify on what basis the appeal is being made.
- In all appeals the Independent Chair Person will interview other participants in the outcome meeting to clarify specific issues.
- In all appeals the Independent Chair Person will consult with the Chair Person of the outcome meeting and the Adult Protection Team Manager.
- If necessary the Independent Chair Person will arrange for the complainant to be interviewed by an agency colleague who is outside of the case management process of the case.

22.4 Outcome of an Appeal

The Independent Chair Person will determine within 28 days of the receipt of the appeal whether it is upheld and write to the complainant.

If the Appeal is upheld the Independent Chair Person will request that the Safeguarding Adults outcome meeting is reconvened as quickly as possible to reconsider their decision and will inform the Chair Person of the outcome meeting of the reasons why the appeal was upheld.

The Independent Chair Person will, in addition offer advice to the outcome meeting in reconsidering their previous decisions and about whether the reconvened outcome meeting should be chaired an alternative person.

If the appeal is not upheld, the Independent Chair Person will write to the complainant confirming that the original decision will stand. The Independent Chair Person will ensure that the Chair Person of the original outcome meeting, and the other attendees, are aware that the appeal has been made and turned down.

22.5 Summary of Timescales

Time limit for appeals: within 21 days of Safeguarding Adults outcome meeting
Time limit for response to appeals: within 28 days of appeal.

Any disagreement or complaint about:

- Case management during the investigation of Safeguarding Adults concerns leading to outcome meeting; or
- Individual agencies and the provision or non-provision of services.

Should be directed to the agency concerned for consideration under their own complaints procedure or the North Lincolnshire Council complaints officer.

Email: complaints@northlincs.gov.uk

Telephone: 01724 296426

Address: Representations Manager, Hewson House, Station Road, Brigg DN20 8XJ

Chapter 6

Legal and Policy Context of Safeguarding Adults Work

23 Legal and Policy Context of Safeguarding Adults Work

There are specific provisions within The Care Act 2014 relating to safeguarding (Sections 42-47).

Section 42 provides that there is a duty upon Local Authorities where it has reasonable cause to suspect that an adult in its area (which is wider than limited to an adult who is ordinarily resident in its area) has needs for care and support (whether or not those needs are met by a Local Authority) and that adult is experiencing or is at risk of abuse and neglect and, as a result of those needs, they are unable to protect themselves against such abuse or neglect or the risk of it. In those circumstances, section 42 provides that a Local Authority must make appropriate enquiries to decide whether action should be taken and, if so what and by whom.

Section 43 provides for the establishment of Adult Safeguarding Boards who are to help and protect those adults who are experiencing abuse or neglect or at risk of the same. The Adult Safeguarding Board is made up of representatives of statutory and voluntary bodies and other individuals. Prior to implementation of The Care Act 2014 such boards were not enshrined in legislation only statutory guidance. An Adult Safeguarding Board may lawfully do anything which is necessary and desirable to achieve its objectives. This is achieved through its membership. In addition an Adult Safeguarding Board has responsibility for conducting Safeguarding Adult Reviews in appropriate circumstances.

The Care Act section 45 makes specific provisions imposing obligations upon members of The Adult Safeguarding Board and others to share information.

There is specific provision (section 47) relating to the protection of property where an adult is provided with care and treatment away from their home. It is my understanding that whilst The Care Act provides for functions to be delegated by a Local Authority, the role and responsibility of the Local Authority in respect of safeguarding cannot be totally delegated as it retains ultimate responsibility for how the obligations relating to safeguarding are undertaken.