

# Safeguarding Adults at Risk in Wiltshire



## Policy and Procedures July 2019

This policy will be made freely available to users of the services, their families and carers, and to workers and professionals within all agencies providing services for adults in need for care and support.

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# Section 1 - Introduction

## 1.1 - INTRODUCTION

Safeguarding in the UK is governed by the Care Act 2014. This legislation requires local authorities to fulfil specific duties in relation to safeguarding adults. These 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 to:

- make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect
- set up a Safeguarding Adults Board
- arrange, where appropriate, for an independent advocate
- cooperate with each of its relevant partners and supply information
- carry out safeguarding adult reviews

The full guidance for the Care Act can be found at

[www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

Under the Care Act 2014 “Wellbeing” is defined as a broad concept, and described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal;
- suitability of living accommodation and
- the individual’s contribution to society.

The Care Act and its statutory guidance (Chapter 14) revised the definition of an ‘Adult at Risk’.

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves.

Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.”

**Department of Health Care Act Guidance October 2014**

## 1.2 – CARE ACT 2014 STATUTORY PRINCIPLES OF SAFEGUARDING ADULTS:

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

### **1.3 – WILTSHIRE SAFEGUARDING ADULTS BOARD (WSAB).**

Our Safeguarding Adults Board is made up of professionals from the local authority, the police, health services and other local organisations. Members work together to prevent abuse and neglect where possible and safeguard vulnerable adults across our county.

Every area in the country has a legal duty to have a Safeguarding Adults Board. Wiltshire's Board members work alongside the people who use our local services to protect adults who are at risk. Someone might be at risk because they have dementia, a learning difficulty, an illness or a disability – whatever the reason the Board wants to make sure their views are heard and they are protected from harm.

The WSAB has an independent Chair, more details can be found on the WSAB website. The statutory partner agencies are:

[Wiltshire Council](#)  
[Wiltshire Police](#)  
[NHS Wiltshire Clinical Commissioning Group](#)

#### **Wider partners include:**

[AWP NHS Trust](#)  
[Wiltshire Care Partnership](#)  
[Great Western Hospital, Swindon](#)  
[Royal United Hospital, Bath](#)  
[Salisbury NHS Foundation Trust](#)  
[Wiltshire Health & Care](#)  
[The National Probation Service](#)  
[BGSW Community Rehabilitation Company](#)  
[Dorset and Wiltshire Fire & Rescue Service](#)  
[SW Ambulance Service NHSFT](#)  
[Healthwatch Wiltshire](#)  
[Domiciliary Care Providers Association](#)  
[Wiltshire & Swindon Users Network](#)  
[Carers in Wiltshire](#)  
[Care Quality Commission](#)  
[NHS England, South Central](#)

## 1.4 – POLICY STATEMENT.

The partners of the Wiltshire Safeguarding Adults Board (WSAB) operate a policy of zero tolerance to abuse of vulnerable people. This policy relates to adults at risk.

The WSAB recognising that inequality, disadvantage and discrimination exist in society, all signatories to this policy accept the responsibility to ensure that all adults in need of care and support regardless of their ethnic origin, religion, language, age, sexuality, gender or disability have equal opportunity to access services and information designed to protect them from harm and to promote their wellbeing.

The signatories to this policy adopt the following philosophy statement in accordance with the principles contained within the European Convention on Human Rights and the Human Rights Act 1998:

- All individuals have the right to live their lives free from coercion, intimidation, oppression and physical, sexual emotional or mental harm;
- All individuals have a right to a family life and privacy;
- Individuals have a right to confidentiality in respect of personal information insofar as this does not infringe the rights of other people;
- All individuals have the right to receive full and comprehensive information to enable them to make informed choices about their own circumstances; and
- All individuals have the right to the protection of the law and access to the judicial process.

### SCOPE OF THIS POLICY:

*“The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness. What good is it making someone safer if it merely makes them miserable?”*

**Lord Justice Munby**

This policy applies to all residents of Wiltshire including people who are funding their own care services, those whose service is funded by the local authority or Clinical Commissioning Group, adults at risk who are not in receipt of care services or direct their own care, and people living in Wiltshire who are funded by local authorities and health authorities outside the area. In some circumstances, a carer (family/friend/partner i.e. not a member of care staff) may require support under these procedures if they have been experiencing abuse or neglect.

Any necessary measures taken should be in line with the ethos of ‘Making Safeguarding Personal’ (MSP). All actions should be undertaken at the earliest opportunity and individuals supported and empowered to decide what action, if any, will be taken. Where an adult does not have the capacity to consent to actions taken to protect them it should be clarified who, if anyone, has the power to act on their behalf or should advocate for them in accordance with the Mental Capacity Act 2005.

While services will be keen to work to help people to be safe, the individual needs the opportunities to express what being safe means to them. As far as possible, all the relevant agencies should work towards enabling the person to achieve this while maintaining their wellbeing.

## 1.5 – DEFINITIONS.

The definitions contained within this policy are underpinned by the Care Act 2014 and associated guidance.

### Who is an adult at risk?

Under this policy and procedures, the safeguarding duties apply to an adult who:

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

### What is Abuse

Abuse may consist of a single act or repeated acts, or may be an act of neglect or an omission to act. Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents of poor unsatisfactory professional practice or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse is a violation of an individual's human and civil rights by any other person or persons. The risk of being abused depends upon the situation, the environment and those who cause harm, not on the behaviour of victims. Many incidents of abuse are criminal offences.

**Abuse** may include one or more of the following:

- **Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate sanctions;
- **Sexual abuse**, including rape and sexual assault, contact or non-contact sexual acts to which the adult at risk has not consented, or could not consent or was pressurised into consenting;
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- **Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- **Neglect or acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; failure to report abuse or risk of abuse;
- **Discriminatory abuse**, including that based on a person's ethnic origin, religion, language, age, sexuality, gender, disability, and other forms of harassment, slurs or similar treatment;
- **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.

- **Domestic Abuse:** As defined by the home office. Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16\* or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological physical sexual financial and emotional. *(Although this definition refers to those over 16, in the context of this policy, safeguarding adults refers to victims of domestic abuse who are 18 years or over.)*
- **\*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.
- **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

**Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.**

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

It is important to recognise that abuse or neglect may be unintentional (and may arise because a carer is struggling to care for another person) but where there is poor, neglectful care or poor practice consideration should be given to whether employer-led disciplinary practice may be more appropriate. In order to see these patterns it is important that information is recorded and appropriately shared.



## **1.6 – Adult Safeguarding: Roles and Responsibilities**

### **Overall responsibility**

The overall responsibility for making enquires or causing others to do so lies with Wiltshire Council.

From time to time it may be necessary for an adult team to respond in a safeguarding children's case that has been highlighted by children's services where it is possible that the young person is likely to continue to be at risk beyond their 18<sup>th</sup> birthday and where they may be subsequently described as an adult as defined in the Care Act s.42 / DoH Chapter 14 Guidance.

Where an individual who is 18 years or over and is still supported by children's services, arrangements under these procedures should be applied.

### **The Adult 'Multi-Agency Safeguarding Hub' (MASH)**

Wiltshire's Adult MASH was set up in 2018. It brings together staff, knowledge and expertise from the Council's previous Safeguarding Adult Team, Wiltshire Police's Safeguarding Adults Investigation (SAIT) Team and NHS Wiltshire Clinical Commissioning Group.

When you call the Adult MASH the call will be answered by the Advice and Contact Team who will screen the call. There is a triage number for professionals to discuss queries and concerns. Triage will be completed in conjunction with the LGA / ADASS 'Threshold Decision Framework' and internal guidance and procedures to ensure that there is consistency in approach to all concerns.

The team ensures that all enquiries are screened in accordance to Care Act (2014) s.42 criteria, if the s.42 enquiry does not proceed past the point of triage, the Adult MASH ensure that appropriate action taken and that adults are sign posted to appropriate services.

### **Investigating Manager**

Investigating Managers are responsible for ensuring that the Policy and Procedures for Safeguarding Adults in Wiltshire are adhered to and that a Section 42 enquiry under the Care Act 2014 is carried out if it is believed an adult with care and support needs is experiencing abuse or neglect or is at risk of it and that the adult is unable to protect themselves from abuse or neglect as a result of their care and support needs.

The Investigating Manager must ensure that the person of the concern is involved in all stages of the safeguarding process.

Where there are substantial difficulties in ensuring participation or there is no one suitable to support the adult, an advocate will need to be engaged. In exceptional circumstances where it is believed that by involving the adult at the earliest stage could place an additional risk on the person it may be necessary to delay involvement until an assessment of the risks can be carried out.

