

# POLICIES AND PROCEDURES

## Wirral Multi Agency Adult Safeguarding Procedure



## Procedure:

Wirral Multi – Agency Adult Safeguarding Procedure

## Purpose:

To explain the procedure which must be adhered to with regards to safeguarding those adults who are eligible for care and support under the Care Act 2014

## Scope:

Everyone referring adult safeguarding concerns  
Agencies with responsibilities under Section 42 of the Care Act

## Contact point:

Strategic Commissioning Hub Wirral Council

The Partners who have contributed to this procedure are;

Wirral Clinical Commissioning Group  
Wirral Community NHS Foundation Trust  
Wirral Strategic Commissioning Hub  
Merseyside Police  
Wirral University Teaching Hospital NHS Foundation Trust  
Cheshire and Wirral Partnership NHS Foundation Trust  
Wirral Council Housing Services

**Approved by:**

Jason Oxley

**Signature:**



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**Title:** Assistant Director Health  
and Social Care Outcomes

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## **Procedure Name – Wirral Multi – Agency Safeguarding Procedure**

### **Overview**

Wirral Metropolitan Borough Council (Wirral Council) has developed a number of procedure documents to describe the processes to be followed when undertaking statutory functions to meet the care and support needs of adults in its communities. Each procedure reflects the over-arching commitment to put the person at the centre of all decisions which are made. The focus on personal wellbeing, information, choice and control is at the heart of how care and support is provided by Wirral Council.

**This procedure must be read in conjunction with the North West Safeguarding Adults Policy which has been adopted by the Knowsley, Liverpool, Sefton and Wirral Safeguarding Adults Board and Wirral Practice Guidance on the Criteria for Safeguarding Referrals and Section 42 Enquiries**

**This Safeguarding Procedure is a multi-agency document to be used by all Wirral stakeholders and agencies involved in the safeguarding of vulnerable adults.**

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**Wirral Multi - Agency Safeguarding Procedure V10 Final****Glossary**

**Adult at risk** - A person aged 18 or over who is in need of care and support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

**Adult safeguarding** - Protecting a person's right to live in safety, free from abuse and neglect.

**Advocacy** – Support for people who have difficulty expressing their concerns and the outcomes they want during the safeguarding process.

**Best interest** – The Mental Capacity Act 2005 states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

**Carer** – In this document carer refers to family/friend carers as distinct from paid carers who are referred to as support workers. The Care Act defines the carer as an adult who provides or intends to provide care for another adult who needs support.

**Concern** - Describes when there is or might be an incident of abuse or neglect. Replaces the previously used term "alert."

**Section 42 Enquiry** – references the legislative duty for action to be taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry is to establish whether or not the local authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

**Equality Act 2010** – Protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws making the law easier to understand and strengthening protection in some situations.

**Independent Mental Capacity Advocate (IMCA)** - Established by the Mental Capacity Act 2005. IMCAs are mainly instructed to represent people who lack mental capacity when there is no-one outside of services, such as a family member or a friend, who can represent them. IMCAs are a legal safeguard who will help people make important decisions about where they live, serious medical treatment options, care reviews, or adult safeguarding concerns.

**Making Safeguarding Personal** – This refers to person-centred and outcome-focused practice. It is about empowering individuals to express what is important to them by whatever means appropriate. Practitioners must demonstrate through their practice that they have carefully listened to the individual and those important to

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them and how they want matters to progress. Outcomes of interventions should be meaningful to the person at the centre of the enquiry and reflect their original wishes wherever practicable.

**Person/organisation alleged to have caused harm** - The person/organisation suspected to be the source of risk to an adult at risk.

**Person in position of trust** – When a person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

**Safeguarding Adults Board (SAB)** – Each local authority must have a SAB to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk. SABs will oversee and lead adult safeguarding and will be interested in all matters that contribute to the prevention of abuse and neglect.

**Safeguarding Adults Review (SAR)** – Undertaken when an individual with care and support needs dies or suffers unnecessarily as a result of abuse or neglect and there is a concern that the local authority or a partner organisation could have done more to protect them.



## Section 1 Background and General Principals

### 1.0 Statement of Purpose

This procedure aims to promote wellbeing and safety, prevent harm and facilitate effective responses to concerns raised about abuse and neglect.

An explanation of wellbeing can be found in Chapter One of the guidance to the Care Act 2014, which also identifies that “the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life.”

All safeguarding processes followed by partner agencies as part of this procedure must follow the principles set out in the Care Act Statutory Guidance in relation to Safeguarding and Wirral Safeguarding Adults Policy.

The principles are;

- **empowerment**
- **prevention**
- **proportionality**
- **protection**
- **partnership**
- **accountability**

### Safeguarding within the Care Act

Safeguarding as defined in Care Act guidance (Section 14) 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.

It also states (14.9) that:

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
- the core duties of the police to prevent and detect crime and protect life and property

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The Care Act 2014 states that

**“The Local Authority must make enquiries or cause others to do so, if they reasonably suspect an adult who has needs for care and support is, or is at risk of being abused or neglected and as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.”**

This is known as the statutory criteria for safeguarding within the Care Act.

- The adult must always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse.
- If an adult at risk of being abused or neglected cannot keep themselves safe from abuse or neglect because of their care and support needs, then the local authority’s safeguarding duty applies. If they are able to protect themselves, despite having care and support needs, then a safeguarding response may not be appropriate.

The local authority statutory adult safeguarding duties apply equally to those adults with care and support needs;

- regardless of whether those needs are being met,
- regardless of who pays for any care and support,
- regardless of whether the adult lacks mental capacity or not,
- regardless of setting, other than prisons and approved premises where prison governors and the National Offender Management Service (NOMS) respectively have responsibility.

The role of adult social care staff is to help people to make choices and support them to manage any risks. Adult social care staff should also recognise that others can help to keep people safe, and an intervention from statutory services is not always required. For example, relatives, housing staff or health professionals could all have a key role to play.

## **2.0 Who is covered by this Procedure?**

### **Residents of Wirral**

This procedure is to be used when there is a concern, allegation or disclosure of abuse for any adult in need of care and support who is a resident of the Wirral Council constituency areas. However see below:

### **For adults placed out of Wirral but remain the statutory responsibility of Wirral**

Any adult placed in a residential or nursing home or any other form of care provision out of Wirral for whom the local authority or Clinical Commissioning Group (CCG)

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maintains a contractual responsibility and who therefore remains the responsibility of the local authority or CCG.

In these cases the “host authority” has the responsibility to manage & co-ordinate the safeguarding enquiries and actions. Discussion will take place with the placing authority to agree who will complete tasks and investigations in the process.

The above also applies to adults who are currently in custody or detention facilities and are due to be released.

**Adults placed in Wirral by other local authorities or CCGs**

In cases of suspected abuse involving adults who have been placed in residential or day care within Wirral by other authorities, Wirral will take the co-ordinating role. The placing authority will be immediately informed of the incident and roles and responsibilities with regard to the enquiries and subsequent actions agreed.

Whatever the role of the “placing authority”, they must be kept informed at all times of progress. Where the “placing authority” has their own safeguarding procedures, there must be agreement about which procedures are being followed and this must be recorded in the person`s records.

**Adults in Hospitals situated in Wirral**

Wirral Council and its delegated responsible organisations will have responsibility for coordinating safeguarding enquiries and actions if the alleged abuse or neglect has taken place in an acute hospital setting within Wirral. If an adult is in a Wirral hospital and the alleged abuse happened in the place where the adult is ordinary resident the case will be referred to the authority where the person is resident to coordinate the investigation.

**Adults who are homeless**

Wirral Council and its delegated responsible organisations will make enquiries and take action regarding an alleged incident of abuse or neglect regarding adults who are homeless within Wirral.

**Adults who have died and where abuse or neglect may have contributed to their death**

Abuse or neglect may be a contributory cause of the death of an Adult. Where abuse or neglect may be a contributory cause of death the deceased person will be the subject of a Safeguarding referral under these procedures in order to assess and address any risks to other adults. HM Coroner for Wirral will be informed where a death occurs in these circumstances. In Wirral HM Coroner has agreed to alert the local authority of a death which raises concerns of abuse or neglect.

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Former residents of Wirral who have made their own arrangements to enter residential or nursing homes outside of Wirral are not included under these procedures. These adults are deemed ordinarily resident in the area in which they are currently living and reference should be made to the local social services department or regulatory authority.

Those adults who do not meet the statutory safeguarding criteria would not be covered under these procedures; however this does not prevent appropriate advice, information and signposting being provided. Signposting could include, for example, referral to voluntary and third sector organisations or preventative services.

**3.0 Making Safeguarding Responses Personal**

Safeguarding responses should be swift and personalised and should involve the adult in the enquiries and decision making from the start. Central to this is having a genuine conversation with the adult to understand how we can help them to achieve the outcomes most important to them. The adult should experience the safeguarding process as empowering and supportive. This should encourage proportionate responses and improve outcomes for the adult concerned.

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

In practice we need to meet our statutory duty by 'Making Safeguarding Personal' ie: Gaining consent from the adult, where able, if there are capacity issues, that have been assessed and are decision specific, or the adult is considered to have substantial difficulty being involved, a suitable advocate or representative should be engaged

- Identifying desired outcomes as stated by the adult or their representative at the earliest point possible, and reviewing outcomes after action has been taken
- Responding to safeguarding concerns quickly, taking proportionate action
- Using the least intrusive response appropriate in addressing risks
- Identifying whether abuse was unintentional or not, as this may affect the response
- Making suitable enquiries to enable risk assessment on the presenting facts
- Taking action to prevent future abuse or neglect

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- Ensuring that the individual is not being unduly influenced into not engaging with the safeguarding process

**4.0 Data Protection**

Raising concerns about abuse or neglect nearly always involves sharing information about an individual that is both personal and sensitive (Data Protection Act 1998). Such information about an adult with mental capacity should be shared only with their informed consent, unless there is an overriding duty such as a danger to life or limb, or risk to others. These exceptions are described in the Data Protection Act (1998) and 'Caldicott guidance' (DH 1997), and case law in relation to human rights legislation. Information about an adult who may be at risk of abuse or neglect must be shared only within the framework of an appropriate information sharing protocol. Information about a potential perpetrator of abuse must also be shared under an appropriate information-sharing protocol. Local provisions such as MAPPA meetings and national provisions such as the DBS should be used. Agencies engaged in safeguarding activities in Wirral should be aware of and act within locally agreed data sharing agreements and protocols.

**5.0 Duty for partners to collaborate**

Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the statutory criteria is, or is at risk of, being abused or neglected. **All agencies involved with the adult will be required to actively participate in the safeguarding enquiry.**

Local authorities and their relevant partners **must** collaborate and work together as set out in the co-operation duties in chapter 15 of the [Care Act Guidance](#). The Care Act 2014 provides an expressed duty for the local authority and partners to co-operate in the carrying out safeguarding duties.

