

506A

Adult Protection and Safeguarding Policy

Policy Section Number 5

Date Ratified March 2023

Version Number 19

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This policy should be read alongside and in conjunction with other policies and documents regarding the safety and welfare of children. These together make up the suite of policies and documents to safeguard and promote the welfare of children:

Missing From Care (Policy 616 + Site related)

DOLS (for adults)

Safe Handling of Medication (Policy 306, 217 and appendices)

Handling of Clients Monies/Funds (Policy 606 and 511)

Risk Assessments (Policy 217 and forms also)

Privacy and Confidentiality of our clients' needs and information (Privacy 517; Visitors 525 and Searching a Young Persons Belongings 521)

PREVENT and Countering radicalisation (Policies 506*** and 506.8)

Anti-Bullying (Policy 502)

Complaint Processes (Policies 714 and 519)

Online Safety (Policy 510)

Physical Interventions Policy 516

Whistleblowing Policy 413

Positive Behaviour Support (515) and Physical Interventions (516)

Safe Touch and Relationships (518)

Significant Harm Policy (524)

Private Fostering (512)

GDPR Policies (Section 9 of policies)

Intimate and Personal Care (610)

Caring for sexually abused Individuals in our care (522)

Consent (508)

Safeguarding and promoting the welfare of pupils at the school (713)

Self-Harm and prevention of suicide (308)

Recruitment and selection of staff (414)

Social Media Policy (421)

Related Policies and Guidance Documents

Annexes and Supplementary Info

Responsible Person

Nina Sharpe

Safeguarding Adults Policy

SENAD takes its responsibility to safeguard the welfare of adults very seriously. Each Adult service has its own localised policy with full details of the Designated safeguarding leads and instructions on reporting safeguarding.

Leadership teams will ensure all staff will be committed to its policies and procedures to ensure all individuals are kept safe, free from harm and have their needs and welfare promoted at all times.

The principles of safeguarding vulnerable apply to all adults with equal importance.

This policy has been written in line with the Care Act 2014 and its statutory Safeguarding Guidance (chapter 14) and replaces the “No Secrets” Guidance 2000. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding are also addressed. This policy should be read in conjunction with:

- Local Authority Procedures and Guidance for Safeguarding Adults
- West Midlands Safeguarding Adults Threshold
- Public Interest Disclosures & Whistleblowing policy [413]
- Safe Touch & Service User Relationships [518]
- Recruitment Policy & Procedure [414]
- Disciplinary Rules & Procedure [404]
- Receiving and Giving Gifts [419]
- Personal Relationships between Staff at Work Policy [425]
- Online Safety Policy [510]
- Positive Behaviour Support Policy [515]
- The Use of Physical Interventions [516]
- Privacy Policy [517]
- Adult Complaints Policy [519]
- Significant Harm Policy [524]
- Allegations against Staff [413]
- Tackling Extremism and Radicalisation Policy [506.8]

Policy Statement

Safeguarding means protecting an adult's right to live in safety free from abuse and/or neglect. This must recognise that adults sometime have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

SENAD will work with the Local Adults Safeguarding Board and other agencies 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, feeling and beliefs in deciding on any action.

There are **six principles** that inform the ways in which SENAD staff and the professionals it commissions work with people at risk of abuse or neglect.

1. Empowerment

- People being supported and encouraged to make their own decisions and have informed consent

2. Prevention

- It is better to take action before harm occurs

3. Proportionality

- The least intrusive response appropriate to the risk presented

4. Protection

- Support and representation for those in greatest need

5. Partnership

- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

6. Accountability

- Accountability and transparency in delivering safeguarding
- Working with candour with the service user, their families and other professionals

SENAD's homes and community services will adhere to the following guiding principles:

- To **prevent harm and reduce the risk of abuse** or neglect to adults with care and support needs.
- To safeguard individuals in a way that **supports them in making choices and having control** in how they choose to live their lives.

- To **promote an outcomes approach** in safeguarding that works for people resulting in the best experience possible.
- **Early sharing of information is the key** to providing effective help where there are emerging concerns. Fears of sharing information **must not** stand in the way of promoting and protecting the well-being of adults at risk of abuse and neglect.