The Investigating Manager is responsible for establishing who is best placed to begin the enquiry with regards to the correct agency and the correct personnel (for example, does the person have jurisdiction within their organisation to carry out an effective enquiry? Are they qualified to complete an enquiry?). They will also need to ensure the appropriate agencies are involved in safeguarding the adult. They are responsible for the overall management of the enquiry as well as specific duties within it.

Effective supervision and on-going support are essential for the team members involved in the case. Investigating Officers will receive professional supervision within their relevant

teams, however it is the responsibility of the Investigating Manager to ensure that support and guidance is provided in a way that is appropriate to the experience of the Investigating Officer on a case by case basis, with consideration to the complexity of the investigation. The Investigating Manager must ensure that all records are kept in accordance with the relevant agencies policies and the **General Data Protection Regulation (GDPR)**.

All Investigating Managers are responsible for ensuring that they receive appropriate training to carry out their role and responsibilities in safeguarding adults. They also need to ensure that staff for whom they are responsible have undertaken training relating to making enquiries, similar training events or are deemed to be competent to be Investigating Officers.

The role of the Investigating Manager may be undertaken by Team Managers, Deputy Team Managers and Senior Practitioners, who have appropriate experience and training.

### **Investigating Officer**

In collaboration with the relevant Investigating Manager, the primary role for the Investigating Officers is to undertake the investigation as directed by the Investigating Manager in accordance with these policy and procedures.

### **Wiltshire Police**

Protecting life and preventing crime are the primary tasks of the Police. Vulnerable adults are citizens who have the right to protection offered by the criminal law.

The Police have a duty and a responsibility to prevent and investigate criminal offences committed against vulnerable adults (adults at risk) and such actions should be carried out sensitively, thoroughly and professionally. Safeguarding vulnerable adults is not, within a policing context, seen only as the role of the Safeguarding Adults Investigators, but that of all Police Officers as part of their everyday duties.

Wiltshire Police recognises the fundamental importance of inter-agency working in combating Adult Abuse.

Wiltshire Police is committed to the sharing of information with other agencies, where it is necessary and proportionate to protect a vulnerable adult.

### **Safeguarding Adults Investigation Team**

The Safeguarding Adults Investigation Team (SAIT) is a dedicated unit within Wiltshire Police's Public Protection Department. The SAIT are responsible for all Police investigations where the victim has care and support needs and the perpetrator is in a formal position of trust such as a carer or power of attorney (strand 3 below). The team consists of a mix of Police officers and Police staff investigators who are supervised by a Detective Sergeant. Investigators are based in Melksham, Salisbury and Swindon but maintain responsibility for the entire county.

All police referrals are triaged by the Police decision maker based within the Adult Mash, working in close liaison with Wiltshire Council colleagues in the Adult MASH and Swindon Borough Councils Verifications Team, before being forwarded to the most appropriate recipient. These will include relevant adult care services as well as other Police departments, such as Community Policing Teams.

Wiltshire Police aims to differentiate between the three identified areas of vulnerability often encountered by Police:

Strand 1: Welfare concern. Relevant issues are passed via dedicated contact centres to the relevant local authority support service, such as social services;

Strand 2: Victim/Witness to a crime/ASB incident. These concerns are managed locally by Community Policing Teams through the implementation of a risk assessment process and collaborative work with partner agencies; and

Strand 3: Safeguarding Adult investigations; i.e. those involving Adults at Risk who are in receipt of care services and subject to abuse from family member/person/carer in a position of trust and client on client Strand 3 concerns are those which meet the criteria for SAIT intervention.

### **Partner Agencies**

Working with the MASH team all local partners that provide care or support or protect adults at risk should:

- Actively work together based on the guidance relating to the Care Act 2014
- Take action proportionate to the level of risk to prevent harm from occurring
- Carry out enquiries where abuse or neglect is alleged and manage safeguarding adults procedures within the agreed policy, guidance and protocols underpinning this framework involving the adult as much as possible
- Provide a proportionate response and seek to ensure that the individual's life will be improved as a result of using safeguarding procedures
- To actively promote the empowerment and well-being of adults
- Ensure good practice with safe recruitment and staff development
- To actively support the rights of the individual to lead an independent life based on self-determination and personal choice
- Ensure the law is followed when assessing an individual's capacity to make particular decisions and that decisions made on their behalf are in their best interests if they are assessed as lacking capacity to do this for themselves
- Recognise people who are unable to make their own decisions and/or protect themselves, their assets and their bodily integrity
- Recognise that the right to self-determination can involve risk and ensure such risk is recognised and understood by all concerned, and harm is minimised whenever possible
- Ensure the safety of adults in need for care and support by integrating strategies, policies and services relevant to abuse within all systems and relevant legislation
- Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advocacy, including advice, protection and support from relevant agencies
- Ensure that the law and statutory requirements are known and used appropriately so that adults in need for care and support receive the protection of the law and access to the judicial process
- Identify others who may be at risk of harm, including children (including unborn babies), and effect immediate referral to the appropriate authority
- Recognise the on-going duty of care to service users who cause harm and facilitate any necessary action to address abusive behaviour
- To actively promote an organisational culture within which all those who express concern will be treated seriously and will receive a positive response from management
- Ensure that all agencies and their staff working with adults in need of care and support are familiar with this policy and the agreed procedures, guidance and protocols
- Ensure that confidentiality and information sharing related to safeguarding adults at risk and those alleged to have caused harm in a multi-agency context are maintained with the agreed protocols
- Ensure that all staff responsible for managing and conducting investigations within these procedures receive the appropriate training and support

Each Partner agency will have its own policy with explanation of how they relate to this over-arching WSAB multi agency Safeguarding Adults Policy and Procedure document.

## **1.7 - Recognition of adult abuse and neglect**

### **Who may be the Abuser?**

Those who carry out abuse or neglect are not confined to any section of society and may be people who hold a position of trust, power or authority in relation to an adult in need for care and support (from here on referred to as “adult” in this section. A person who causes harm may be:

- A member of staff, proprietor or service manager;
- A member of a recognised professional group;
- A volunteer or member of a community group such as a place of worship or social club;
- A service user or adult at risk;
- A spouse, relative or member of the person’s social network;
- A carer, i.e. someone who has the right to an assessment and may be eligible for services to meet their caring role independently of an adult at risk A neighbour, member of the public or stranger; or
- A person who deliberately targets adults at risk and
- In the case of self neglect, the person themselves.

As well as their responsibility to the person who may have been abused or neglected, agencies may have a responsibility in relation to those alleged to have caused harm. Their powers and duties will vary depending upon the role of the person alleged to have caused harm in relation to the agency.

NB: In some circumstances, there may not be an identified alleged abuser or abusers, but the abuse may stem from organisational cultures or practices (e.g. Organisational Abuse)

### **Where may abuse occur?**

Abuse can take place in any situation:

- Where the person lives, either alone or with someone else;
- In supported/sheltered accommodation;
- Within nursing, residential or day care settings;
- In hospital;
- In custodial situations;
- Where support services are being provided; and
- In public places.

### **Patterns of abuse / abusing**

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

- Predatory abuse involves a person intending to cause harm and seeking out and ‘grooming’ individuals over a period of time. Sexual abuse can fall into this pattern as do some forms of financial abuse and psychological abuse;
- Long term abuse in the context of an on-going family relationship such as domestic abuse between spouses or generations of family members (e.g. older relatives, or children where children’s safeguarding procedures may be required) this could also include Honour Based Violence where an adult is subjected to

controlling behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour;

- Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour;
- Neglect of a person's needs because those around him or her are not able to be responsible for their care, e.g. the carer has difficulties attributable to debt, alcohol, mental health problems or learning disabilities or has not got the required skills to fulfil the caring role;
- Organisational abuse such as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and insufficient knowledge base within the service;
- Restrictive care planning in a hospital or care home setting with or for people who lack capacity to consent to these arrangements without appropriate reference to the legal requirements. These may be in their best interests but may deprive them of their liberty and require further action. e.g. Deprivation of Liberty Safeguards;
- Unacceptable 'treatments' or programmes which include sanctions or punishments such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over medication;
- Prevention or failure to allow access to healthcare, dentistry, prostheses;
- Misappropriation of benefits and/or use of a persons' money by other members of the household;
- Fraud or intimidation in connection with wills, property or other assets;
- Failure of agencies to address racist and discriminatory attitudes, behaviour and practice;
- Violence;
- On line and other digital risks that can include cyber bullying, "grooming" or harm that can result from malicious use of social networking sites by those who intend to cause harm, online risks resulting in fraud and financial abuse and misuse of other digital media that is intended to cause harm, e.g. malicious use of mobile phones, text messaging etc.
- Intimidation, coercion or exploiting the vulnerability of an adult to become involved in acts of terrorism or actions that may contribute to acts of terrorism;
- Controlling behaviour that leads to an adult becoming subordinate and unnecessarily dependent and isolated from support. Exploiting the adult for personal gain, depriving them of the means needed for independence, resistance and escape and directing their everyday behaviour that is detrimental to their wellbeing
- Coercion of an adult at risk to carry out actions they would not otherwise undertake (e.g. slavery, human trafficking, forced labour and domestic servitude).; and
- Being forced into a marriage the adult at risk cannot or does not consent to.