**6.0 Lead Agency Role**

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 the right person is to begin an enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. If the local authority 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 are unsatisfactory by using the Knowsley, Liverpool, Sefton and Wirral Safeguarding Adults Board (KLSW SAB) Escalation Policy

If the local authority decides that another organisation should make the enquiries, for example a care provider or health services, then the local authority will be clear

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about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

There is an expectation that other agencies will respond to a request from the local authority to undertake enquiries. Where an agency fails to undertake enquiries when requested, this will be reported to the KLSW SAB.

Feedback will be provided to the referring agency to acknowledge receipt of the referral, and to advise that action is being taken, within the confines of data protection.

It is important to note that even where other organisations have been tasked with undertaking s.42 enquiries, the overall responsibility for leading the safeguarding remains with the local authority.

## **SECTION 2 Making a Safeguarding Referral**

### **7.0 Referring to the Police**

It is the responsibility of the police to lead investigations where criminal offences are suspected by preserving and gathering evidence at the earliest opportunity. They have a duty to assess the immediate needs of victims and consider the long term requirement to enable that person to be appropriately supported through the criminal justice system. Police must consult them before taking any action.

Where there are concerns that a crime has been committed, this information must be shared with the police who will lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance.

In an emergency call the police on 999.

If you think there has been a crime but it is not an emergency call 101

### **Criminal offences and adult safeguarding**

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

### **Victim Charter**

The Victim Charter sets out how victims of crime should be treated and what advice, support and practical information they can expect to receive.

You can find the full Victim Charter document, a summary version, an easy-read version and alternative language versions at the Department of Justice website

### **A criminal investigation by the police takes priority over all other enquiries -**

However if the criteria has been met for a Section 42 enquiry then a multi-agency plan should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing. The local authority has an on-going duty to

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promote the wellbeing of the adult in these circumstances. This may include the local authority taking immediate action to safeguard the adult in the interim. Any action taken should be agreed within a partnership framework and should not impede any police investigation

**8.0 Decision Making by the Alleged Victim**

If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This information can be shared under s.115 of the Crime and Disorder Act 1998, as there is a duty on professionals to share information with the police to assist with the prevention and investigation of crime. This information sharing is especially important where there is concern that the alleged perpetrator may pose a risk to others.

Information sharing with the police will enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made and is especially important in allegations of domestic violence or neglect. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

**9.0 Raising an Concern - Involving the adult**

When an adult reports an allegation of abuse or neglect it is important that the person responding explains to the adult that the concern/allegation will be shared with the local authority and other organisations such as the police.

Prior to referral the alerter should speak to the adult to ascertain their views and wishes, **and to explain that a safeguarding referral will be made.**

If the person is not able to understand the concerns it is important to ascertain their wishes from an advocate or family member where possible. **Caution needs to be exercised if this would place a person at any further risk.**

It is important that the views of the adult are gathered at this time if at all possible. There may be times where it is not appropriate to speak to the adult, for example where to do so would increase the risk to the adult or to the concerned persons own safety, or where the adult is not well enough to give their views. In such cases, it may be necessary to speak to the person's advocate/representative or where an adult does not have anyone to advocate for them, to advise the local authority that an advocate is required.



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The person with concerns should discuss this with their line manager or agency safeguarding lead, as soon as is practicably possible. This must be done on the same working day or within 24 hours.

This discussion will involve consideration of whether the concerns meet the statutory criteria for the local authority to make safeguarding enquiries. If the concerns do meet these criteria, a referral should be made to the local authority within that day. If the line manager or agency safeguarding lead is not available, the person with concerns should make a safeguarding referral directly to the local authority.

It is the responsibility of the person with concerns to take action to ensure the immediate safety of the adult. **For example, if there is a criminal offence or the adult is injured, contact should be made with the relevant emergency services.** Staff should have the authority to appropriately contact 999, without fear of reprisals from their agency or organisation.

It is important to record the concerns or disclosure by the adult. If the person with concerns has witnessed anything, there should be a record made of what they have observed, when, where and who was involved. Records should be completed on the same day, be factual, accurate and include the views and wishes of the adult's preferred outcomes.

## **10.0 Assessing Capacity in Safeguarding Procedures**

The most relevant aspect of mental capacity is that of understanding and making decisions about safety from abuse and neglect. Making this decision includes having information about what is taking place, the harm that it may cause and the options that are open to stop abuse or neglect, or to reduce harm. It includes weighing up that information and communicating the decision. Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse the safeguarding plan should include access to services that help minimise the risk.

Action must ensure that when adults with mental capacity take decisions to remain in abusive situations;

- *they do so without intimidation,*
- *with an understanding of the risks involved and,*
- *have access to appropriate services if they should they change their mind.*

The wishes of an adult with mental capacity should normally be respected. However, statutory agencies must act to uphold the human rights of all citizens and where others are at risk this duty will take precedence.

For people who are eligible for services under the Care Act and who have mental capacity, Safeguarding Adults procedures and practice should enable them access

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mainstream services that will support them to live safer lives - as well as providing specific services to meet additional needs.

For other adults, even with support, their impairments might mean that they do not have mental capacity to make such decisions. The capacity of some adults may fluctuate and they may not be able to make a decision about how to pursue their safety at the time it is needed. In such situations practitioners must take positive action to ensure that such decisions are made on the person's behalf, acting in the best interests of the adult concerned (and, if appropriate, on what is known of their wishes prior to losing capacity).

**11.0 Making a Safeguarding Referral**

To assist those referring into adult safeguarding in Wirral there is a Threshold Matrix tool and guidance identifying low, significant, very significant and critical tiers of intervention. The tool was initially introduced by the Association of Directors of Adult Social Services to identify the level of risk and proportionality of response to Safeguarding Adult Referrals. This should provide a common understanding of the application of referral criteria across local partnerships and agencies enabling more consistent responses. Reasons to support the need for guidance around referral criteria was

- To provide a benchmark to assess the level of vulnerability of an individual;
- To provide a measure of consistency;
- To ensure proportionate responses to concerns and referrals;
- Provide a framework to allow agencies to manage risk.

The purpose of the use of a threshold matrix is to ensure that a consistent and proportionate response is delivered, that safeguarding responses are proportionate to the abuse/neglect, and that formal safeguarding procedures are not the only way of addressing issues that arise. However, the Care Act 2014 implemented in April 2015 removed the 'significant harm' threshold for action under safeguarding procedures and emphasised the need to move away from a process driven approach to an outcomes approach. Actions taken must be proportionate to the level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative. Referring agencies need to use their professional judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis.

Please refer to the Wirral Practice Guidance on the Application of Safeguarding Referral criteria and Section 42 enquiries

The Care Act criteria for a safeguarding referrals is that an adult appears to

- have 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 him/herself from either the risk of, or the experience of abuse or neglect.

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A referral is the formal notification by an individual or agency that the statutory safeguarding criteria appear to be met.

Referrals to **Wirral Council and its delegated responsible organisations** will be made by telephone in the first instance, via Central Advice and Duty Team on 0151 514 2222 Option 3 during the hours of 09.00 and 17.00 Monday to Friday. Outside of these hours calls should be made to Emergency Duty Team on 0151 677 6557.

**12.0 Instances of abuse in a care setting**

If abuse or neglect takes place in a service such as a care home, home care agency, day centre, hospital, primary care service or college, the first responsibility to act lies with the employing organisation as the provider of the service. When an employer or manager is aware of abuse or neglect happening in their organisation, they should do two things:

- inform the local authority (and the local clinical commissioning group or NHS England, if the NHS is the commissioner), taking into account the person's wishes
- take action to protect the adult concerned from further harm (such as by removing the staff or volunteers involved, or by providing them with additional training or supervision).

When a provider agency (such as a care home, domiciliary care agency, hospital or GP) makes a safeguarding referral in relation to abuse of adults who use their service, the provider must also notify the Care Quality Commission.

The employer (a term also used here to cover managers in places where there is no employer, such as in a volunteer-run service) should carry out their own initial investigation of any safeguarding concern. This should happen unless there is a compelling reason why it is thought to be inappropriate or unsafe, for example:

- there is a reasonable suspicion that a criminal offence has taken place.
- there is a serious conflict of interest (such as a small, family-run home where a wife might be investigating her husband)
- there is reason to believe that the matter will not be responded to effectively (such as in a small or volunteer-led body where there isn't sufficient expertise or experience)

The wellbeing of the person concerned should be of paramount importance.

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The local authority's relevant partners, as set out in section 6 (7) of the Care Act, and those providing universal care and support services, should have clear policies in line with those from the safeguarding adults board for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice and a complaint.

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Examples of such concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- behaved in a way that has harmed, or may have harmed an adult or child
- possibly committed a criminal offence against, or related to, an adult or child
- behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs

If an organisation dismisses an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

Where a safeguarding concern has been reported to a local authority, it has a duty to find out what has happened and to decide what further action, if any, should be taken. The local authority needs to be satisfied that the service provider is responding adequately, and may need to carry out an enquiry of its own and oversee any follow-up action. It may, for example, advise that the service provider notifies the Care Quality Commission, the Disclosure and Barring Service or the relevant professional regulator (where there is one). All action taken and decisions made should be clearly recorded.

The local authority's relevant partners, as set out in section 6 (7) of the Care Act, and those providing universal care and support services, should have clear policies in line with those from the KLSW Safeguarding Adults Board for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

**Wirral Multi - Agency Safeguarding Procedure V10 Final****13.0 Information sharing within the procedure**

Responsible information sharing is the key to preventing abuse and neglect and to making full and appropriate enquiries when Safeguarding Concerns are raised.

All agencies must make records available as directed during a Safeguarding Enquiry, respecting Data Protection and confidentiality principles.

Within safeguarding the overarching rationale for sharing information is for the prevention or detection of crime.

Decisions about who needs to know and what needs to be known will be taken in relation to the particular circumstances.

This consideration is integral to the Safeguarding Enquiry process.

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

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

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

Consideration must also be given to confidential (secure) transfer of data, not only to the content of the information.

**14.0 Initial Safeguarding Contact to the Central Advice and Duty Team (CADT)**

When CADT are contacted by an individual raising a safeguarding concern about an adult CADT will ensure that they have the following information:

- Your name, the name of the organisation and contact details.
- Name, contact details, date of birth, gender and ethnicity of the person you are calling about.
- Name of the person's GP.
- Details of significant relatives/friends.
- Where the alleged abuse has taken place.
- How you found out about the alleged abuse
- Any actions that have already been taken to make the adult safe.
- Whether there a risk of immediate harm?
- Have the police been informed?
- Are other adults or children at risk?