Policy statement:

- The welfare of vulnerable adults is paramount;
- All adults irrespective of their age, cultural background, disability, gender, language, racial origins, religious beliefs, sexual orientation have the right to be protected from abuse;
- All suspicions and allegations of abuse will be taken seriously and responded to without delay;
- Senior Managers will take responsibility for ensuring that such concerns are dealt with according to SENAD procedures;
- All staff, including temporary or agency staff as well as contractors will subscribe to the SENAD policy and procedure and will report any concerns accordingly;
- The duty of care to all goes beyond just the presenting concern as it may be that the concern highlights relevant and connecting issues in the rest of the family.

In order to fulfil these requirements, SENAD will:

- Work to prevent or eliminate, as far as is possible, incidents of, or threats from, any form of abuse within any establishments of the SENAD organisation;
- Ensure it has all policies and procedures in place that are up-to-date and relevant for the safety of all and to ensure all concerns are processed speedily and efficiently;
- Have in place reviewing, auditing and supervision mechanisms to ensure that all staff and volunteers and other appropriate people are fulfilling their responsibilities and that current systems are effective;
- Offer assurances and undertakings to adults in our care, their parents/carers, placing authorities and appropriate Local Authority agencies for the care of adults a framework for dealing with the prevention of harm and abuse;
- Ensure that all establishments have in place appropriate training programmes to maintain staff awareness of their responsibilities in relation to Adult safeguarding; and
- Ensure that SENAD complies with all relevant national and local changes in legislation, guidance and protocols.

The Adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the Adult.

The safeguarding duties apply to our service user adult who:

- Is being **supported by SENAD for their care**

AND

- Is **experiencing**, or at **risk of, abuse or neglect**

AND

- As a result of those care and support needs is **unable to protect themselves** from either the risk of, or the experience of abuse or neglect.

Duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support. **This policy applies to SENAD CQC registered services.**

Where **someone is over 18 but still resides within a SENAD home**, the home's adult protection policy will be followed [Policy 506.C site/service specific procedure - this may not exist for your home/service, therefore use this policy and if in doubt, talk to the registered manager or SENAD senior staff] **except that the matter will be dealt with through adult safeguarding arrangements.**

When dealing with adult safeguarding concerns, it is important that SENAD should "*Think Family*" and consider the family members within the household and wider networks who may be at risk of, or experiencing abuse. Referrals should be made to appropriate agencies, such as Adult Social Care Services, where appropriate.

Duty of Candour:
Working openly and objectively with our service's users, their families and professional support

SENAD and its Adult Homes and community services will be candid with service users (residents) and their families in addressing safeguarding issue. We will be honest and transparent in how we communicate and apologise for mistakes we make, seeking to resolve safeguarding issues without undue delay or causing unnecessary distress to the service user and/or their family.

Where we disagree with a service user and/or their family and cannot agree a resolution, we will be objective and seek support for resolution with the Safeguarding Adult Board (SAB), Adult Social Care and/or the independent advocate.

Structures within SENAD

All SENAD establishments will have a **Designated Adult Safeguarding Manager (DASM)** for safeguarding who is sufficiently experienced, trained in line with Local Safeguarding Adults guidance and requirements and understands in detail the policies and procedures of SENAD. The name of that person will be clearly publicised throughout the establishment and promoted in staff training.

There will also be a Deputy Named Person who will act in the absence of the named person.

All staff will have the necessary training in relation to Safeguarding adults:

- A brief introduction to safeguarding, once in post
- Safeguarding Adults on line versions as well as classroom-based course
- Refresher training every 12 months
- Training for Managers and Senior Managers on their role in the procedure

Specialist training as appropriate SENAD acknowledges its role as a partner agency alongside others and will work with them in accordance with the Local Adult Safeguarding Board's policies and procedures to ensure everyone within SENAD's adult services receives the right care and protection.

Please see each Adult Services localised Safeguarding Policy for full details of who to contact for each service.