(Please note this list is not exhaustive)

## **1.8 – Indicators of possible abuse**

Indicators of abuse should be seen as suggestive of, not proof of, abuse. Any one or group of indicators could arise from other causes other than abuse. However, recognition of a number of factors or symptoms in any one individual should lead to concern and further assessment or investigation.

If a member of staff sees one or more indicators in an individual that must be discussed with a line manager/senior manager. It could be the case that several staff are seeing some of these signs and that by openly sharing their observations, staff may become aware that they have each noticed a different aspect of the abuse and that by sharing information a fuller picture may emerge. It is important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance.

The following lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk. Some of the following indicators may relate to more than one type of abuse and may also be an indicator of offending behaviour.

### **Indicators of Physical Abuse**

- Any injury not fully explained by the history given;
- Injuries inconsistent with the lifestyle of the adult at risk;
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs;
- Cluster of injuries forming regular patterns or reflecting shape of article;
- Burns, especially on soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns;
- Multiple fractures;
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia;
- Marks on body, including slap marks, finger marks;
- Injuries at different stages of healing;
- Medication misuse;
- Enforced misuse of illegal or legal substances; and
- Inappropriate restraint.

### **Indicators of Sexual Abuse**

- Significant change in sexual behaviour, language or outlook;
- Pregnancy in a woman who is unable to consent to sexual intercourse;
- Wetting or soiling;
- Unexplained negative responses to personal/medical care tasks;
- Signs of withdrawal, depression and stress;
- Full or partial disclosure or hints of sexual abuse;
- Overly sexualised language;
- Unusual difficulty in walking and sitting;
- Pain or itching, bruises or bleeding in genital area;
- Sexually-transmitted disease, urinary tract/vaginal infections in someone who is unable to consent to sexual intercourse; and
- Psychosomatic disorders - stomach pains, excessive period pains.

### **Indicators of Psychological/Emotional Abuse**

- Change in appetite;
- Low self-esteem, deference, passivity and resignation;
- Unexplained fear, defensiveness, ambivalence;
- Emotional withdrawal;
- Sudden change in behaviour;
- Person managing care uses bullying, intimidation or threats to induce desired behaviour;
- Person managing care has punitive approach to bodily functions or incontinence; and
- Person is in receipt of malicious texts, emails or harmful contact while using social networking websites.

### **Indicators of Financial or Material Abuse**

- Unexplained sudden inability to pay for bills or maintain lifestyle;
- Person lacks belongings or services they can clearly afford;
- Recent acquaintances expressing sudden or disproportionate affection for a person with money or property;
- Lack of records and accounting of where money spent;
- Unusual or suspicious bank account activity;
- Power of attorney obtained when person is unable to comprehend and give consent;
- Withholding money without legal reason;
- Recent change of deeds or title of property;
- Unusual interest shown by family or others in the person or the person's assets;
- Person managing financial affairs is evasive or uncooperative; and
- Selling or offering to sell possessions of an adult at risk who does not have the capacity to consent or know the full value of those possessions.

### **Indicators of Neglect (acts of omission)**

- Inadequate heating and/or lighting;
- Inappropriate, old or shabby clothing, or being kept in night clothes during the day;
- Sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living;
- Physical condition is poor e.g. treated or untreated pressure ulcers;
- Inadequate physical environment;
- Inadequate diet;
- Untreated injuries or medical problems;
- Inconsistent, frequently unexplained or reluctant contact with health or social care agencies;
- Failure to engage in social interaction;
- Malnutrition when not living alone;
- Failure to give/offer prescribed medication/treatment; and
- Poor personal hygiene;

### **Indicators of Organisational /Institutional Abuse**

- Inappropriate or poor care, poor care planning and inconsistent application of care plans;
- Misuse of medication;
- \*Higher than average levels of mortality;
- \*Higher than average levels of accidents and incidents and “near misses”;
- Inappropriate physical restraint or intervention;
- Inappropriate use of chemical restraint;
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.;
- Lack of recording on client files;
- Lack of respect shown to person;
- Denial of visitors or phone calls;
- Restricted access to toilet or bathing facilities;
- Restricted access to appropriate medical or social care;
- Lack of privacy or failure to ensure appropriate privacy or personal dignity;
- Lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food;
- Lack of personal clothing and possessions;
- Lack of response to specialists guidance;
- Lack of consideration given to an individual’s mental capacity and their best interests;
- Overly restrictive care planning & use of restrictive practice without proper authority or consent;
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff and service users;
- Poor professional practice; and
- Lack of response to complaints.

(\*The source of the statistical information that may give rise to a concern maybe from CQC, the Coroner’s Office, Contracts Monitoring Visits, Health & Safety Executive etc.)

### **Indicators of Discriminatory Abuse**

- Lack of respect shown to an individual;
- Failure to respect dietary needs;
- Failure to respect cultural and religious needs;
- Signs of a substandard service offered to an individual; and
- Exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status.

### **Self Neglect**

- Extreme poor personal hygiene;
- Poor health and reluctance to receive treatment or engage with health services;
- Poor and unsanitary living conditions
- Extreme hoarding behaviour:
- Living environment is unsafe and unmaintained that may (for example) present a fire risk
- Eccentric behaviours that are impacting on the wellbeing of the individual especially if they lack capacity or experience poor mental health;



**Modern Slavery**

- The individual is not free to come and go as they wish;
- The person is unpaid, or paid less than minimum wage for carrying out forced labour or domestic servitude;
- A person working excessively long or unusual hours
- Unusual restrictions while at work;
- Sexual exploitation

(Other forms of abuse as listed above may indicate that someone is experiencing exploitation or inhumane treatment)

**Domestic Abuse**

- Any abuse between intimate partners or family members
- Controlling behaviour detrimental to the well-being of the individual
- Coercive behaviour that include assault, threats, humiliation and intimidation
- abuse that is used to harm, punish, or frighten their victim

**Other Indicators**

Other forms of abuse (e.g. Domestic Violence, child abuse and cruelty to animals) may highlight an increased risk that adult abuse may be taking place. Self harm or self neglect may also be considered an indicator of harmful actions by someone other than the individual at risk.

# Section 2 – Procedures (Concerns)

## 2.1 – Raising a concern

### What is an adult safeguarding concern?

An adult safeguarding concern is any concern you may have about an adult who has or appears to have care and support needs, who may be subject to, or potentially at risk of, abuse and/or neglect and may be unable to protect themselves against this.

### A concern may be raised by anyone, and can be:

- 1) **An active disclosure of abuse by the adult**, is where the adult tells another person that they are experiencing abuse and/or neglect.
- 2) **A passive disclosure of abuse** is where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries.
- 3) **An allegation of abuse by a third party** is, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult.
- 4) A complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect.

The recipient of the complaint should consider whether there are safeguarding issues based on:

- A concern raised by staff or volunteers, others using the service, a carer or a member of the public.
- An observation of the behaviour of the adult at risk.
- An observation of the behaviour of another person.
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits (CQC, Monitor etc.).
- Concern that the adult has caused or is likely to cause harm to others
- The adult has capacity to make decisions about their own safety and wants this to happen
- The adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult who lacks the mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systemic abuse

## 2.2 – Good practice when receiving a disclosure

- Speak in a private and safe place
- Listen to what the person is saying
- Don't 'interview' the person; but establish the basic facts avoiding asking the same questions more than once
- Ask them what they would like to happen and what they would like you to do
- Don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why
- If the adult asks you not to share the information record this and seek advice
- If there are grounds to override a person's consent to share information, explain

what these are

- Explain how the adult will be involved and kept informed
- Provide information and advice on keeping safe and the safeguarding process
- Make a best interest decision about the risks and protection needed if the person is unable to provide informed consent

### **2.3 – Obtaining the consent of the Adult at Risk**

The mental capacity of the adult, their ability to give their informed consent to a referral being made and action being taken under these procedures is significant, but not the only factor in deciding what action to take. The test of capacity in this case is to find out if the person at risk has the mental capacity to make informed decisions about:

1. A safeguarding alert
2. Actions which may be taken under multi-agency policy and procedures
3. Their own safety or that of others including an understanding of longer-term harm as well as immediate effects
4. Their ability to take action to protect themselves from future harm

If the person is assessed as not having capacity to consent and it is considered that they are at risk of, or have experienced harm, then a concern should be raised to the local authority. With reference to Making Safeguarding Personal (MSP) the expectation is that the person will require support from a friend, family member, significant other or an advocate to ensure that their views are represented and taken into consideration.