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- Is the person aware of the referral, if not why not?
- Has the person got the mental capacity to make their own decisions?
- Information about the person alleged to have caused the harm
- If any other individuals are aware that the concern has been raised

On receipt of the safeguarding referral CADT at this stage there will be a screening process that will result in any of the following outcomes

- Progression of the referral into the Multi Agency Safeguarding Hub (MASH)
- Advice and Information
- Other intervention
- No Further Action

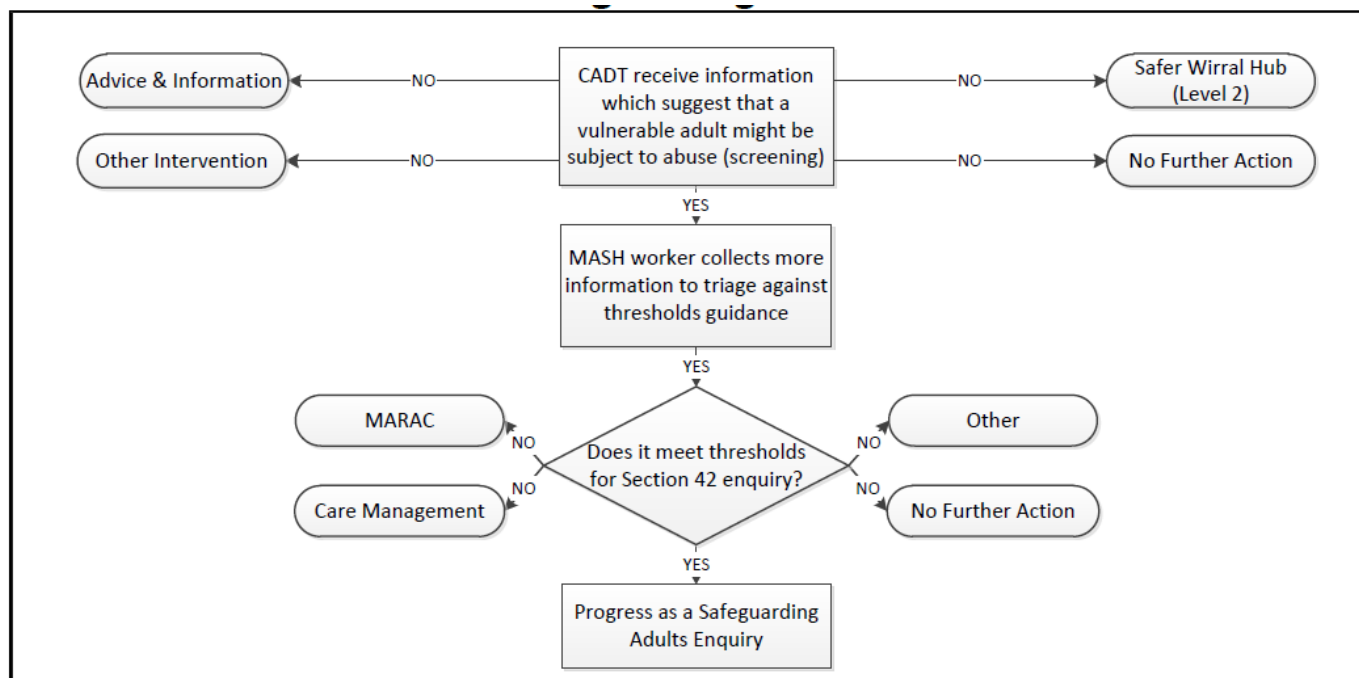
**15.0 The Multi Agency Safeguarding Hub process (MASH)**

If the initial screening suggests that the referral does meet the criteria for a section 42 enquiry, CADT will pass the information to a professional in MASH Adult Care to undertake further information gathering to establish;

- Whether the adult is in need of care and support, **and**
- is at risk of, or experiencing abuse or neglect, **and**
- is unable to protect themselves because of those care and support needs.

For more guidance please refer to **Wirral Practice Guidance on the Application of Safeguarding Referral criteria and Section 42 enquiries**

Referrals into MASH will be triaged and appropriate action including the decision to progress the concern to a section 42 enquiry will be taken within a twenty four hour period. There are a number of other outcomes which may arise following this process but all outcomes are subject to authorisation by a decision maker. This will be a Team Manager, Advanced Practitioner or Professional Lead within Adult Social Care or delegated partners

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**CADT Contact and MASH Process**

**16.0 Timescales for Responses**

Where there is significant risk or concern that a criminal act has been committed , immediate action should be taken to safeguard the alleged victim, obviously professionals should be mindful of potential risks in making contact and manage those appropriately;

For all safeguarding concerns a decision about whether the referral meets the criteria for a Section 42 enquiry should be made within 24 hours of contact. For out of hours referrals this decision will be made by the Emergency Duty Team (EDT) Following an assessment of the initial risks practitioners need to state clearly their rationales for non-contact or any delays in the timeframe.

A principle of no delay applies to all safeguarding adults work. The time frames that apply once a S42 enquiry duty has been triggered, must be determined by the Team Manager/Advanced Practitioner, taking account of the outcomes the adult/their representative wishes to achieve and other relevant factors, including risks for others. The rationale for this should be clearly recorded and communicated with all partners involved. Time frames should be regularly reviewed with the adult / their representative to take account of the dynamic nature of safeguarding adults work. Ideally an investigation should be concluded within 28 days. The most important

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element in determining when a safeguarding enquiry can be concluded will be whether the individual is as safe as they can be and that risk has been appropriately identified and mitigating actions taken where possible. If there is evidence that the individual has an effective risk management plan in place wider investigations such as criminal proceedings or disciplinary action do not need to delay closure of the safeguarding episode.

## **Section 3 The Investigation**

### **17.0 Planning the Investigation**

If it's been identified that the referral meets the referral criteria for a S.42 Enquiry, this will then be managed by the appropriate team and the formal S.42 enquiry process will commence and a Social Worker will be allocated in order to co-ordinate an investigation.

An initial enquiry could be a conversation with the adult, and/or their representative/ advocate, or it may be a much more formal multi-agency plan or course of action. Enquiries will be made with the adult and will be multi-agency. Checks will be made with a variety of other agencies to see what involvement and contacts there have been which may have an impact on how the safeguarding will proceed. These checks will be done proportionately, relevant to the nature of the concerns and presenting level of risk.

The initial enquiries will begin on the day of receipt of referral, to ascertain whether the criterion is met, and to check the immediate safety of the adult has been ensured. Contact will be made with the referring agency or person to gather all relevant information.

Every safeguarding referral should be information exchanged with the Police and/or Health colleagues to ensure that a holistic view of the circumstances for the adult is obtained. This information exchange will be focussed on sharing information relevant to the specific safeguarding concern, in a timely manner which is determined on a case by case basis

If during the enquiry process information gathered suggest that it the safeguarding concern should not continue to be dealt within the safeguarding process i.e lack of evidence to suggest abuse has occurred, or that the evidence suggests that there is no risk of harm identified then a decision can be made to exit the safeguarding process



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It is a duty under the Care Act 2014, that the local authority must have regard to the need to protect people from abuse and neglect in any activity which the local authority undertakes, it should consider how to ensure that the person is and remains protected from abuse and neglect. This is not confined only to safeguarding issues, but is a general principle that should be applied in every case.

If the issues of concern are simple, low risk involving 3 agencies or less enquiry could progress via a strategy discussion where the SW contacts relevant parties and acts as lead investigator. For more complex investigations with higher levels of risk a face to face strategy meeting with professionals should take place to agree the next steps and short and longer term protection planning.

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**Investigation process on allocation to Social Worker****On Allocation of safeguarding enquiry the Social Worker will:**

**Agree** initial risk assessment and networking actions with Team Manager/AP

**Contact** the referrer to clarify the information and safeguarding issues. This needs to be risk assessed first

**Look** on Liquidlogic for information in relation to adult and alleged perpetrator

**Network** with all relevant organisations

**Gain** views, consent and desired outcomes for adult

**Establish** if there are capacity issues for the adult, refer to advocate if required (Care Act s68)

**Evidence** reasons for continuing with safeguarding enquiry against the adult's

**THE ENQUIRY MAY HAVE A NUMBER OF STRANDS NEEDING CO-ORDINATION**

**Police investigation**

**Social care enquiry**

**Care Quality Commission investigation**

**Contracts led investigation**

**Disciplinary proceedings**

**STRATEGY DISCUSSION/MEETING**

Complicated cases involving several strands of the enquiry may require a Strategy Meeting.

**CONCLUSION OF CASES**

Cases should be concluded within **28 days**

Discussion with the adult and if their desired outcome/s were met

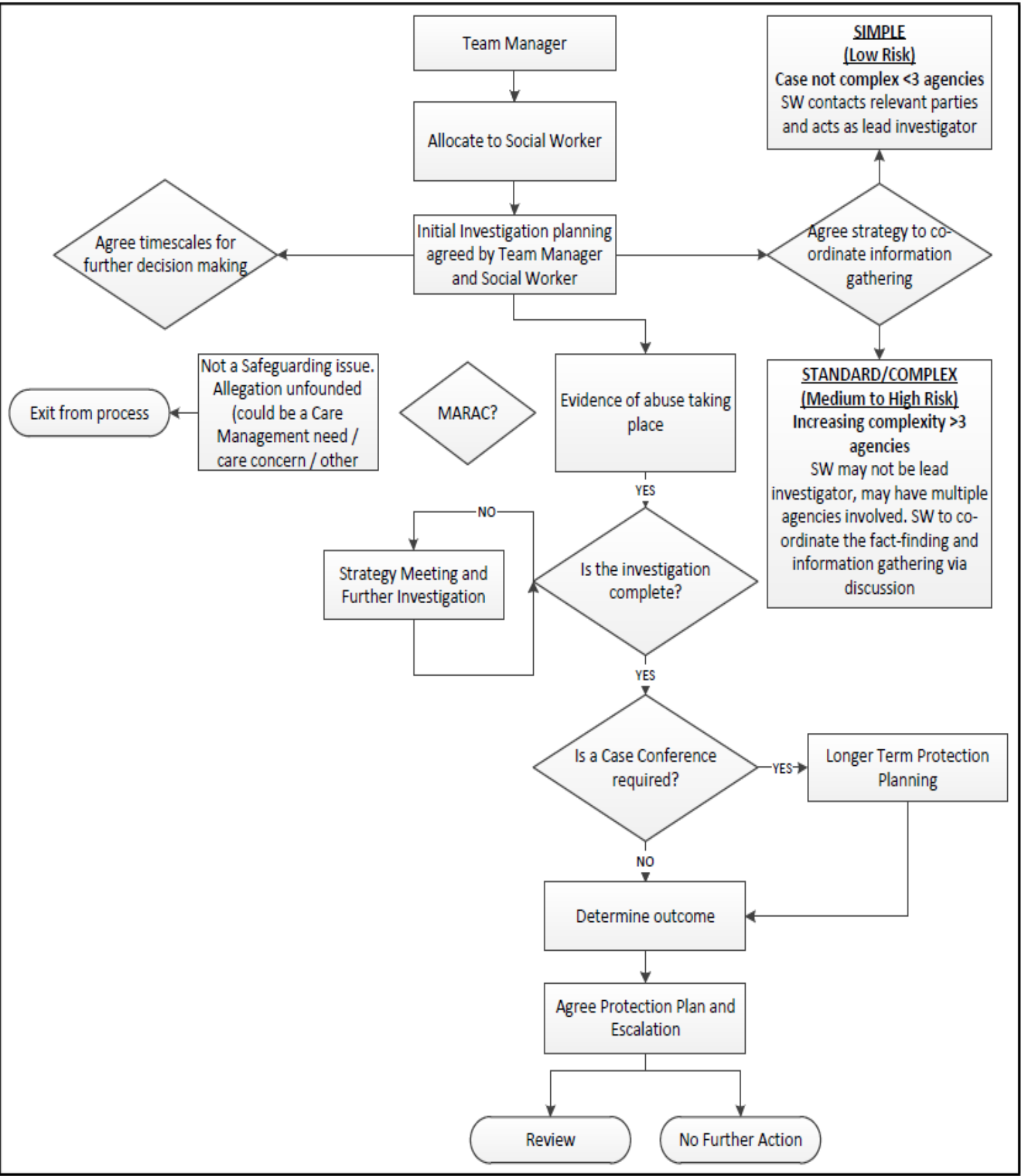
All organisations involved in the networking/enquiry must be informed the case is closed