If the you are unable to contact the designated safeguarding leads as stated in Adult services localised policy, the SENAD level **Designated Adult Safeguarding Managers** can be contacted.

The lead **Designated Adult Safeguarding Managers** for the SENAD group are;

Mrs Nina Sharpe	Adult Nominated Individual and Adult Care Director	Isobel Walshe	Quality and Compliance Manager
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Both are contactable via Vernon Gate (SENAD Head Office) on 01332 378840
A member of the head office staff will be able to make contact with one or both managers in the case of an urgent situation.

Alternatively either can be contacted by e-mail

nina.sharpe@senadgroup.com
isobel.walshe@senadgroup.com

Or by letter;

The SENAD Group, 1 St George's House, Vernon Gate, Derby, DE1 1UQ

All Adult Safeguarding Board information is featured in the Adult Services localised policies.

The Voice of the Adult Service User

In the light of findings from National Serious Case Reviews, it is essential that central to the care and support of any adult should be the opportunity afforded to them to express their views and contribute to decision making processes about them.

Staff will do everything they can to ensure that the individual's voice is sought, respected and considered at all times. The only exception would be if it is felt that to seek their wishes and feelings would cause additional distress or harm. However, staff should use their experience and expertise and knowledge of the individual to try as much as possible to ensure their voice is heard and considered.

Information needs to be available to the individual so they are aware of how to report any concerns about staff, their family or others.

Relationships with Parents/Carers

Whilst the rights of the parent are reduced when a person reaches the age of 18, SENAD believes that the parents/carers' voice is important to the continued care and support of an individual especially any concerns raised about their son/daughter or family member, the better the outcome for the adult.

Relationships with parents/carers form a valuable and essential contribution to the way support is offered and this should be promoted.

The procedure section makes clear when and how to include parents/key family members when dealing with a specific concern.

If the concern **involves suspected radicalisation and/or sexual abuse**, then contact should not be made with the family until advice from the Local Adult Safeguarding Board has been taken.

The Safeguarding of Adults - Our Roles

We have an important role to safeguard all those people in our care and this guidance applies to everyone.

All concerns, no matter how they arise should be taken seriously and considered for action and the appropriate steps taken as part of the SENAD Procedures. However,

any **concerns of abuse must be reported without delay** as these will always need to be passed to the appropriate Local Authority.

All staff will be alert to their own possible hesitations in passing on concerns of any sort, the most common being:

- The fear of being wrong;
- The fear of reprisals from others;
- The fear of “*spoiling*” a relationship with their family or a member of staff if it is about them;
- Thinking that a behaviour or concern is “*normal*” for the individual and therefore it can be dealt with as part of their day to day care without any other action necessary;
- Explaining a vulnerable adult’s behaviour as part of their disability, thus not giving adequate attention to the concern or even dismissing it;
- Not being strong enough to challenge others who don’t agree that there is a concern and therefore allowing it to be dismissed, especially when a staff member is new or afraid to challenge managers or other professionals;
- Worrying that it will make it worse for the adult;
- Not believing they have any responsibility.

In addition, staff should be aware that there are a number of reasons why an individual may not want, or be able to tell of a concern:

- they are scared because they are being threatened;
- they worry about what will happen to them;
- they think what is happening to them is normal for everyone else too;
- English is not their first language
- they cannot communicate in a way that gets their concern acknowledged;
- they are afraid they will not be taken seriously;
- they have tried to tell before but to no avail and so don’t want to bother again;
- they are concerned that their mental health may be affected or not understood;
- they are vulnerable to and influenced by radicalisation;
- they worry about getting their parents/family into trouble.

Further, given the fact that the adults supported by SENAD have complex needs, staff will be particularly sensitive to how these present. It is therefore essential that staff record all relevant and pertinent information and raise any concerns no matter how they are presented.

It is NOT the responsibility of front line staff to make judgements about whether what an individual says is true or not. It is important that the correct procedure is followed to ensure a thorough assessment of the concern and then for Senior Managers to determine the best courses of action.

All staff should be able to access their Manager and Senior Manager at any time throughout the day and even when Senior Management are not on site, using an on-

call system for all round contact. Such rotas should be available to all staff and displayed accordingly and as appropriate.