#### **Raising a concern when the adult does not want any action**

If the adult has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.

The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The adult will need to be informed that an alert will still need to be raised and as at minimum a record must be made of the concern, as well as the adult's decisions with reasons. A record should also be made of what information the person at risk was given.

At any time, you can contact MASH to seek advice about what to do next.

#### **Consideration of Public / Vital Interest**

If there is an overriding public interest or vital interest i.e. where there is a high risk to the health and safety of the adult, or if gaining consent would put the adult at further risk, a s.42 referral must be made

### **2.4 – Factors to consider when raising a concern**

**The first consideration must be 'does the adult require immediate support from the emergency services?'**

Establish the risks and what immediate steps to take - if the person is at immediate risk of harm, it is expected that the referrer will have taken appropriate steps to contact emergency services. If they are not, then the referrer needs to consider the following:

- Communication needs, whether an interpreter or other support is needed
- Whether it is likely that advocacy may be required
- Personal care and support arrangements
- Mental capacity to make decisions about whether the adult is able to protect themselves and understand the safeguarding process.

Once you have mitigated any immediate risk of harm you should consider the mental capacity of the adult at risk and whether they are unable to make decisions about their own safety. Remember to assume capacity unless there is evidence to the contrary. Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or is subjected to undue influence or duress. If possible ascertain what the adult at risk would hope to be achieved by the any investigation wants to happen.

**Other considerations include:**

- The extent of the person's vulnerability and any personal, environmental and social factors contributing to this
- The nature and extent of the abuse including whether it is criminal
- Whether the situation poses a risk to the public or other people, including children under 18 years
- The length of time the abuse has been occurring and whether it is a one-off incident or a pattern of repeated actions
- The impact of the abuse on the adult and the physical and/or psychological harm being caused and whether the abuse is having an impact on other people
- The extent of premeditation, threat or coercion
- The immediate and likely longer-term effects of the abuse on their independence, well-being and choice
- The risk of repeated or increasingly serious acts by the person causing the harm.

**2.5 – Concerns Checklist**

- Safety of adult and others considered
- Initial conversation held with the adult
- Emergency services contacted and recorded
- Medical treatment sought
- Consent sought
- Mental Capacity considered
- Best Interest Decisions made and recorded if appropriate.
- Initial person centred desired/negotiated outcomes have been considered and recorded.
- Public and vital interest considered and recorded
- Police report made
- Consider DASH assessment or referral to MARAC for situations of domestic abuse.
- Evidence preserved
- Referral to children services if there are children and young people involved
- Action taken to remove/reduce risk where possible and recorded
- Recorded clear rationales for decision making
- Referral to Local Authority includes all relevant information

## **Information the referral / concern might contain**

Organisations that refer to the Local Authority should include the following information:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin
- Basic facts, focusing on whether or not the person has care and support needs including communication and on-going health needs
- Factual details of what the concern is about; what, when, who, where.
- Immediate risks and any actions taken to address risk
- Preferred method of communication
- If reported as a crime - details of which police station/officer, crime reference number etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations for example, the Care Quality Commission
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household

Not all concerns will necessarily result in a section 42 enquiry. For example, if the person does not want a safeguarding investigation to take place and there is not public or vital interest concern, where there is no abuse, or where the person requires signposting to another service for example a review of their current care. Some situations of self-neglect may also follow another pathway. In order to prevent a delay in raising concerns, alerts to the Local Authority should usually be made by contacting:

**For further advice call the adult MASH on – 0300 4560111**

## **2.6 - Referral Flowchart (next page)**

# Abuse / Neglect of Adult at Risk is Suspected, Disclosed or Discovered

## Document your concerns

1. Assess situation for immediate risk
2. Call for emergency support if required
3. Do not investigate
4. Clarify basic information
5. Record details of concern
6. Do not promise 'not to tell anyone'
7. Preserve any evidence
8. Inform / discuss with appropriate manager

### If allegation concerns an employee:

- Inform appropriate manager / Safeguarding Adults Lead
- Discuss next steps
- Initiate company incident reporting policy
- Continue with this flowchart as for all referrals

Abuse / Neglect Still Suspected or confirmed?

NO

Consider:  
Are there other adults or children at risk?  
**Document concerns / outcome**

No

Yes

Inform adult of your concerns and proposed actions, including the duty to report concerns to manager – consider:

1. Do you have the adult's informed consent to continue?
2. Does the adult have capacity to make an informed decision to consent to the referral?

Lacks capacity to make this decision – document your belief  
Record the best interest decision

Consider: is an IMCA / or other advocate required?

Yes

Informed consent not given

Are other Adults at risk?

Yes

No

Make a referral to Wiltshire Council

**Referral: 0300 456 0111**  
**Out of Hours: 0300 456 0100**

1. For discussion, guidance or advice please call Wiltshire Council, Safeguarding Adults Teams (Triage Line – 01380 826510)
2. Keep a written record of your actions
3. Record the referral including advice given and triage decision

Consider if other services needed? Emergency – 999, CQC – 03000 616161  
Refer on for additional support e.g. social services, CMHT, respite services

### REMEMBER... DOING NOTHING IS NOT AN OPTION

The Care Act 2014 s.42 enquiry duty remains in place until all necessary action has been taken to resolve the risks, all action and decisions must be documented.

# Section 3 – Procedures (s.42 enquiries)

## 3.1 – What an enquiry should consider

- The priority should always be to ensure the safety and wellbeing of the adult at risk, they should experience the safeguarding process as empowering and supportive.
- Practitioners should wherever possible seek the consent of the adult before taking any action. However, there will be circumstances when consent cannot be obtained, this could be because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry.
- Whether the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done, or where it is in the public interest to take action because a criminal offence has occurred.
- Any intervention in family or personal relationships needs to be carefully considered. Interventions which remove all contact with family members may also be experienced as abusive interventions and risk breaching the adult's right to family life if not justified or proportionate.
- Safeguarding should recognise that the right to safety must be balanced with other rights, such as rights to liberty and autonomy, and rights to family life.
- Action might be primarily supportive or therapeutic, or it might involve the application of civil orders, sanctions, suspension, regulatory activity or criminal prosecution, disciplinary action or de-registration from a professional body. It is important, when considering the management of any intervention or enquiry, to approach reports of incidents or allegations with an open mind.
- Talking through a concern / enquiry may result in resolving it, if not, the duties under s.42 continue.
- If the adult has capacity and expresses a clear and informed wish not to pursue the matter further, the Local Authority should consider whether it is appropriate to end the enquiry.
- It should consider whether it still has reasonable cause to suspect that the adult is at risk and whether further enquiries are necessary before deciding whether further action should be taken or not, the Local Authority must bear in mind the importance the adult at risks own views
- When the Local Authority becomes aware of a situation that meets the eligibility criteria as stated under the Care Act (2014) s.42, '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 and, if so, what and by whom.
- An enquiry should establish what action needs to be taken to prevent or stop abuse or neglect.
- Local Authorities should aim to provide swift and personalised safeguarding responses, involving the adult at risk from the outset in the decision-making process.
- Local Authorities should record the information they receive, the views and wishes of the adult at risk, as well as the decisions taken, the rationale and any advice and / or information given.

## 3.2 – Role of the Local Authority

LGA Guidance 14.100 states:

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. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the 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 is unsatisfactory.

The degree of involvement of the Local Authority will vary from case-to-case, but at a minimum must involve decision making about how the enquiry will be carried out, oversight of the enquiry, decision making at the conclusion of the enquiry about what actions are required, ensuring data collection is carried out, and any learning identified remains with the Local Authority.

This decision on how the enquiry is progressed is made by the Investigating Manager post the concern being triaged by the Adult Multi-Agency Safeguarding Hub (MASH) at Wiltshire Council.