**Wirral Multi - Agency Safeguarding Procedure V10 Final****18.0 Investigation Planning Guidance**

In all cases the SW agrees a strategy with the Team Manager/Advanced Practitioner/Professional Lead with regards to coordinating information gathering and agrees timescales for further decision making.

The local authority must consider the information collated from the enquiry, and determine what further action is necessary. See Section 24 below re next steps meeting

### 19. Overview of the Investigation and Protection Planning Process



**Wirral Multi - Agency Safeguarding Procedure V10 Final****20.0 Use of Advocacy**

The adult must always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse.

The local authority must arrange 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.

To obtain more information on what is meant by "substantial difficulty," please refer to section 68(3) of the Care Act 2014 and chapter 7.10-7.16 of the Statutory Guidance on Advocacy.

**21.0 Adults Representative**

The duty to appoint an advocate does not apply if the local authority is satisfied that there is an appropriate person to represent the adult, who is not engaged as that adult's professional or paid carer and to whom the adult consents to being so represented, or where the adult lacks capacity to consent and the local authority is satisfied that it would be in the adult's best interests to be represented by that person (S68(4)). That person will be known as the adult's representative.

**22.0 Independent Mental Capacity Advocate (IMCA)**

There is discretion as to whether an IMCA can be appointed for the adult safeguarding process. This would be to either support the adult or the alleged abuser where they lack capacity to engage in the safeguarding process. See paragraph 10.66 of the MCA Code of Practice for the criteria.

**23.0 Evaluating initial findings and planning further investigation**

Once sufficient enquiries have been undertaken a clear decision needs to be made whether or not at this point to continue with the safeguarding process. If there is no evidence of abuse taking place a decision can be made to exit from the safeguarding process. The decision to exit from the safeguarding process should be based upon defensible decision making with clear evidence that the allegation is unfounded and therefore no further action is required, or that a community care assessment or review is identified as the most appropriate means of meeting the adults desired outcomes and the issues can safely be dealt with in this way.

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Using the Wirral Practice Guidance on the Application of Safeguarding Referral criteria and Section 42 enquiries this is likely to apply to cases where there is evidence of low risk and lower level harm ie Tier 1. Practitioners however do need to be mindful of repeated concerns of lower level harm and should always consider potential progression into Tier 2 or 3.

**In those situations where repeated concerns are not escalated into Tier 2 or 3 the recording of the reasons need to comply with defensible decision making standards of practice.**

**Please see Wirral Practice Guidance on the Application of Safeguarding Referral criteria and Section 42 enquiries**

**24.0 Strategy Meetings and Discussions and Case Conferences**

In all cases the SW agrees an investigation plan with the Team Manager/ and agrees timescales for further decision making.

In less complex cases and situations of low risk where immediate plans have been put in place to ensure that individuals are safe, it may only require discussions with others to agree the strategy for on-going investigation

**In medium to high risk cases (Tier 2, 3 and 4)**

In more complex cases or in situations of higher, unknown or unmanaged risk, a Strategy Meeting should take place which will be chaired by the Team Manager/Advanced Practitioner or in more complex cases a Senior Manager.

At the strategy meeting if the investigation is still on going the following areas must be considered and recorded as part of this discussion:

- Immediate safety of the adult
- View and wishes of the adult
- Areas of concern
- What do we not know (what are the grey areas, what do we need to know more about)
- Which agencies need to be involved, what networks of support are needed)
- Identify actions and task them to relevant people
- The risk assessment taking into account all the above
- Action planning regarding further investigation if needed.
- Agree timescales
- Agree any interim risk management **and contingency** plan

If the investigation has been completed the strategy meeting should:

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- Agree that the allegation has either been **substantiated** or **not substantiated** or **inconclusive** and record this in the minutes of the meeting.
  - A decision of **substantiated** is based on a **civil level of proof i.e. 'it is most likely that the abuse has occurred' and not necessarily proved at the level required in a court of law.**
- Agree an assessment of the risk the victim faces of further abuse.
- Update the protection plan if required and define how it will be reviewed if required.
- Record any outcomes:
  - For the victim.
  - For the perpetrator

Record how feedback to any relevant parties not present at the meeting will be carried out.

- Record detail of any police action.
- Record detail of any disciplinary processes in place.
- Record detail of any Crown Prosecution Service (CPS) or court action.
- Record if the case is to remain within the safeguarding procedures- e.g. if continued monitoring of a provider is to take place or to await the outcome of disciplinary procedures.

If the investigation is complex further strategy discussion and or meetings may be required before the investigation is considered complete.

**Case conferences** – in certain situations, to agree effective protection planning, a case conference should be held. Case conference would be useful in situations where:

- There is high or unresolved risk in relation to the care plan
- There are areas of disagreement or tension between those involved in the investigation or protection planning process

The service user should always be involved in a case conference and appropriate support should be offered to facilitate this. The content of the discussion and any agreements arising should be recorded and available within Liquid Logic.

The case conference will be chaired by a team manager (or equivalent), a senior manager (or equivalent) or an advanced practitioner social worker.

The case conference will receive the report of the investigating officer and any other reports that might have been requested at the strategy meeting or discussion.

**Wirral Multi - Agency Safeguarding Procedure V10 Final****If the investigations have not been fully completed the meeting should:**

- Review the recommendations and actions from the strategy meeting.
- Review the protection plan and amend if required.
- Review what has happened.
- Record the reason why the investigations are still outstanding.
- Record how feedback to any relevant parties not present at the meeting will be carried out.
- Set a date for a further case conference if required.

**If the investigation has been completed the meeting should:**

- Agree that the allegation has either been substantiated or not substantiated or inconclusive and record this in the minutes of the meeting. A decision of substantiated is based on a civil level of proof i.e. 'it is most likely that the abuse has occurred' and not necessarily proved at the level required in a court of law.
- Agree an assessment of the risk the victim faces of further abuse.
- Update the protection plan if required and define how it will be reviewed if required.
- Record any outcomes:
  - For the victim.
  - For the perpetrator
- Record how feedback to any relevant parties not present at the meeting will be carried out.
- Record detail of any police action.
- Record detail of any disciplinary processes in place.
- Record detail of any Crown Prosecution Service (CPS) or court action.
- Record if the case is to remain within the safeguarding procedures- e.g. if continued monitoring of a provider is to take place or to await the outcome of disciplinary procedures.
- Set the date for the case conference review meeting if required.



## Section 4 Protection Planning Review and Closure

### 25.0 Protection Planning

The primary responsibility of the 'Safeguarding Adults' partnership in Wirral is to enable all adults to access appropriate services if they need support to live a life that is free from abuse and neglect.

The discussion with the adult about what outcomes they would like from the enquiry will lead to the development of a protection plan. This plan will detail the outcomes desired by the adult, and will look to identify how those outcomes can be met.

This plan could be focussed on enabling the adult to achieve resolution or recovery, or fuller assessments by health or social care with the adult. This will entail joint discussion, decision taking and planning with the adult for their future safety and well-being.

The protection plan could be devised at any stage in the safeguarding, and should enable the adult to understand the range of options available and explore how the adult's outcomes could be realised. Every case will have a protection plan which will detail what action has been taken, whether it is sign-posting and provision of advice and information, or a more in-depth risk based protection plan.

Action could take a number of courses: it could include disciplinary procedures, complaints or criminal investigations or work by contracts managers, Quality Improvement teams and CQC to improve care standards. It could involve civil and criminal justice approaches, or approaches which may improve wellbeing such as a referral for therapeutic or family work, mediation and conflict resolution or building circles of support.

In formulating the protection plan the following factors need to be considered:

- The adult's needs for care and support
- The adult's risk of abuse or neglect
- The adult's ability to protect themselves or the ability of their networks to increase the support they offer
- The impact on the adult
- Their wishes
- The possible impact on important relationships
- Potential of action and increasing risk to the adult
- The risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect

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- The responsibility of the person or organisation that has caused the abuse or neglect
- Research evidence to support any intervention.

**26.0 Risks and Priority**

The impact of risks for an adult depends on their individual circumstances, taking account of age, disability, isolation, mental health/capacity, environment, social networks/professional involvement, historical issues. In understanding 'RISK' you must acknowledge that your concept of risk will vary compared to other people, it is therefore more appropriate to ask the adult what risks there are to them, and the impact these risks may have on their well-being.

**27.0 Risk Assessment Tools**

Within the Safeguarding Adults process there is a need for a risk assessment of the concern raised. The use of risk assessment tools is often helpful in supporting professional decision making. In Appendix 2 and Appendix 3 are examples of Risk Assessment tools which may be helpful to practitioners.

For specific types of abuse there may be other appropriate risk assessment tools which should be used by the practitioner e.g DASH risk assessment – Domestic Abuse Cases, RiPfA risk assessment for self-neglect cases - see Appendix 4 Self Neglect Checklist

Good practice would indicate that the appropriate risk assessment tools should be used in all cases.