All information should be recorded on the Safeguarding Adults Form for the home or community service. This may be in electronic form (such as Behaviour Watch or NAPPI electronic system) and should be used for any concern, no matter how slight, that needs to be assessed, analysed and responded to by Senior Managers.

The **“golden rule”** is that if in doubt, complete this form as the concerns will then be properly looked into.

Failure to report any concern will be seen as a disciplinary matter as it will be clear that a vulnerable adult may be left vulnerable or in further danger

It is essential that all staff escalate their concerns if they feel they are receiving an inappropriate or unhelpful or no response from Managers or Senior Managers. It is not acceptable for a concern to be closed down just because others do not share the same view about the nature of it. It is everyone's responsibility to ensure vulnerable adults are safeguarded.

Equality and Diversity

This policy recognises the diversity of our community and SENAD needs to be responsive to the needs of different groups and individuals and have due regard to issues relating to:

- Gender
- Religion
- Sexual orientation
- Racial origin, culture and linguistic background
- Disability
- Age
- Gender identification
- Pregnancy and maternity
- Marriage and civil partnership

This also includes making any reasonable adjustments required for disabled people under the expectations of the Equality Act 2010.

Definitions of Abuse (the Care Act 2014)

Abuse is a violation of an individual's human or civil rights, by any other person or persons. Professionals should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case

should always be considered. The following types of abuse and neglect are identified within the Care Act 2014, but should not be considered exhaustive;

- **Physical abuse** –including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic abuse** – An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence, Female Genital Mutilation and Forced Marriage.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Sexual exploitation**- involves exploitative situations and relationships where people receive ‘something’ (e.g. accommodation, alcohol, affection, money) as a result of performing, or others performing on them, sexual activities.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, exposure to radicalisation, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, pregnancy and maternity, marriage or civil partnership or religion.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Procedure for dealing with Safeguarding Concerns

Duty of Care

Every member of staff has a duty of care toward a young person/adult to safeguard and promote their welfare. This duty of care requires them to pass on a concern for further attention and assessment. This duty is a legal duty as per Common Law for all professionals who work with adults.

That duty of care does not end simply because a concern has been passed on to someone else. It cannot be assumed that having passed it on, it has been dealt with. The duty of care in responding to a concern involves getting feedback about exactly what has happened with the concern

Whatever the circumstances of the concern, all matters will be reported as per SENAD procedures. Failure to report any concern will be seen as a disciplinary matter as it will be clear that a vulnerable adult may be left vulnerable or in further danger.

When is a concern a concern?

Some concerns are dealt with on a day to day basis. A specific incident may be deemed an "incident" and dealt with accordingly. However, a concern needs to be passed on when:

- A concern is persistent
- Despite day to day management, the concern is not being addressed or changed

- An incident has a safeguarding component
- Staff feel that a concern needs a more thorough robust assessment by Senior Managers
- The concern is having a detrimental effect on an adult and/or others

The Golden rule is – if in doubt report it!

The SENAD Procedure

Localised safeguarding reporting forms and recording processes should be followed no matter how slight or uncertain. It is also the official record of how the concern has been addressed. The localised processes should be completed for niggling concerns as well as more definite problems.

The Localised process also follows the step by step procedure and therefore serves as a useful checklist and reminder of how to proceed.

Where there is more than one-person subject to the concern a separate form should be completed with cross references to any other resident involved.

All localised forms/paperwork should be held centrally by the appropriate **Named Person** for Safeguarding in a manner that allows staff to access information in the future should they have fresh or further concerns about a young person or adult. Consideration needs to be given to the appropriate storage and security for all information as per the Data Protection Act.

Responding to a Concern

Adult Services Localised policies contain full directive for staff reporting a concern and what the process is this detail is covered under the following areas;

Step One: Keeping the Adult Safe

Step Two: Identifying the Concern

Step Three: Analysis of the concern

Step Four: Decision-making by Senior Management Team

Feedback Processes

Feedback should be given to the originating member of staff within three days of the concern first being identified. This is essential so that further contact with the adult is sensitive to any outstanding issues or concerns.