### **Criminal Investigations**

Although the Local Authority has the lead role in making enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the Local Authority who may support other actions, but in essence these investigations should always be police led

The police will determine whether there should be criminal investigations of people in positions of trust where there is ill treatment and wilful neglect. There are several possible offences which may apply, including the specific offences mentioned below.

[Section 44 Mental Capacity Act 2005](#) makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

[Section 127 Mental Health Act 1983](#) creates an offence in relation to staff employed in hospitals or mental health nursing homes where there is ill-treatment or wilful neglect.

Sections 20 to 25 of the [Criminal Justice and Courts Act 2015](#) relate to offences by care workers and care providers. This act also creates the offence of wilful neglect against a capacitated adult.

### **Potentially Dangerous Offender**

At any stage of an investigation, if there are serious concerns about a potentially dangerous offender, any agency may request a meeting of the Multi-Agency Public Protection Arrangements (MAPPA) as detailed within the High-Risk Public Protection Protocol and Criminal Justice and Court Services Act 2000 (Sections 67 and 68).

Where there is a concern that would indicate Domestic Violence or abuse, a referral to a Multi-Agency Risk Assessment Conference (MARAC) may be appropriate to obtain wider support to safeguarding the adult at risk.



\*\*\* Please refer to Appendix 1 for Specific details regarding current Legislation which may need to be considered within Care Act s.42 enquiries.

### 3.3 – Linking different types of enquiries

There are a number of different types of enquiries. It is important to ensure that where there is more than one enquiry that information is co-ordinated this is to avoid any delays, interviewing staff more than once or making people repeat their story. Other processes, including police investigations, can continue alongside the formal safeguarding adult's enquiry. Where there are HR processes to consider, it is important to ensure an open and transparent approach with staff, and that they are provided with the appropriate support, including trade union representation. The remit and authority of organisations need to be clear when considering how different types of investigations might support Section 42 enquiries.

<b>DIFFERENT TYPES OF ENQUIRIES</b>	
<b>Types of enquiries</b>	<b>Who might be involved</b>
Criminal (including assault, theft, fraud, hate crime, domestic abuse and abuse or wilful neglect)	Police
Domestic violence	Police coordinated via the MARAC process
Anti-social behaviour (e.g. harassment, nuisance by neighbours)	Neighbourhood Policing Team.
Breach of tenancy agreement (e.g. harassment, nuisance by neighbours).	Landlord / registered social landlord/housing trust/community safety services
Bogus callers or rogue traders	Trading Standards / Police
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one adult from the actions of another)	Manager / proprietor of service / complaints department / Ombudsman (if unresolved through complaints procedure)
Breach of contract to provide care and support	Service commissioner (e.g. Local Authority, NHS CCG)
Fitness of registered service provider	CQC
Serious Incident (SI) in NHS settings	Root cause analysis investigation by relevant NHS provide with support from CCG.
Unresolved serious complaint in health care setting	CCG, NHS England, CQC, Health Service Ombudsman.
Breach of rights of person detained under the MCA 2005 - Deprivation of Liberty Safeguards (DoLS) or dols (in community based setting).	CQC, Local Authority (Supervisory Body), OPG, Court of Protection
Breach of terms of employment / disciplinary procedures	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of health and safety legislation and regulations	HSE / CQC / Local Authority.
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	OPG / Court of Protection / Police
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests	OPG / Court of Protection
Misuse of Appointeeship	DWP
Safeguarding Adults Review.	Wiltshire Safeguarding Adults Boards - SAR Policy

### 3.4 – Establishing safeguarding outcomes

The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process. There should be on-going dialogue and conversation with the adult to ensure that their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views.

Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on the following key notes:

- What outcome does the adult want?
  - How can enquiries be assessed as successful in achieving outcomes?
  - What prevention measures need to be in place?
  - How can risk be reduced?

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be. There are no hard and fast rules and judgement will need to be made about what type of enquiry and actions are right for each particular situation.

Consideration must be given to the most proportionate and least intrusive response informed by the wishes of the adult and professional judgements about risks.

An important tool to inform the planning and decision-making process will be the completion of the 'MSP Outcomes Questionnaire' which will highlight the Adult at Risk's capacity and preferred outcomes. This will be completed by the Investigating Officer prior to the SASM. The Investigating Officer to also have dialogue with the adult in relation to the potential Safeguarding Plan and ascertain the adult's preferences in relation to their preferred outcomes.

#### **Planning an enquiry under s.42 duties**

All enquiries need to be planned and co-ordinated and key people identified. No agency should undertake an enquiry prior to a strategy discussion, unless it is necessary for the protection of the adult at risk or others, or requested by the allocated Investigating Manager.

Enquiries are proportionate to the particular situation. The circumstances of each individual case determine the scope and who leads it. Enquiries should be outcome focussed, and best suit the particular circumstances to achieve the outcomes for the adult.

#### **Disputes**

There is a statutory duty of co-operation and in most cases there will be an expectation that a s.42 enquiry will be referred as requested.

If an organisation declines to undertake an enquiry or if the enquiry is not done, local escalation procedures should be followed. The key consideration of the safety and wellbeing of the adult must not be compromised in the course of any discussions or escalation and it is important to emphasise that the duty to co-operate is mutual.

Where there is interagency dispute about a referral under this policy, it should normally be resolved by the Investigating Manager. If this is not possible mediation from senior managers may be required and you should **refer to WSAB's Escalation Process:**

</wp-content/uploads/2019/01/WSAB-Escalation-policy-flowchart-June-2018.pdf>

</wp-content/uploads/2019/01/WSAB-Escalation-Policy-Notification-Form-002.docx>

## **Complaints**

At any time during an investigation, concerns may be expressed from partners on how a referral under this policy has been handled. Each of the agencies involved in this policy should have “Comments and Complaints” procedures and these should be referred to address concerns and outline to the complainant how matters are to be resolved. If the complaint is not successfully resolved at this stage it would be possible for the complainant to make use of external organisations to pursue this including Local Government Ombudsmen and other professional bodies.

Occasionally, consideration may be given to a joint response if the conduct of more than one agency is raised.

Any learning identified as a result of a complaint should be shared with key agencies to inform ongoing best practice.

## **3.5 – Individual’s support networks**

The strengths of the adult at risk should always be considered, mapping out with the adult to identifying their strengths and resources. Taking into consideration their personal network, as this may reduce risks sufficiently so that people feel safe without the need to take matters further.

- Who can they count on?
- How would they reach them?
- What would they count on them for?
- Who visits them frequently? How often?
- Who do they miss?
- Why are they not able to see/keep in touch with these people?
- Who do they communicate with? How? With what frequency?
- Who else do they know that could be part of their lives?
- Are there any other people helping the individual? Any other professionals?
- Is there anything that could facilitate this network to increase, either in quantity or quality?
- Do they want it to increase?
- What has been working until now, and how have things changed?
- What could help to enable them to return to previous means of support which worked for them?
- Which needs/outcomes can be met / achieved now?
- What is preventing the individual from doing what they would like to do or seeing who they would like to see?
- What do they think they can do to change this?
- Who do they think can help to change it?

### **3.6 – Care Act (2014) s.42 LGA / ADASS - Decision Making Framework**

#### **Section 42 (1) and (2) of the Care Act (2014).**

The Section 42 duty requires consideration of the following criteria under Section 42 (1) and (2) of the Care Act (2014):

#### **S42 (1)**

Whether there is “reasonable cause to suspect” that an adult:

- i. has needs for care and support
- ii. is experiencing, or is at risk abuse or neglect, and
- iii. as a result of their needs is unable to protect themselves

#### **S42 (2)**

- iv. Making (or causing to be made) whatever enquiries are necessary
- v. Deciding whether action is necessary and if so what and by whom.

The framework sets out to support the view that there is a duty from the outset which starts with s42 (1) information gathering to inform a decision as to whether the duty will continue to a statutory s42 enquiry s42 (2). Only if it is established if there is reasonable cause to suspect that the criteria in s42 (1) are fulfilled is the duty under s42 (2) to make enquiries triggered.

With reference to s.42 (1) criteria 3. The Local authority needs to gather information to support decision making in relation to the following:

- What insight does the person have in relation to the risk?
- Does the person understand why others have concerns?
- Is the person’s vulnerability linked to care and support needs?
- Is there evidence of incapacity, coercion, undue influence or distress?
- What outcomes matter to the person will these reduce or remove the risk related to the duty of care?

Wiltshire Council Adult MASH MUST carry out proportionate information gathering to ascertain whether or not there is reasonable cause to suspect that the criteria for a s.42 (2) is met. It may be that the duty is not substantiated because it does not meet the s.42 (1) criteria.