**28.0 Content of the protection plan**

The protection plan will set out:

- What the adult wants to happen
- What steps are to be taken to assure the adult's safety in future
- The provision of any support, treatment or therapy including on-going advocacy
- Any modifications needed in the way services are provided (e.g. same gender care or placement; court appointment of a deputy)
- How best to support the adult through any action they take to seek justice or redress
- Any on-going risk management strategy as appropriate

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- Any action to be taken in relation to the person or organisation that has caused the concern
- Any actions that will be the responsibility of the relevant agencies to implement, and how they will be tasked with appropriate timescales for completion.
- **The protection plan should also be clear about any escalation process agreed by agencies in situations where there is a potentially high risk if the Protection Plan fails for whatever reason**

The adult is usually best placed to make decisions about their wellbeing, the outcomes that they want, and how to achieve those outcomes, and this may involve taking risks.

There may need to be an assessment of the adult's capacity to make decisions about risks and weigh up the possible consequences of those risks.

Not all risks are negative, and as such plans should look to support the adult to identify the benefits and harms that may arise from the actions taken, and any strengths or safety measures that are in place or can be put in place to support them.

If the adult has capacity to make decisions in this area of their life and declines assistance this can limit the intervention that organisations can make, but this does not mean that no action is taken. Instead the focus is on working with the adult towards a plan to support harm reduction. Where others are at risk of harm, action will be taken.

Consideration must be given to whether the adult is experiencing undue influence, coercion, control or duress. If the adult is thought to be refusing intervention on these grounds, action must be taken. The extent of the influence and impact should be clearly documented. Consideration should be given to approaching the courts using the doctrine of Inherent Jurisdiction.

See Appendix 5 – Guidance on undue influence and coercion

**29.0 Mental Capacity Issues and protection planning**

The Mental Capacity Act 2005 is clear that it is necessary to presume that an adult has capacity to make a decision. However, where it is suspected that capacity is somehow compromised, a decision specific capacity assessment will be needed. If the adult is found to lack capacity for a relevant decision, any safety planning decision must be made in the best interests of the adult in accordance with the MCA decision making processes. In order to make sound decisions, the adult's emotional, physical, intellectual and mental capacity in relation to self-determination and

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consent and any intimidation, misuse of authority or undue influence will have to be assessed

**30.0 Reviews**

When completing a protection plan, consideration should be given to whether the plan could be reviewed as part of an on-going process, such as Care Programme Approach (CPA), or a health or social care review, or whether a specific review date needs to be set.

Where a review date is set, this should be completed in the form of a further protection planning meeting. If the adult's outcomes have been met, and no further outcomes have been identified the safeguarding can be closed.

If additional actions are needed to support the adult to achieve their outcomes this should be identified and allocated to relevant agencies to support.

**31.0 Closure of Safeguarding**

Should the adult's outcomes be met, or it is identified that other actions or processes may be more appropriate, safeguarding can be exited at any time.

The rationale and defensible decision for closure of safeguarding should be recorded, and shared with all involved, including the adult and/or their advocate, the referrer and other professionals and agencies as relevant.

The views of the adult and/or their representative should have been obtained throughout the safeguarding.

At the point of closing the safeguarding process, the adult and/or their representative should be asked for feedback about their experience and to establish to what extent their outcomes have been met. The feedback should be documented.

## Section 5 Practice Guidance and General Principles

### 32.0 Provisions of Law

All agencies must act within the legislative framework of the Care Act 2014 which puts Adult Safeguarding on a statutory footing with specific legal obligations for Local Authorities, the Police and the NHS, as well as Safeguarding Adults Board member agencies whose organisations are defined by the Care Act 2014 as statutory safeguarding adult board members.

Section one of the Care Act 2014 includes protection from abuse and neglect as part of the definition of wellbeing. Local authorities must promote wellbeing in carrying out all of their care and support functions, and is one of the key principles at the heart of Safeguarding.

All safeguarding work should give consideration to the Human Rights Act 1998, must have regard to wellbeing of the adults involved and should have a focus on outcomes. See the statutory [Care Act guidance](#) for the list of legislation to be repealed, revoked or dis-applied by the Care Act 2014.

See also Appendix 6 Practice Guidance on Powers to intervene

### 33.0 Recording

It is important that clear, factual records are maintained and where opinion is given, it should be identified as such. The adult, or their representative, should be consulted fully and their views recorded. Decision making should be clear and based on the facts available, with a rationale explaining why the specific decision has been made and what alternatives have been considered.

Each agency should have clear procedures in place for recording concerns and allegations, and all actions taken. Staff should understand what information should be recorded and in what format.

Appendix 7 – Defensible decision making

### 34.0 Inter-Agency Communication, Information Sharing and Decision Making

Inter-agency communication, information sharing and decision making is key to successful adult safeguarding. Both Safeguarding Adults Boards (SAB's) and their respective sub-groups are attended by partner agency representatives, to facilitate effective and timely partnership working.

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Members of the combined Knowsley, Liverpool, Sefton, and Wirral (KLSW) combined SAB attend and contribute to the following groups; safeguarding adults review subgroup, performance management subgroup, quality assurance subgroup, policies procedures and practice subgroup workforce development subgroup, communication and engagement subgroup.

The strategic plans and terms of reference of the KLSW SAB are explicit in the expectation that partner agencies will maintain effective inter-agency communication, information sharing and decision making at all levels.

There is a clear expectation that these principles are implemented in safeguarding practice, and that communication channels are kept open, information is shared appropriately and proportionately and there is joint decision making with the adult at the centre of all discussions and actions.

There is a shared responsibility across all agencies to promote effective inter-agency communication, information sharing and decision making not only with partner agencies but with the adult and their family/representatives as appropriate.

Section 45 of the Care Act 2014, specifies that information must be shared with the SAB when requested. The Care Act also prescribes that the local authority and relevant partners must co-operate with one another within the safeguarding agenda. Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

### **35.0 Professional Disagreement Resolution**

Where there is a professional disagreement about the outcome or progress of a safeguarding case, all avenues to resolve the disagreement informally should be explored. Any disagreements need to be focussed on the safety and outcomes of the adult, and as such should aim for a timely resolution.

Where it is not possible to resolve the disagreement, it will be escalated to senior managers within the local authority and partner agencies.

Where informal resolution has not been successful, the disagreement should be escalated to the agency KLSW SAB representative)

Throughout this time, the safety of and the outcomes of the adult and other adults in need of care and support, is paramount.

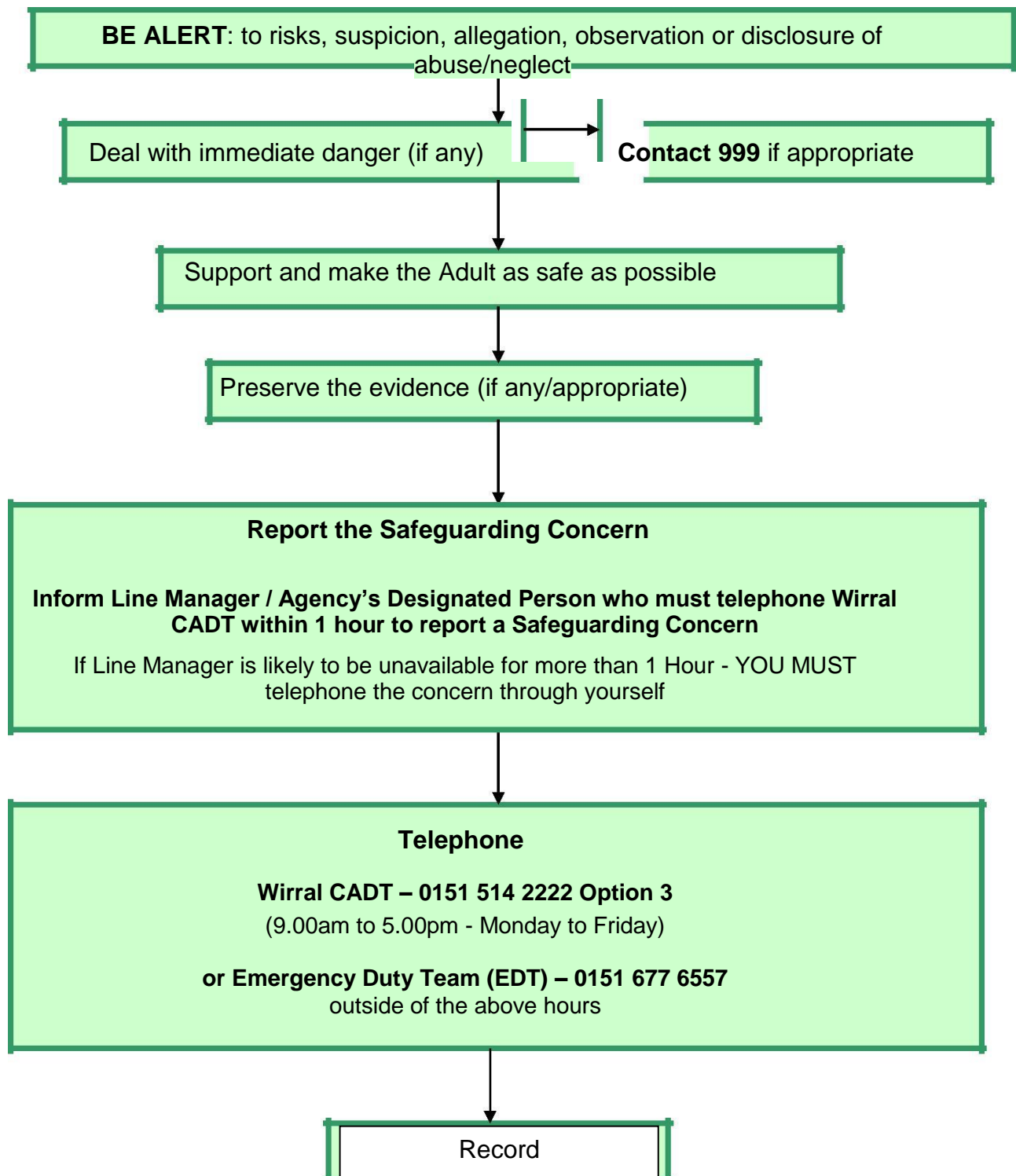
**Wirral Multi - Agency Safeguarding Procedure V10 Final****36.0 Complaints**

The professional disagreement resolution process does not preclude the use of formal complaints procedures to individual agencies, however where there are multiple complaints raised with more than one agency there may be a need to discuss a combined response to those complaints. This will be discussed and agreed at senior management level within relevant agencies.