However, if the feedback is not forthcoming for any reason, then the originating member of staff must chase that feedback within reasonable timescales. The Senior Management Team must meet regularly to consider any safeguarding forms and to ensure action is taken promptly.

Procedures for Dealing with Urgent and Serious Situations

In some situations, there may be a need to respond to an urgent and serious situation. All staff should in these circumstances understand their duty of care to seek immediate help from the Police and/or Social care without delay. It may be necessary to call emergency services if the young person's health is in danger as well as other appropriate agencies.

Any concerns about the practice of contractors must be reported immediately and appropriate action taken, in serious cases this will be asking a contractor to leave the home.

Escalation Procedures

If a concern is not taken seriously by the Line Manager, **staff must take that concern immediately to a member of the service's Senior Management Team** without delay

If a concern is still not taken seriously or the decided action is felt not to be in the adult's best interests, staff must contact

Nina Sharpe
Isobel Walshe

Adult Nominated Individual and Adult Care Director
Quality and Compliance Manager

Both are contactable via Vernon Gate (SENAD Head Office) on 01332 378840 or via notify@senadgroup.com

Or

- **CQC**
 - Tel: 03000 616161
 - Email: enquiries@cqc.org.uk

- **Adult Social Services**
 - see localised policy for contact information
- **The Police**
 - 999 for an emergency or
 - 101 for non-emergency issues

Allegations against a Member of Staff, Contract Worker or Volunteer

Allegations against members of staff are given the utmost priority.

Allegations can come in any forms:

- Concerns of an unspecified nature – a niggling concern- about the conduct of a member of staff
- Concerns or views expressed via the internet/E mail/Face book, etc
- Allegations about a member of staff's general poor or unprofessional attitude to a young person/adult, another member of staff or the general ethos of SENAD;
- Allegations of inappropriate and unprofessional behaviour – swearing, gossiping, using sexual language, especially when adults can hear and witness such behaviour;
- Allegations of inappropriate boundaries between staff and adults – too familiar relationships, keeping in touch with past adults, rewarding an adult, favouring an adult
- Allegations of offensive descriptions of adults and their disability and/or other staff members;
- Allegations of abuse of harm against an adult;
- Racial comments in any form, including inappropriate reference to colour, creed, religion or culture
- Inappropriate views expressed about someone's sexuality

All such concerns should be passed without delay to your immediate Line Manager or a Senior Member of staff if the concern is in relation to the Line Manager.

Whatever the route the concern must be taken to a senior member of staff for immediate action.

Immediate decisions will need to be made about suspension or other action necessary to safeguard the welfare of others and the member of staff themselves.

The home will respond according to the appropriate disciplinary procedure. All concerns will be passed to SENAD no matter what their nature.

Any concerns about the practice of contractors must be reported immediately and appropriate action taken. In serious cases this will include asking the contractor to leave the home and the reporting of conduct to the safeguarding team/Police.

The local safeguarding team should be consulted about the involvement of medical professions in the case of any physical or sexual allegations.

Making Referrals to Adult Social Care

Social care adult services should be contacted in a number of circumstances:

- Where an adult has a social worker already, all concerns should be notified to that social worker;
- When general advice needs to be sought to assist in determining how best to proceed with a concern. This does not need to involve making referral;
- In requesting /sharing information that might be relevant to an assessment or support of an adult
- Making a formal referral

The threshold for referring for help and support is usually when the adult's health and development would be impaired without the provision of Local Authority services.

The threshold for adult protection is when someone has suffered or is likely to suffer significant harm or is at risk of such.

It will be important to be clear in what capacity the referral is being made.

Considerations before referral should be:

- If the contact with Social care is for advice only, consent from parents/carers or the adult is not necessary;
- If the contact is to make a formal referral for help and support services, parents/carers should be asked for consent to make the referral unless to do so would put the adult further at risk or jeopardize the ability to keep the adult safe;
- If the referral involves more specific adult protection matters, it is not necessary to gain consent unless it is felt the relationship with the family is such that openness will help to secure an outcome. However, sexual/radicalisation abuse concerns should NEVER be discussed with the family nor is consent needed to make a referral for such.