**If ALL 3 criteria in s.42 (1) are NOT MET, then ADULT MASH must consider early intervention and preventative measures.**

Where the criteria is NOT met, the duty does not continue to s.42 (2), issues may still need to be addressed and risks mitigated under other processes and powers. Within the Care Act s.42 (1) the Local Authority needs to consider the enquiry in relation to ‘human rights’ context, with reference to is it fair, lawful and reasonable to interfere. It is recognised that information may be shared that may indicate that the enquiry does not need to progress to s.42 (2) and preventative measure / capability will be considered.

This framework advocates a flexible response to people’s needs which reflects the Care

Act 2014 'Safeguarding Principles; Making Safeguarding Personal (MSP) and the Care Act wellbeing principle.

The authority are responsible for ensuring the public law decision as to whether or not to proceed with the duty to make enquiries under s.42 (2) is evidenced and recorded.

**There is no fixed point during the early phase of an enquiry when an Investigating Manager must determine to progress to s.42 (2).** It may be that this is recorded as a s.42 (2) enquiry after the Investigating Manager has already undertaken actions under the s.42 enquiry. The Investigating Manager will ensure that the rationale and decision making are recorded and reflect best practice.

### **3.7 – Flowchart for Care Act (2014) Enquiries**

The flow chart below is representative from the point of a Care Act (2014) s.42 concern being referred to Wiltshire Council. Triage is undertaken by the Adult MASH Team. It is the responsibility of the allocated Investigating Manager to ensure that s.42 enquiries are appropriately managed and reviewed on a regular basis.

Please also note that the Safeguarding Adults Procedure may be closed at any stage of the enquiry.

## MASH

- Consider Care Act s.42 criteria
- Consider the indicators of harm & the degree of risk.
- Consider the Adult at Risk's preferred outcome if known at this stage.
- Consider Advocacy referral.
- Consider MCA 2005 - Capacity regarding the specific concern and consent to s.42 enquiry.
- Type of Investigation.
- Referrals to other agencies e.g. Police / Health
- Feedback to referrer if closed at this stage.

## Safeguarding Adult Strategy

- This can take the form of a Meeting (SASM) or Action (SASA)
- Consider MCA 2005
- Consider MSP Outcomes (SMART)
- Consider Risk Assessment / Risk management & Safety.
- Consider wider concerns. (Positions of trust / Impact on other Adults at Risk)
- Instigate Safeguarding Adult Plan (SAP) / Terms of Reference for s.42 Formal Investigation (s.42 enquiry).
- IM agrees timeframe for next meeting / agreed actions.

## Safeguarding Adult Plan (SAP)

- Consider wider concerns (Positions of trust/ impact on other Adults at Risk)
- MSP & any other preferred outcomes.
- Focus on the adult at risk's strengths & abilities.
- Risk Assessment / Risk Management / Safety.
- Resolution & recovery for the adult to be considered.
- Consider the Source of the concern - are any actions required?
- Support Network /s & referrals to other agencies.

## SAP Review Meeting (as needed)

- The SAP Review Meeting can be held as many times as necessary (consideration of MSP and Risks identified).
- Review if the Adult's preferred outcomes have been achieved or have changed .
- Review the effectiveness of the SAP
- Review if it is anticipated that the SAP will meet the Adult's preferred outcomes, are alterations required?
- Review the risks (assessments).
- Agree ongoing actions required to meet the SAP.
- IM agrees timeframe for next meeting if not closing.

## Care Act s.42 Closure

- Consider the views of the adult at risk
- Establish if desired outcomes were met within the investigation.
- Advice, information and relevant referrals considered.
- Establish the outcome of the Formal Investigation / s.42 enquiry.
- Establish what learning can be identified and how this can be shared.
- Consider the outcome for the accused provider / person.
- Feed back to the referrer at point of closure.

### **3.8 - Safeguarding Adults Strategy Meeting / Action (SASM / SASA).**

Consistent with the Making Safeguarding Personal (MSP) ethos, the adult and/or their representative will be given the opportunity to participate. Consideration needs to be given to the degree of risk and the Adults at Risk's preferred means of involvement.

Any meetings held should be flexible and geared towards supporting the meaningful participation of the adult. Meetings could be held at the adult's home or alternatively, a neutral venue. Some adults may appreciate a one to one meeting in advance of the strategy meeting to help them prepare. The main focus of pre-meeting activities will be on supporting the adult to prepare for the Safeguarding Adult Strategy Meeting (SASM) and the development of a possible chronology of key events to inform the discussion and decision-making process.

**\*\*\* Please refer to Appendix 2 for 'Agenda' Templates.**

#### **Initial actions for the Investigating Officers**

The following activities should be considered as determined by the circumstances of the situation:

- Providing information to the adult about the process and what to expect
- Making a referral for an independent advocate
- Considering communication needs and any necessary arrangements to address these
- Completion of a mental capacity assessment where appropriate.
- Establish the best place to hold the meeting, the length of the meeting, share the agenda.
- Having a one to one pre-meeting to help prepare the adult.
- Further discussions with the adult about their preferred outcomes.
- Completion of a chronology of key events / MSP Outcomes Questionnaire

Information sharing should be timely, co-operation between organisations to achieve outcomes is essential and all actions co-ordinated. Keeping the adult at risk safe is paramount. Information sharing should comply with all legislative requirements.

Where one agency is unable to progress matters further, for example a criminal investigation may be completed but not necessarily achieve desired outcomes (e.g. criminal conviction), the Local Authority in consultation with the adult and others will decide if and what further action is needed.

## **PURPOSE OF THE SAFEGUARDING ADULTS STRATEGY MEETING.**

- a. Provide a summary of concerns and risks.
- b. Share the perspective of the 'Adult at Risk' and their desired outcomes.
- c. Agree an Action / Safeguarding plan.
- d. Identify who should be the key worker to support and liaise with the adult.
- e. Identify any parallel proceedings (e.g. regulatory action, health and safety issues, serious incidents requiring investigation, disciplinary processes etc.)
- f. Agree an investigation action plan, as part of the Safeguarding Plan; what kind of assessments and/or enquiries will need to take place, and if so, how they should be conducted and by whom.
- g. Agree timescales and the need for any variation in those suggested

### **For consideration:**

- a. Consider any communication needs of the adult at risk.
- b. Reconsider the adult's need for an independent advocate support.
- c. Reconsider the adult's mental capacity to make decisions about protecting themselves from harm
- d. Consider support for the person at risk who may have caused the harm.
- e. Identify any powers or remedies available to resolve risks.
- f. Consider the need for legal intervention
- g. Consider the likelihood of media attention.
- h. Make judgements about the risks and agree how the adult will be supported to manage risk (consider Safeguarding Adults – Risk Assessment, or equivalent).

**\*\*\* Please refer to Appendix 3 for 'Safeguarding Adult – Risk Assessment' Template.**

- i. Consider the safety and well-being of other adults/children at risk.
- j. Agree arrangements for reporting back on outcomes of the activity
- k. Agree arrangements for involving and updating the adult at risk.

### **Participants of Safeguarding Meetings.**

The people who should be involved in the SASM should be limited to those who 'need to know' and who have a lead responsibility to ensure that an assessment and investigation is undertaken and can contribute to the decision-making process. Those attending from partner agencies/organisations should be of sufficient seniority to make decisions concerning their organisation's role and the resources they may contribute to the assessment or enquiry and to the agreed safeguarding support plan. Where possible this should include the Adult at Risk and their representative.

The safeguarding meeting should be chaired by an Investigating Manager in adult social care who will act in an impartial and objective way in conducting the meetings and will facilitate the meeting to reach decisions and recommendations with the person at risk wherever possible.

NB. The allocated Investigating Officer maybe employed by another agency, dependent upon type of risk / harm alleged.

### **Quorum**

To be quorate, the Safeguarding Adults Strategy Meeting must include the Investigating Manager and appropriate representative(s) from 2 or more agencies appropriate to the



referral. For example, if a crime is considered to have been committed, this should include the police, or it should include health staff in the event of a concern regarding a clinical service.

Agencies who consistently refuse or fail to be involved in the process when invited at any stage will be reported by the Investigating Manager to the local authority lead manager.

\*\*\* Please refer to WSAB: Information sharing protocol, which should be followed in reference to confidentiality.

### **3.9 – Professionals who may be asked to investigate**

Local Authority Investigating Officers (IO's) will be the most appropriate professionals to undertake a safeguarding enquiry where abuse or neglect is suspected within a family or informal relationships. Personal and family relationships within community settings can prove both difficult and complex to assess and intervene in.