# Section 6 Appendices

## Appendix 1 How to Report a Safeguarding Concern in Wirral

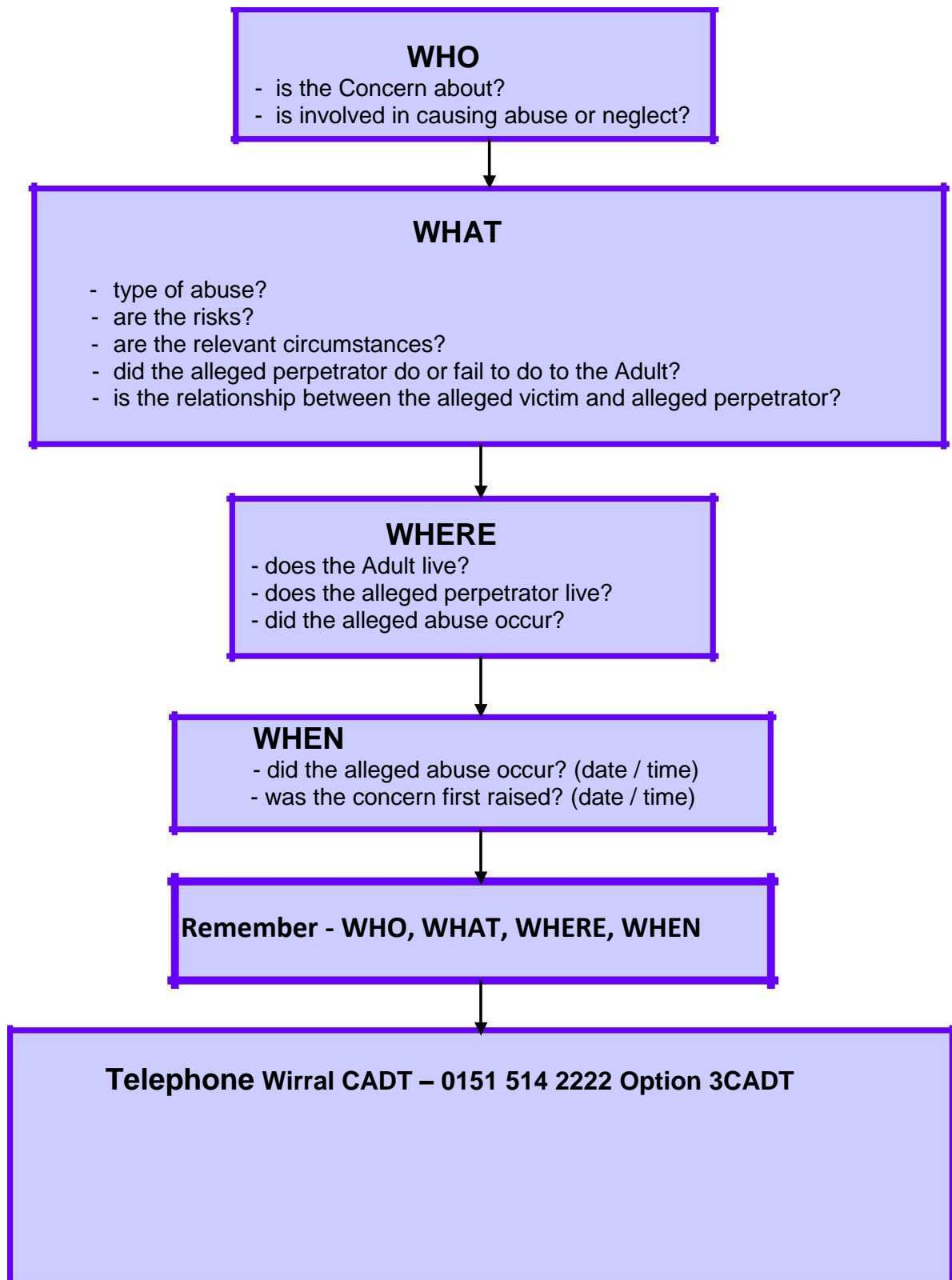
This applies to all residents of Wirral regardless of setting,  
i.e. community, hospital or care establishment





## Wirral Multi-Agency Safeguarding Adults Procedures Key Information When Reporting Safeguarding Concerns in Wirral

When telephoning Wirral CADT, please provide as much of the following information as you have available:



**Wirral Multi - Agency Safeguarding Procedure V10 Final****Appendix 2 ADASS RISK ASSESSMENT TOOL**

This tool is available as a pdf download via the following link

<https://www.scie.org.uk/publications/adultsafeguardinglondon/files/riskassessmenttool.pdf>

**Appendix 3 NORTHUMBERLAND RISK ASSESSMENT TOOL**

This tool is available as a pdf download via the following link

<http://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/Risk%20Threshold%20Tool%20V4.pdf>

**Appendix 4 SELF NEGLECT CHECKLIST****Professional's Checklist for Establishing if a Concern meets the criteria of Self- Neglect**

Name of Adult: .....

Personal Identifier: .....

D.O.B: .....

Person Completing Checklist: .....

Date Completed: .....

**Issues for consideration when deciding if an individual is seriously self-neglecting****Does the person meet the criteria under the definition of a Section 42 Enquiry? e.g. 18 or over, has care & support needs, is unable to protect themselves.****Is this an older person, or someone who has a physical disability, learning disability, mental health needs, long term condition or misuses substances or alcohol?****Does the person have capacity to make decisions about their health, care and support needs?****Is the person unwilling or failing to perform essential self-care tasks?****Is the person living in unsanitary accommodation possibly squalor?****Is the person unwilling or failing to provide essential food, clothing, medical care for themselves necessary to maintain physical health, mental health and general safety?****Is the person neglecting household maintenance to a degree that is creates risks and hazards?****Does the person present with some eccentric behaviour and do they obsessively hoard and is this contributing to the concerns of self-neglect?****Is there evidence to suggest poor diet or nutrition e.g. very little fresh food in their accommodation/ mouldy food identified?**

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**Is the person declining prescribed medication or health treatment and /or other healthcare support?**

**Is the person declining or refusing to allow access to healthcare and /or social care staff in relation to their personal hygiene?**

**Is the person refusing to allow access to other agencies or organisations such as utilities companies, fire and rescue, ambulance staff, housing or landlord?**

**Is the person unwilling to attend appointments with relevant health or social care staff?**

**Have interventions been tried in the past and not been successful?**

**Has the person any family, relatives, friends that may be able to assist with any interventions?**

**Is the perceived self–neglect impacting on any one else? e.g. family members, neighbours?**

**N.B. If the person meets the criteria for a Section 42 Enquiry and there are concerns in one or more of the areas identified above then consideration must be given to instigating a Multi-Agency Risk Management Meeting re Self-Neglect.**

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## **Appendix 5 – GUIDANCE ON UNDUE INFLUENCE AND COERCION**

This tool is available as a pdf download via the following link

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/482528/Controlling\\_or\\_coercive\\_behaviour\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf)

**Appendix 6 Practice Guidance on powers to intervene**
**Practice Guidance**

**LEGAL POWERS TO INTERVENE** The following is a table of legal powers and useful references to consider in adult safeguarding cases.

ALL FORMS OF ABUSE	Consider whether we could and should involve the police for any type of abuse towards an adult at risk
Physical Abuse	<p>For a definition of Physical Abuse, see – Safeguarding Procedures for Wirral.</p> <p><b><u>Consider the Following Legal Remedies</u></b></p> <p><b>Offences Against the Person Act 1861</b> – a criminal prosecution, this Act contains core criminal offences relating to assaults including, actual and grievous bodily harm, wounding with intent and unlawful wounding, including assaults causing cuts, serious damage to internal organs and broken bones, the administration of drugs or noxious substances so as to cause harm. (A prosecution would have to be brought by the Police).</p> <p>Civil action could be taken for assault, battery or false imprisonment (restraint). The client or their representative should take legal advice from either the <b>Citizen’s Advice Bureau</b> or an independent solicitor. See: <a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a></p> <p>Criminal Injuries Compensation claim via <b>CICA</b> – See: <a href="http://www.cica.gov.uk">www.cica.gov.uk</a></p> <p><b>Police and Criminal Evidence Act 1984</b>, Section 17 is a Police power to enter and save life. See: <a href="http://www.legislation.gov.uk/ukpga/1984/60/section/1">www.legislation.gov.uk/ukpga/1984/60/section/1</a></p> <p>Family Law Act 1996- can be used to obtain injunctions against perpetrators, non-molestation and occupation orders. See: <a href="http://www.legislation.gov.uk/ukpga/1996/27/contents">www.legislation.gov.uk/ukpga/1996/27/contents</a></p> <p>Domestic Violence Crimes &amp; Victims Act 2004 – creates an offence of causing or allowing the death of a</p>

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	<p>child or vulnerable adult, where they have died of an unlawful act. The household member must have failed to take reasonable steps to protect the victim and the victim must have been at serious risk of physical harm, demonstrated by a history of violence towards the vulnerable person.</p>
<b>Physical Abuse (Continued)</b>	<p>'Vulnerable Adult' in this Act means a person aged 16 or over whose ability to protect themselves from violence , abuse or neglect is significantly impaired through physical or mental disability or illness, through old age or otherwise. Young people under 18 years of age are also covered by Wirral Child Protection Procedures</p>

<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
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<b>Sexual Abuse</b>	<p>Consider the Following Legal Remedies</p> <p><b>Criminal Prosecution – Sexual Offences Act 2003</b>                  There are specific offences that deal with Adults that lack the ability to consent to sexual relations and / or have a mental disorder. Section 4 makes it an offence to cause a person to engage in sexual activity without consent. Sections 30-44 provides various offences against people who lack capacity and / or have a mental disorder, including specific offences for Care Workers. There is a defence to these offences if the individual did not know and had no reason to suspect that the person had a mental disorder.</p> <p>Civil action could be taken by the individual, but they should take legal advice from either the Citizen's Advice Bureau or an independent solicitor. See <a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a></p> <p><b>Family Law Act 1996</b> – this could be considered for injunctions in the shape of non-molestation or occupation orders. See: <a href="http://www.legislation.gov.uk/ukpga/1996/27/contents">www.legislation.gov.uk/ukpga/1996/27/contents</a></p>
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<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Psychological Abuse(Including Racial abuse, and Radicalisation)</b>	<p>Consider the Following Local Remedies</p> <p>Protection from Harassment 1997 – can be used by Police or individual to obtain an injunction. See <a href="http://www.legislation.gov.uk/ukpga/1997/40/contents">www.legislation.gov.uk/ukpga/1997/40/contents</a>.</p> <p>Anti-Social Behaviour Orders – Crime and Disorder Act 1998 – Police Power                  See <a href="http://www.legislation.gov.uk/ukpga/1998/37/contents">www.legislation.gov.uk/ukpga/1998/37/contents</a></p>