Making the Referral to Adult Social Care Practical Steps

The full detail on the practical steps on making a safeguarding Referral to Adult Social Care is featured in the Adult Services localised policies.

Every localised policy will include full details outlining the procedure including any local numbers to make it more easily assessable and relevant to all staff, service users and parents/carers.

If in doubt contact notify@senadgroup.com for assistance or call SENADS Designated Adult Safeguarding Managers, Nina Sharpe, or Isobel Walshe on **Head office number 01332 378840**

Annex 1: Care Act 2014: Section 42-45

Safeguarding adults at risk of abuse or neglect

42 Enquiry by local authority

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

(3) "Abuse" includes financial abuse; and for that purpose "financial abuse" includes—

- (a) having money or other property stolen,
- (b) being defrauded,
- (c) being put under pressure in relation to money or other property, and
- (d) having money or other property misused.

43 Safeguarding Adults Boards

(1) Each local authority must establish a Safeguarding Adults Board (an "SAB") for its area.

(2) The objective of an SAB is to help and protect adults in its area in cases of the kind described in section 42(1).

(3) The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

(4) An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

(5) Schedule 2 (which includes provision about the membership, funding and other resources, strategy and annual report of an SAB) has effect.

(6) Where two or more local authorities exercise their respective duties under subsection (1) by establishing an SAB for their combined area—

- (a) a reference in this section, section 44 or Schedule 2 to the authority establishing the SAB is to be read as a reference to the authorities establishing it, and
- (b) a reference in this section, that section or that Schedule to the SAB's area is to be read as a reference to the combined area.

44 Safeguarding adults reviews

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

- (a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
- (b) condition 1 or 2 is met.

(2) Condition 1 is met if—

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

(3) Condition 2 is met if—

- (a) the adult is still alive, and
- (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

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

(5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to—

- (a) identifying the lessons to be learnt from the adult's case, and
- (b) applying those lessons to future cases.

45 Supply of information

(1) If an SAB requests a person to supply information to it, or to some other person specified in the request, the person to whom the request is made must comply with the request if—

- (a) conditions 1 and 2 are met, and
- (b) condition 3 or 4 is met.

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- (2) Condition 1 is that the request is made for the purpose of enabling or assisting the SAB to exercise its functions.
- (3) Condition 2 is that the request is made to a person whose functions or activities the SAB considers to be such that the person is likely to have information relevant to the exercise of a function by the SAB.
- (4) Condition 3 is that the information relates to—
- (a) the person to whom the request is made,
 - (b) a function or activity of that person, or
 - (c) a person in respect of whom that person exercises a function or engages in an activity.
- (5) Condition 4 is that the information—
- (a) is information requested by the SAB from a person to whom information was supplied in compliance with another request under this section, and
 - (b) is the same as, or is derived from, information so supplied.
- (6) Information may be used by the SAB, or other person to whom it is supplied under subsection (1), only for the purpose of enabling or assisting the SAB to exercise its functions.

Annexe 2 - Section 42 Enquiry by Local Authority

An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk.

This may or may not be preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore whether the Section 42 duty applies.

An enquiry may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency plan to ensure the wellbeing of the adult concerned. For further details access the [SCIE link](#)

Prior to making an adult safeguarding referral

1. Does the concern meet the criteria for a Section 42 safeguarding enquiry under the requirements of The Care Act 2014?

- The adult is reported as having or appears to have needs for care and support?
- The adult is reported or appears to be experiencing or at risk of abuse or neglect?
- And as a result of care & support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect? If so consider carrying out a mental capacity assessment.

2. Has the person given their consent to enquiries being undertaken?

Consent is not essential when deciding whether concerns should be raised. However, wherever possible you should discuss your concerns with the person and or their representative and seek their consent explaining that one possible outcome may be an enquiry led by adult social care.