Police will be the appropriate agency to undertake a safeguarding enquiry where a crime is suspected. Whilst the police must undertake the criminal investigation, Local Authority IO's may need to support this process for example, by providing information and assistance. The Local Authority has an on-going duty to promote the wellbeing of the adult in these circumstances.

#### **Nominated Enquiries.**

At the Local Authorities consideration other organisations could be asked to take on the role of a 'Nominated Enquirer' (NE). Within this role the allocated Investigating Manager will request a report to be completed with reference to specific agreed actions / outcomes. This could form all or part of the enquiry. As a Nominated Enquirer the organisation / agency completes specific investigations and then reports back to the allocated IM, who will review as needed. The IM will determine if further actions and investigations are necessary under the enquiry procedures on receipt of the report.

#### **Specific responsibilities**

The specific role will be determined either at the triage stage by the Duty Investigating Manager (IM) or at the point of the Safeguarding Adults Strategy Meeting (SASM) through discussions with the relevant agency as the s.42 (1) or s.42 (2) enquiry proceeds. The responsibilities may include:

- ▶ Talking to the adult or witnesses
- ▶ Gathering information from records held by their agency, case notes, financial records
- ▶ Preserving evidence
- ▶ Reviewing and reporting of evidence, e.g. checking CCTV, case records, log books
- ▶ Contribute to risk assessment
- ▶ Reporting on elements of the safeguarding plan
- ▶ Provide information regarding their own area of expertise, e.g. medication management
- ▶ Provide historical information, e.g. previous reports
- ▶ Provide verbal updates to the Investigating Manager (IM).
- ▶ Complete Nominated Enquirer Report
- ▶ Attend meetings as required
- ▶ Ensure Risk Management Plan is in place
- ▶ Work to agreed actions

For example - Health professionals will be the most appropriate professionals to undertake a safeguarding 'nominated enquiry' relating to health care and treatment plans for example, medicines management or pressure sores.

Health and social care providers and employers will be the appropriate body to undertake enquiries relating to internal care concerns and staff misconduct and poor practice issues in line with their Human Resource policy and allegation management processes.

**\*\*\* Please refer to Appendix 4 for Safeguarding Adult – 'Investigation Report' Templates, which may be considered by all agencies.**

Contracts and quality monitoring staff based in Local Authorities and Clinical Commissioning Groups will be the appropriate professionals to undertake enquiries relating to concerns about quality of care or poor care and to support any service improvement processes.

Local Authority and NHS commissioning teams are most appropriately placed to undertake enquiries relating to organisational abuse, repeating or escalating patterns of concerns, where the responsible individual for the service is implicated or where the provider is not considered to be competent to undertake the enquiry in competent manner.

**\*\*\* The WSAB's Large Scale Investigation policy is currently under review. Please visit [www.wiltshiresab.org.uk](http://www.wiltshiresab.org.uk) for more information.**

Trading Standards will be the most appropriate organisation to undertake a safeguarding enquiry regarding concerns relating to for example: scams, rogue traders, and/or door step crime.

Housing organisations and / or environmental / Public Health services will be the most appropriate organisations to undertake enquiries relating to anti-social behaviour (with consideration of **ASBRAC** referral).

**PREVENT** referrals will need to be considered on a case by case basis. Check own agency referral process. Please visit the WSAB for more information - <http://www.wiltshiresab.org.uk/prevent/>

**Modern Slavery** – Referrals via The National Referral Mechanism (NRM) Process.

Domestic abuse services, such as **MARAC** will be the most appropriate organisation to whom to make a referral when there are concerns about domestic abuse

The Care Quality Commission will be the appropriate body to respond to regulatory breaches and non- compliance with mandatory standards of care.

### **3.10 – Safeguarding Action Plan (SAP)**

In most cases there will be a natural transition between establishing the adult's preferred outcomes and any other concerns and deciding what actions are needed, formalising what these actions are and who needs to be responsible for each action. This is the 'Safeguarding Adult Plan'.

A 'Safeguarding Adult Plan' is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery based resolution.

In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention the 'Safeguarding Adult Plan' must be specific as to how the intervention will achieve this outcome.

**The 'Safeguarding Adult Plan' should include:**

- What steps are to be taken to assure the future safety of the adult at risk.
- The provision of any support, treatment or therapy, including on-going advocacy.
- Any modifications needed in the way services are provided.
- How best to support the adult through any action they may want to take to seek justice or redress.
- Any on-going risk management strategy as appropriate.

The plan should outline the roles and responsibilities of all individuals and agencies involved, and should identify the lead professional who will monitor and review the plan, and when this will happen. Safeguarding Adult Plans should be person-centred and outcome-focused. Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances, it may be appropriate for safeguarding plans to be monitored through ongoing care management responsibilities. In other situations, a specific safeguarding review may be required.

**Recovery & Resilience**

Adults who have experienced abuse and neglect may need to build up their resilience. This a process whereby people use their own strengths and abilities to overcome what has happened, learn from the experience and have an awareness that may prevent a reoccurrence, or at the least, enable people to recognise the signs and risks of abuse and neglect, and know who and how to contact for help.

Resilience is supported by recovery actions, which includes adults identifying actions that they would like to see to prevent the same situation arising. The process of resilience is evidenced by:

- The ability to make realistic plans and being capable of taking the steps necessary to follow through with them;
- A positive perception of the situation and confidence in the adult at risks own strengths and abilities;
- Increasing their communication and problem-solving skills.

Resilience processes that either promote well-being or protect against risk factors, benefits individuals and increases their capacity for recovery. This can be done through individual coping strategies assisted by:

- Strong personal networks and communities
- Social policies that make resilience more likely to occur
- Handovers/referrals to other services for example care management, or psychological services to assist building up resilience
- Restorative practice

If no further safeguarding action is required and there are alternative ways of supporting adults, then the adult safeguarding process can be closed down.

### **3.11 – Safeguarding Adult Plan (SAP) Review Meeting**

The evaluation is that of the adult, and not of other parties. Whilst staff may consider that enquiry and actions already taken have made the adult safe, and that their outcomes were met, the important factor is how actions have impacted on the adult. This should be clarified when assessing the performance of the safeguarding formal investigation.

**\*\*\* Please refer to Appendix 2 for ‘Safeguarding Adult – Agenda’ Template.**

The Investigating Manager should monitor the plan on an on-going basis, within the agreed timescales. The purpose of the review is to:

- Evaluate the effectiveness of the ‘Safeguarding Adult Plan’;
- Evaluate whether the plan is meeting/achieving outcomes;
- Evaluate risk.

Reviews of ‘Safeguarding Adult Plans’ (SAP) and decisions about plans should be communicated and agreed with the Adult at Risk.

Following the review process, it may be determined that:

- The ‘Safeguarding Adult Plan’ is no longer required; or
- The ‘Safeguarding Adult Plan’ needs to continue.

Any changes or revisions to the Safeguarding Adult Plan (SAP) should be made, new or reviewed timescales set (if needed) and an agreement reached regarding how the Investigating Manager will continue monitoring and reviewing. New safeguarding enquiries will only be needed when the Local Authority determines it is necessary. If the decision is that further enquiries would be a disproportionate response to new or changed risks, further review and monitoring may continue.

#### **The purpose of a ‘Safeguarding Adult Plan (SAP) Review Meeting’**

- To ensure the views and wishes of the adult at risk are respected as much as possible. This is to include decisions about:
  - a. Their desired outcome of the investigation.
  - b. Their agreement to attend the SAP Review Meeting, confirmation of how they want to be involved in the investigation.
  - c. Who they want to represent their views if they choose not to attend.
  - d. Further involvement in the investigation and support required as the case progresses.
  - e. Advocacy support.
- To ensure that all professionals are working in a co-ordinated way and to assess all relevant information and plan how to safeguard the ‘adult at risk’ and promote his/her welfare and that of any others who may be at risk (Looking at potential wider concerns).
- To ensure that the original ‘Terms of Reference’ of the investigation and Safeguarding Adult Plan agreed are central to the progress of the enquiry, and followed at all times.
- Consideration of other avenues of support in relation to other information that may be discussed within the safeguarding arena i.e. care and support / carers support.
- To record all discussions and decisions in relation to the proposed course of action.
- To draw together and analyse in an inter-agency setting the information which has been obtained through the enquiries initiated at the SASM or previous SAP Review Meeting.