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<b>Psychological Abuse continued (Continued)</b>	<p>Discriminatory abuse is when someone treats you unfairly because something about you is different. This can include unfair or less favourable treatment due to a person's race, gender, age, disability, religion, sexuality, appearance or cultural background.</p> <p>Everyone has the right to be treated equally and express and practice their beliefs and values</p> <p><b>Equality Act 2010</b> – If someone is being treated unfavourably on the grounds of their age, disability, gender, reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation.</p> <p>Prevent part of the UK’s Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity.</p> <p>The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse.</p>
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<b>ALL FORMS OF ABUSE</b>	<p><b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b></p>
<b>Neglect</b>	<p>For a definition of neglect – See:</p> <p><b>Consider the Following Legal Remedies</b></p> <p><b>NB:</b> the Legal Remedies below could also apply to self-neglect and organisational abuse.</p> <p><b>S5 MCA 2005</b> – if we reasonably believe that it is in the best interest of an adult that lacks capacity we can take steps to provide that care and treatment, including removing them to a place of safety.</p> <p><b>Criminal law</b> – statute and common law can be considered, including:</p>

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	<p><b>S44 MCA 2005</b> – makes it an offence for a person with care of an adult who lacks capacity, or who holds an LPA / EPA, or a deputy appointed by the court to wilfully neglect or ill treat the adult.</p> <p><b>SS20-25 Criminal Justice and Courts Act 2015</b> – makes it an offence for a care worker, or care provider, to ill treat or wilfully neglect an individual in their care.</p> <p><b>Police and Criminal Evidence Act 1984</b>, section 17 is a Police power to enter and save life. See: <a href="http://www.statutelaw.gov.uk/content.aspx?parentactive=1871554&amp;activetextdocId=1871558">http://www.statutelaw.gov.uk/content.aspx?parentactive=1871554&amp;activetextdocId=1871558</a></p> <p>Referral to CQC in circumstances in which a provider is failing to meet the national standards of quality and safety. See: <a href="http://www.cqc.org.uk/fi.le/4471">www.cqc.org.uk/fi.le/4471</a></p>
<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Self-Neglect</b>	<p><b>Consider the Following Legal Remedies</b></p> <p><b>Sections 9-13 Care Act 2014 and associated regulations – duty to assess.</b> The local authority may be able to help manage self-neglect concerns by completing a formal assessment and putting in a care package or higher support to the individual, carer and/or family. We should also consider our duty to promote well-being as set out in <b>section 1 Care Act 2014.</b></p> <p>If, through a person’s , self-neglect, their right, or ability to continue to reside in their accommodation is at risk, then a referral to the relevant housing authority for assistance under any relevant housing legislation should also be considered.</p>
<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>

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<b>Financial Abuse</b>	<p><b>Consider the Following Legal Remedies</b></p> <p>Lasting Powers of Attorney (LPA) were introduced by the Mental Capacity Act 2005, See: <a href="http://www.legislation.gov.uk/ukpga/2005/9/contents">www.legislation.gov.uk/ukpga/2005/9/contents</a></p> <p>These replace the former Enduring Powers of Attorney that, after the 1<sup>st</sup> October 2007, can no longer be created. An LPA is a legal document that lets a person (the Donor) appoint someone they trust (the Attorney) to make decisions on their behalf.</p> <p><b>There are 2 Types of LPA</b></p> <p><b>Property and Affairs LPA</b> – allows the Donor to choose someone to make decisions about how to spend their money, including the management of their property and affairs.</p> <p><b>Personal Welfare</b> – allows the donor to choose someone to make decisions about their healthcare and welfare. This includes decisions to refuse or consent to treatment on their behalf and deciding where to live.</p> <p>The LPA ,must be registered with the Office of the Public Guardian in order to have legal standing. A registered LPA can be used at any time, whether the person making the LPA has mental capacity to act for themselves or not.</p>
<b>Financial Abuse (Continued)</b>	<p>Once the LPA is registered it continues indefinitely. The LPA can be registered by the Attorney after the Donor has lost capacity. An LPA can also be cancelled by the Donor, provided they have the menta capacity to do so.</p> <p>The relevant agency can make representations to the Office of the Public Guardian if there is reasonable belief that someone may not be acting in an individual’s best interest.</p> <p>A person given a power under an Enduring Power of Attorney (EPA) before 1<sup>st</sup> October 2007 can still use it and apply to have it registered.</p>

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	<p>Further information about LPA's can be found on the website for the Office of the Public Guardian. See: <a href="http://www.publicguardian.gov.uk">www.publicguardian.gov.uk</a></p> <p>An adult in receipt of benefits, who is unable to manage their affairs can appoint a person to do so on their behalf. These are known as 'Appointees'. An Appointee may be an individual, or an organisation such as a firm of solicitors. As an Appointee they are responsible for making and maintaining any benefits claims on behalf of the adult.</p> <p>The DWP should be contacted if an agency has reason to suspect that an Appointee is not acting properly under the terms of their appointment, the adult is clearly able to manage their own benefits, or the Appointee becomes incapable. The DWP should then take steps to investigate whether the Appointeeship should continue.</p> <p>Further information about Appointeeships can be found on the Government website. See: <a href="http://www.gov.uk/browse/births-deaths-marriages/lasting-power-attorney">www.gov.uk/browse/births-deaths-marriages/lasting-power-attorney</a></p> <p>The Mental Capacity Act 2005 – provides for a Court of Protection to make decisions in relation to the property and affairs, healthcare and personal welfare of adults (and in certain cases, children) who lack capacity. The Court has the same rights, privileges and authority in relation to mental capacity matter as the High Court. The Court has the powers to:</p>
<b>Financial Abuse (Continued)</b>	<ul style="list-style-type: none"> <li>● <b><i>Decide whether a person has capacity to make a particular decision for themselves</i></b></li> <li>● <b><i>Appoint deputies to make decisions for people lacking capacity to make those decisions.</i></b></li> <li>● <b><i>Decide whether an LPA or EPA is valid</i></b></li> <li>● <b><i>Remove deputies or attorneys who fail to carry out their duties and hear cases concerning objections to register and LPA or EPA.</i></b></li> </ul>

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	<ul style="list-style-type: none"> <li>• <b><i>In reaching any decision, the Court must apply the statutory principles set out in the Mental Capacity Act. It must also make sure its decision is in the best interests of the person who lacks capacity.</i></b></li> </ul> <p>Criminal Prosecution – the Police can consider whether a perpetrator of financial abuse may be prosecuted for theft under the Theft Act 1968 or for fraud by virtue of abuse of position under the Fraud Act 2006. See:  <a href="http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1968/cukpga_19680060_en_1">www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1968/cukpga_19680060_en_1</a></p>
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<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Organisational Abuse</b>	<p><b>Consider the Following Legal Remedies in the Sections Relating to:</b> physical, sexual, psychological, financial abuse and neglect.</p> <p><b>Corporate Homicide Act 2007</b> – an organisation is guilty of an offence under this Act if the way in which its activities are managed or organised.</p> <p><b>Causes and person’s death</b>, and amounts to a gross breach of a relevant duty of care owed by the <b>organisation to the deceased</b>.</p> <p>An organisation is only guilty of an offence under this Act if the way in which its activities are managed or organised by Senior Management are a substantial cause of the breach of duty.</p>

<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Domestic Violence</b>	<b>Consider the Following Legal Remedies in the Sections Relating to:</b> physical, sexual, psychological, financial abuse and neglect.

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<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Modern Slavery</b>	<p><b>Consider the Following Legal Remedies</b></p> <p><b>The Human Rights Act 1998</b> – Incorporates Article 4 of the European Convention of Human Rights – Prohibition of Slavery and Torture.</p> <p><b>Criminal Law</b>, such as Offences Against the Person Act 1861, Kidnapping and False Imprisonment.</p> <p><b>Civil Law</b> – such as the tort of false imprisonment</p>

<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Support to Individual and Family</b>	<p><b>Consider the Following Legal Remedies</b></p> <p><b>Sections 9-13 Care Act 2014</b> – and associated Regulations – duty to assess. The Local Authority may be able to help manage some adult protection concerns by completing a formal assessment and putting in a care package or higher support to the individual, carer and / or family. We should also consider our duty to promote well-being as set out in Section 1 Care Act 2014.</p> <p>If an adult's right, or ability to continue to reside in the accommodation is at risk, then a referral to the relevant Housing Authority for assistance under any relevant housing legislation should also be considered.</p>

<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Prosecution</b>	<p><b>Consider the Following Legal Remedies</b></p> <p><b>Criminal Law</b> – Statute and common law can be considered</p> <p>Investigation by Police and Crown Prosecution Service to prosecute perpetrators.</p>

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<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Removal of the Person Thought to be the Cause of Risk</b>	<b>Consider the Following Legal Remedies</b>  <b>Consider whether to involve the Police</b>  <b>Consider Family Law Act 1996</b> – injunctions, non-molestation and occupation orders. See: <a href="http://www.opsi.gov.uk/acts/acts1996/ukpga_19960027_en_1">www.opsi.gov.uk/acts/acts1996/ukpga_19960027_en_1</a>  Civil Injunction – would need the individual to take legal advice from an independent solicitor or Citizens Advice Bureau. See: <a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a>
<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Removal of Subject</b>	<b>Consider the Following Legal Remedies</b>  <b>Mental Health Act 1983</b> – removal from assessment and/or treatment.  <b>Mental Capacity Act 2005</b> – S5..
<b>ALL FORMS OF ABUSE</b>	<b>Consider whether we could and should involve the police for any type of abuse towards an adult at risk</b>
<b>Deprivation of Liberty Safeguards</b>	<b>Consider the Following Legal Remedies</b>  The Mental Capacity Act Deprivation of Liberty Safeguards were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007 and came into effect on the 1 <sup>st</sup> April 2009.  The MCA DOL Safeguards apply to anyone aged 18 and over: who suffers from a mental disorder or disability of the mind, such as dementia or a profound learning disability, but may include some people who have , for example suffered a brain injury, who lacks the capacity to give informed consent to the arrangements made for their care and / or treatment and for whom deprivation of liberty (within the meaning of Article 5 of the EHCR) is considered after an