Where the person is not willing or able to freely give their consent to information about their circumstances being shared you will need to consider the following:

- To what extent is the person able to make a particular decision or take a particular action for themselves to protect themselves at the time the decision or action needs to be taken?
- Are there any children and/or other adults at risk involved, or is there a potential risk to others?

If the person does not consent to information sharing you may also consider the following factors with them in supporting them to make an informed decision.

- How severe/serious is the harm/potential harm caused?
- What is the impact/potential impact on the person's independence, health and wellbeing? Does this impact on others?

Types of abuse and seriousness	Levels of harm and related indicators/examples				
Level	Lower Level Harm May not meet the threshold for Section 42 enquiry. Outcomes may include advice, information, signposting to other agency, assessment of need, care management/care coordination, risk management, staff training, disciplinary or complaints procedures.		Significant ↔ Very significant Harm Likely to meet threshold for Section 42 enquiry		Critical Serious criminal matter – Immediate discussion with police required. Likely to result in urgent request for s.42 enquiry
Physical	<ul style="list-style-type: none"> Error causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling Minor events that still meet criteria for 'incident reporting' 	<ul style="list-style-type: none"> Isolated incident not involving a staff member Inexplicable very light marking found on one occasion 	<ul style="list-style-type: none"> Inexplicable marking or lesions, cuts or grip marks on a number of occasions 	<ul style="list-style-type: none"> Inappropriate restraint Withholding of food, drinks or aids to independence Inexplicable fractures/injuries Assault 	Grievous bodily harm/assault with weapon leading to irreversible damage or death
Sexual	<ul style="list-style-type: none"> Isolated incident of teasing or unwanted attention, either verbal or touching (but excluding genitalia) which has NOT been committed by a person in a 	<ul style="list-style-type: none"> Verbal sexualised teasing or harassment Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists - no harm or distress caused 	<ul style="list-style-type: none"> Sexualised touch or masturbation without valid consent Being subject to indecent exposure Contact or non-contact sexualised 	<ul style="list-style-type: none"> Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent Being made to look at pornographic material against will/where valid consent cannot be given 	<ul style="list-style-type: none"> Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user Sex without valid consent (rape) Voyeurism

	position of trust, where this is not of a serious nature and the effect on the vulnerable adult is low.		behaviour which causes distress to the person at risk		
Psychological	<ul style="list-style-type: none"> Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused 	<ul style="list-style-type: none"> Occasional taunts or verbal outbursts which cause distress The withholding of information to dis-empower 	<ul style="list-style-type: none"> Treatment that undermines dignity and damages esteem Denying or failing to recognise an adult's choice or opinion Frequent verbal outbursts 	<ul style="list-style-type: none"> Humiliation Emotional blackmail e.g. threats of abandonment/harm Frequent and frightening verbal outbursts 	<ul style="list-style-type: none"> Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage Prolonged intimidation Vicious/personalised verbal attacks
Domestic Violence (Where there are children in the household or present this must be referred to the children's MASH)	<ul style="list-style-type: none"> One off incident with no injury or harm experienced 	<ul style="list-style-type: none"> Occasional taunts or verbal outbursts Victim has no current fears Adequate protective factors Children in household or present-refer to Children's Services 	<ul style="list-style-type: none"> Inexplicable marking or lesions or grip marks on a number of occasions Subject to controlling behaviour Frequent verbal/physical outbursts Children in household or present - refer 	<ul style="list-style-type: none"> Assault causing serious harm Subject to stalking/harassment Serious sexual assault or humiliation Experiences constant fear Subject to severe controlling behaviour e.g. finances/medical treatment Children in household or present-refer to Children's Services 	<ul style="list-style-type: none"> Subject to regular violent behaviour Threats to kill/choke/suffocate etc In constant fear of being harmed Sex without valid consent (rape) Honour based violence &/or forced marriage Children in household or present - refer to Children's Services

			to Children's Services		
Neglect & acts of omission	<ul style="list-style-type: none"> Isolated missed home care visit - no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm occurs 	<ul style="list-style-type: none"> Inadequacies in care provision leading to discomfort - no significant harm e.g. occasionally left wet. No access to aids for independence 	<ul style="list-style-type: none"> Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate planning and harm occurs 	<ul style="list-style-type: none"> Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/ confidence 	<ul style="list-style-type: none"> Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
Financial or material abuse	<ul style="list-style-type: none"> Money is not recorded safely or recorded properly Single or one off incident of missing money and/ or belongings where the quality of the service user's life has not been affected and little or no distress is caused. 	<ul style="list-style-type: none"> Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered 	<ul style="list-style-type: none"> Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest Adult denied access to his/her own funds or possessions 	<ul style="list-style-type: none"> Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards Personal finances removed from adult's control Adult coerced or misled into giving over money or property 	<ul style="list-style-type: none"> Fraud/exploitation relating to benefits, income, property or will Theft

Organisational (any one or combination of the other forms of abuse)	<ul style="list-style-type: none"> Lack of stimulation/ opportunities to engage in social and leisure activities SU not enabled to be involved in the running of service 	<ul style="list-style-type: none"> Denial of individuality and opportunities to make informed choices and take responsible risk Care-planning documentation not person-centred 	<ul style="list-style-type: none"> Rigid/inflexible routines Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing 	<ul style="list-style-type: none"> Bad practice not being reported and going unchecked Unsafe and unhygienic living environments 	<ul style="list-style-type: none"> Staff misusing position of power over service users Over-medication and/or inappropriate restraint managing behaviour Widespread, consistent ill treatment
Modern slavery	All concerns about modern slavery are deemed to be of a significant/critical level		<ul style="list-style-type: none"> Under control of another/fearful Long periods at work Unable to get medical treatment Poor living conditions/low wages 	<ul style="list-style-type: none"> Regularly moved to avoid detection Lives in work place No health and safety in work place Under control of others e.g. gang master, dealers, pimp for prostitution Subject to violence/threats/ fearful Risk of physical/psychological harm 	<ul style="list-style-type: none"> Regularly moved to avoid detection Lives in sheds/lockup /containers Risk of fatality or serious injury No freedom/unable to leave Risk of organ harvesting Wages used for debt Not in possession of ID or passport Subject to forced marriage
Discriminatory/ Hate Crime	<ul style="list-style-type: none"> Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences 	<ul style="list-style-type: none"> Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period 	<ul style="list-style-type: none"> Inequitable access to service provision as a result of diversity issue Recurring failure to meet specific care/support needs 	<ul style="list-style-type: none"> Being refused access to essential services Denial of civil liberties e.g. voting, making a complaint Humiliation or threats on a regular basis 	<ul style="list-style-type: none"> Hate crime resulting in injury/emergency medical treatment/fear for life Hate crime resulting in serious injury/attempted murder/honour-based violence

			associated with diversity <ul style="list-style-type: none"> Recurring taunts 		
Self-neglect	<ul style="list-style-type: none"> Self-care causing some concern - no signs of harm or distress Property neglected but all main services work Some evidence of hoarding - no major impact on health/safety 	<ul style="list-style-type: none"> First signs of failing to engage with professionals Property neglected Evidence of hoarding Lack of essential amenities No access to support 	<ul style="list-style-type: none"> Refusing medical treatment High level of clutter /hoarding Insanitary conditions in property Won't engage with professionals Problematic substance misuse Potential fire risk/gas leaks Multiple reports from others Self-neglect is life threatening 	<ul style="list-style-type: none"> Lack of self-care results in significant deterioration in health/wellbeing Chaotic substance misuse Environment injurious to health Potential fire risk or gas leaks Others affected by self-neglect Multiple reports from other agencies Behaviour poses risk to self/others Failure to arrange access to lifesaving services or medical care 	<ul style="list-style-type: none"> Life in danger without intervention Chaotic substance misuse Environment injurious to health* Imminent fire risk/gas leaks Access obstructed within property Multiple reports from other agencies Behaviour poses risk to self/others
<p>Only exceptional cases of self-neglect will trigger adult safeguarding. All standard interventions must be used first to manage risk e.g. Care Management/Care Plan Approach/Multi-Disciplinary Team</p> <p>Appropriate services must be notified where there is a risk to others e.g. fire, environmental health</p>					