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	independent assessment to be necessary in their best interest to protect them from harm.
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<b>Deprivation of Liberty Safeguards (Continued)</b>	<p>The safeguards do not apply to people detained under the Mental Health Act 1983.</p> <p>The safeguards cover:</p> <p>Patients in hospitals, and people in care homes registered under the Care Standards Act 2000 or the Health and Social Care Act 2008 (regulated activities) Regulations 2014, whether placed under public or private arrangements.</p> <p>The safeguards are designed to protect the interest of an extremely vulnerable group of service users and to ensure people can be given the care they need in the least restrictive regimes, prevent arbitrary decisions that deprive vulnerable people of their liberty, provide safeguards for vulnerable people, provide them with rights of challenge against unlawful detention.</p> <p>What are the safeguards</p> <p>They provide legal protection for those vulnerable who are, or may become, deprived of their liberty within the meaning of Article 5 of the ECHR,</p> <p>Every effort should be made, in both commissioning and providing care or treatment, to prevent deprivation of liberty. If deprivation of liberty cannot be avoided, it should be for no longer than is necessary.</p> <p>The safeguards provide for deprivation of liberty to be made lawful through 'standard' or 'urgent' authorisation processes. These processes are designed to prevent arbitrary decisions to deprive a person of liberty and give a right to challenge deprivation of liberty authorisations.</p> <p>The deprivation of liberty safeguards mean that the relevant hospital or care home must seek authorisation from a supervisory body, which includes a primary care</p>
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	<p>trust, a local authority or a local health board, in order to be able lawfully to deprive someone of their liberty. Before giving such authorisation, the supervisory body must be satisfied that the person has a mental disorder as defined in Section 1 of the Mental Health Act 1983 (as amended by the Mental Capacity Act 2005 and lacks capacity to decide about their residence or treatment.</p>
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<b>Deprivation of Liberty Safeguards (Continued)</b>	<p>A decision as to whether or not deprivation of liberty arises will depend on all the circumstances of the case. It is neither necessary nor appropriate to apply for a deprivation of liberty authorisation for everyone who is in hospital or a care home simply because the person concerned lacks capacity to decide whether or not an application is necessary, a managing authority should consider carefully whether any restrictions that are, or will be, needed to provide on-going care or treatment amount to a deprivation of liberty when looked at together.</p> <p>The MCA DOLS Cover</p> <p>How an application for authorisation should be applied for</p> <p>How an application for authorisation should be assessed</p> <p>The requirements that must be fulfilled for an authorisation to be given</p> <p>How an authorisation should be reviewed</p> <p>What support and representation must be provided for people who are subject to an authorisation.</p> <p>How people can challenge authorisations</p> <p>While the MCA DOL might be for the purpose of giving treatment, the DOL authorisation does not itself authorise treatment. Treatment in these circumstances may only be given with the persons consent (if they have capacity) or in accordance with the wider provisions of the MCA.</p>
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	<p>MCA DOLS must never be used as a form of punishment or for the convenience of carers or professionals.</p> <p>For full information, including the Code of Practice, guidance and forms, see: <a href="http://www.gov.uk/government/publications/mental-capacity-act-code-of-practice">www.gov.uk/government/publications/mental-capacity-act-code-of-practice</a></p>
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## Appendix 7 – Defensible decision making

### Recording Decision Making – The Magnificent Seven

#### Introduction

This guidance has been provided to support recording practice generally but also more specifically in relation to supporting defensible recording. This guidance is particularly important in cases which may be considered as borderline in terms of risk and which, at the time of decision making, may not meet the thresholds for a Section 42 enquiry

It is important that your record should be concise and clear. Read through it and consider questions that the reader may have on the content and decision making. Answer those questions by providing the information or explanation in the first place.

#### General recording principles of information gathering

- A good record should be able to demonstrate that all of the interrogative words have been considered; WHAT, WHO, WHERE, WHEN & WHY.
- What happened? Focus on the relevant facts, don't lose information in lengthy prose. The reader should be able to have a clear picture of what happened without having to read and re-read the record.
- Who is involved? Always record who what, where, and when including full names of individuals spoken to, their position relation to service user. Full detail only needs to be recorded once
- Always record telephone numbers so the reader can make contact with them to request more information or clarification.
- Record whether the victim knows that the abuse has taken place.
- Record if they consent to the referral
- Record what they want from the intervention
- Where did it take place? Locations are important, describe in your recording the environment (public, communal, private) and others present (staff, service

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users etc). Multiple locations may be important to establish patterns in incidents.

- When did it take place? Chronology and timing of events is important, identify delays in referring incidents. Record and time subsequent events.
- Why did that happen? Is there a history or pattern to the event? Could it have been avoided? These are questions that can inform decision making and should be reflected in the record.

**Mental Capacity**

- The capacity of the individual is one of the first considerations that should be made when deciding how a referral should be handled.
- Recording that “P lacks capacity” is not good enough. Who established this; on what basis; and for what purpose; should be questioned and recorded. In situations of risk where the issue of capacity becomes pivotal to decision making the same interrogation should be made of a statement where it is claimed that ‘P’ does have capacity

**Unwise decisions or decisions taken under duress?**

- Remember the principles of the underlying legislation. Have we spoken to the victim? What do they understand? What do they want? Record these findings
- Understand and record external dynamics. Family pressures, coercion, and dependencies can all skew the picture we are painting of a situation.
- Explain in the records your interpretation of your findings and clear rationales for decision making. What options do you have when making decisions? Can the reader see that you have considered all options and the balancing of these options that you need to demonstrate before coming to your decision?

**Risks and Controls – including any formal risk assessment**

- Document and detail the nature of any risks and record clearly (by name if known) exactly who or what presents the risk to the individual
- If you have assessed the risk to the person as being low and the referral is not being formally progressed into safeguarding record your rationale for this including any protective factors that are in place which you identify as mitigating the risk
- Use any appropriate risk assessment tool to document and record how this supports your decision eg MARAC DASH and make sure this is uploaded into LL
- Where it is safe to contact the individual their perspective on the risk should be recorded

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- The impact of any issues of undue influence or coercion should form part of any risk assessment and the
- Record any actions already taken eg by the referrer to make the person safe.
- In undertaking your assessment of risk identify and document any past incidents, concerns, risks, patterns of referral, recording any dates and subsequent actions e.g. other professionals, person concerned, relatives ensuring full name and position or relationship; time and date of conversation is documented.
- If there are no presenting risks to the person or the concerns are unfounded document the reasons why this is the case
- In documenting your decision making for proceeding to Section 42 enquiry or not document information sharing with all key people eg other professionals, person concerned, relatives ensuring full name and position or relationship; time and date of conversation is documented.
- If the decision is not to progress to section 42 enquiry but alternative assistance is being offered clearly document what the plan is e.g. to be offered community care assessment, carers assessment, for involved agency to continue to provide support/monitoring, what advice and information has been given etc

**Lifestyle choices – identifying when mental health and capacity may be deteriorating**

- Consider and record if the person may have fluctuating capacity and if any known factors may affect this eg alcohol, infection, nutritional state, mental health condition
- Consider and record whether the person may be subject to any undue influence, coercion or control
- If established that the person has full capacity in relation to the presenting risks but does not wish to pursue concern via safeguarding process but a decision is being taken to override their wishes (eg information sharing) clearly record rationale for doing so and record any legal advice that has been taken in relation this decision.
- Document all advice and guidance given
- Consider and record any sharing of information with any involved professionals ensuring full title, date, time and content of discussion is recorded

**Can the individual make themselves safe?**

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- If established that the person has full capacity in relation to the presenting risks but does not wish to pursue concern via safeguarding process document their understanding of the risks and what plans they have in place to keep themselves safe.
- Record what the person's wishes are
- Record your consideration of any undue influence/coercion and how this might be impacting on an individual's ability to make themselves safe
- Record if there is any previous knowledge of the person and what other protective factors they might have around them as support eg panic alarm, spy hole in front door, door chain, good neighbour support, friends and family, access to a mobile phone, details of voluntary agencies etc.
- Record any intervention already in place by partnership agencies/named individuals to minimise risk or any planned to be put in place and plan and record for any monitoring /feedback responsibility
- Consider and record if established risk of wilful neglect or carer breakdown /stress were situation could be resolved with care management intervention and carer support in consideration of Human Rights and desired outcomes of the person. Document plan for care management.
- Record if the person can self-advocate or not and whether a referral to an advocate has been made and any rationale around this

**Interagency working – what do other agencies know?**

- Record the names and contact details of all agencies and professionals involved
- Where other professionals are sharing key information to support your decision making obtain the outcome of their assessments not only verbally but in writing eg capacity assessments, formal and informal risk assessments. If this isn't possible then make sure that you obtain the rationale for their recommendations and opinions and make sure you record this as accurately as possible.
- Within any situation record any potential differences in professional opinion and record the reasons why you may be giving more weight to the recommendations of one agency rather than another.
- Where you have agreed to close a case on the basis that another agency will be acting as the key agency in terms of risk management clearly record what the escalation plan will be in the event of the situation breakdown or if risks escalate

**Clear rationale for non-progression and why the matter is being closed or managed via care management**

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- Establish and document whether or not the person is an Adult at Risk under the Care Act ie record clearly whether or not;
  - (a) The individual has needs for care and support (irrespective of whether or not the authority is meeting any of those needs)
  - (b) Whether they are experiencing, or are at risk of abuse or neglect, and
  - (c) As a result of those needs is whether they are able to protect themselves
- Record a clear rationale as to why the matter is being progressed via care management rather than safeguarding
- When recording the decision make reference to any previous history and be clear about recording the previous sections relating to capacity, risk assessment, consideration of undue influence and coercion and the person's ability to make themselves safe

**Care management – link to risk management and clear plan of escalation if care management fails**

- If it has been agreed that a risk situation will be managed via care management there needs to be a clear record of how any support plan will mitigate risks
- Care management should include the offer of self-assessment if the service user is reluctant to engage and this offer should be recorded in the case notes
- Any support plan which is aimed at reducing risk to an adult with care and support needs must include an escalation plan. For example if a domiciliary care agency is commissioned to reduce the risk of self-neglect but there is a likelihood that agency workers may not be able to gain entry the threshold for escalation should be agreed . An example could be 'After 3 consecutive failed attempts at contact the agency will re refer for an urgent review via CADT'

**Care assessment and carer stress**

- The impact of carer stress and consideration of carer assessment should be recorded in every case where there is concern that an adult is at risk from their informal care giver.
- The potential for coercion and undue influence by the carer should be recorded in every case where there is concern that an adult is at risk from their informal care giver
- If an informal carer giver is part of the risk profile there should be a record that a carer assessment has been offered and if this has been refused that should also be recorded. The impact of refusal of assessment by care givers should also be considered in relation to coercion and undue influence and how this has affected the decision of the worker in relation to risk should be recorded along with the rationale for any on-going decision making

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- The history and level of concern around carer stress should be acknowledged and clear recording should take place in relation to why care management may be being used rather than a Sec 42 enquiry in order to manage any identified risk.
- Any support plan which is identified to manage risk in relation to carer stress should include a clear escalation plan