- To make judgements about the likelihood of the adult at risk being at risk of harm in the future and of others who may be affected.
- To consider issues regarding mental capacity and best interests particularly when the adult at risk or the person alleged to have caused harm lack mental capacity. This may include receiving a report from the Independent Mental Capacity Advocate (IMCA).
- To decide what future action is needed to safeguard the adult at risk and promote his/her welfare, how that action will be taken forward, and with what intended outcomes.
- To resolve issues when there are serious concerns that an adult at risk may not otherwise be safeguarded adequately or where there is dissatisfaction with the outcome of the SASM.
- Review action taken to protect the alerter(s).
- To consider additional action required following the closure of a criminal investigation.
- To review the Safeguarding Adult Plan which will ensure the safety of the adult at risk and others who may be at risk.
- To consider if a referral to the Disclosure & Barring Service is required.
- To consider if a review of the current care plan is required.
- To agree how best to support the adult at risk through any action that is taken to seek justice or redress.
- To determine an on-going risk management strategy where appropriate and agree how this will be co-ordinated.
- Within the bounds of confidentiality, what information is to be fed back to the alerter and who is to be responsible for feeding back this information.
- To decide whether there are any other individuals or organisations that have a legitimate right to know about the progress or outcome of the investigation.
- To close an investigation.
- Consideration as to whether the case should be subject of an 'Adult Safeguarding Adult Review' (SAR) via WSAB or a potential large-scale investigation (LSI).
- **To set a future date for the Adult's Safeguarding Plan to be reviewed as needed. IM to ensure that the time frame is appropriate and reviewed on regular basis and communicated to all involved.**

### 3.12 – Investigator's Report

The Investigating Manager will decide the format of the Investigators Report, i.e. whether it is required in writing or verbally. Where a case is likely to be subject to criminal or civil court proceedings, is a large scale or complex case, a written report should always be made available. Where an Investigating Manager has decided that a full written report is not required from the Investigating Officer, the details of the investigation must be fully recorded within the minutes of the safeguarding meetings and care records.

A report will be presented to the Investigating Manager and will form the basis of discussion at the Safeguarding Adults Plan (SAP) Review Meeting. It may also be used as evidence in Criminal and other proceedings.

The report will need to include the following areas:

- Details of the initial alert;
- Outline of the current allegations and any previous allegations;
- An assessment of the seriousness and impact of the alleged abuse;
- Location of the abuse;
- Possible causes of the abuse;

- Background information about the adult at risk;
- The mental capacity of the adult at risk;
- Issues and opinions relating to consent;
- The desired outcomes of the adult at risk;
- Social circumstance of the adult at risk;
- Information about the person alleged to have caused harm (if applicable);
- A description of the investigation process;
- Identification of any concerns regarding the co-operation given to the investigation process;
- Identification of any concerns regarding the co-operation given to the investigator in carrying out their duties;
- Presentation and evaluation of the evidence;
- A view about future risks; and
- Recommendations about future action required.

### **3.13 – Closure of S.42 (1) AND s.42 (2) Enquiries**

Safeguarding can be closed at any stage. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns. It is good practice where a care management assessment, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other pre-booked review is due to take place following the safeguarding enquiry, for a standard check to be made that there has been no reoccurrence of concerns.

Closure records should note the reason for this decision and the views of the adult at risk to the proposed closure. The Investigating Manager responsible should ensure that all actions have been taken, building in any personalised actions, this may include:

- Agreements with the adult at risk to closure;
- Referral for assessment and support;
- Advice and Information provided;
- All organisations involved in the enquiry updated and informed;
- Feedback has been provided to the referrer;
- Action taken with the person alleged to have caused harm;
- Action taken to support other service users;
- Referral to children and young people made (if necessary);
- Outcomes noted and evaluated by adult at risk;
- Consideration for a SAR via WSAB.
- Any lessons to be learnt.

### **3.14 – Closing s.42 enquiries when other processes continue**

The adult safeguarding process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the adult and how this will be monitored. Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the adult is safeguarded and supported within the specific framework.

All closures no matter at what stage are subject to an evaluation of outcomes by the adult at risk. If the adult at risk disagrees with the decision to close safeguarding down their reasons should be fully explored and alternatives offered.

**\*\*\* Please refer to Appendix 2 regarding the Template Agenda to be considered at point of closure & Closure checklist for Investigating Managers.**

#### **At the close of each enquiry there should be evidence of:**

Safeguarding practice should ensure that people have an opportunity to discuss the outcomes they wanted at the start of safeguarding process and how these may have changed.

Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met.

Recording the results in a way that can be used to inform practice and provide aggregated outcomes information for safeguarding adults boards.

All Final Investigation reports / minutes should be considered from all relevant agencies involved. This should include feedback from other agencies directly involved in the investigation.

The meeting should address any ongoing risks and potential actions.

- Record the views of all professionals involved, including Advocacy support if needed on an ongoing basis.
- Actions further required to achieve resolution and recovery for the adult at risk.
- Whether a needs assessment or changes to the adult's care plan is required.
- Continued safeguarding support for the adult – risk management strategy as seen appropriate. Consider their continued safety and wellbeing.
- Actions required with regards to the source of the abuse, to mitigate ongoing risk.
- Any onward referrals to be considered. E.g. DBS, HCPC, NMC....
- Were the Terms of Reference (ToR) for investigation addressed.
- Confirmation of ongoing Safeguarding Plan, if required.

The concluding statement of the investigation should also consider the following:

- Feedback to Adult at Risk.
- Were the adults desired outcomes met through the investigation?
- The outcome of investigation.
- What learning opportunities have been identified from the investigation, how will these be imbedded in to future practice.
- Consideration of outcome for accused provider / person.
- Consideration of WSAB SAR.

At this point feedback should be provided to the referrer to ensure that they are aware that any investigation has now been closed. Consideration needs to be given that some details will remain confidential to the investigation.

### 3.15 – Safeguarding Adult Reviews (SAR)

#### When should a Safeguarding Adults Review take place?

One of the Safeguarding Adults Board's core statutory duties is to conduct any SAR in accordance with Section 44 of the Care Act 2014.

Under the statutory requirements of the Care Act 2014, a Safeguarding Adults Board (SAB) must arrange a SAR when:

An adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult (s.14.133).

SABs must also arrange a SAR if:

An adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example, it would have been likely that the individual would have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects), as a result of the abuse or neglect.

SABs are also free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support (s.14.134).

In all cases, **the adult must have needs for care and support**, but does not have to have been in receipt of care and support services for a SAR to be considered.

SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

Essentially, **SARs are concerned with the abuse or neglect of adults with care and support needs, who are not able to protect themselves because of those care and support needs.**

In summary, a SAR must take place when **both**:

- 1) An adult with care or support needs who is resident in Wiltshire has died of, or been seriously harmed by, abuse or neglect (whether known or suspected).
- 2) There is concern that partner agencies could have worked more effectively to protect the adult.

#### What is a Safeguarding Adults Review?

Safeguarding Adults Reviews are undertaken to:

- Determine what the relevant agencies and individuals involved in a case could have done differently, that may have prevented serious harm or death
- Establish what can be learned from the case
- Apply that learning to future cases to prevent similar harm occurring again

SARs are not inquiries into how an adult with care and support needs died or who is culpable; that is a matter for Coroners or Criminal Courts to determine as appropriate. The



purpose of a SAR is not to hold any individual or organisation to account - other processes exist for this, including:

- Criminal proceedings
- Disciplinary procedures
- Employment law and systems of service and professional regulation, such as the Care Quality Commission (CQC), the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and are safe experiences that encourage honesty, transparency and sharing of information in order to obtain maximum benefit from them. If individuals and organisations are fearful of SARs, their response will be defensive and their participation guarded and partial (s14.140).

The purpose of a SAR is not to re-investigate an incident or incidents, nor is it to apportion blame but to identify whether lessons can be learnt about the effectiveness of professionals and agencies working together to safeguard adults at risk.

### **Making a referral**

It is the responsibility of those who work with adults with care or support needs to make a referral for a SAR where there are reasonable grounds to consider that the criteria, as set out above, may be met. When deciding whether to make a referral, there are four key questions to consider:

- Does the adult involved have care or support needs?
- Has serious abuse or neglect taken place? (statutory guidance sets out that in the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect, or the individual has died as a result)
- Is the adult living in, or were they subject to abuse or neglect in, Wiltshire?
- Could agencies have done more, by working together, to protect the adult from abuse or neglect?

If the answer to all of the questions above is yes, a referral must be made.

A SAR may also be considered where the Board believes there would be value in doing so, or it is in the public interest. However, referrals **must be made** in the above circumstances.

Partner agencies should not draw their own conclusions on whether the criteria is met when that is not immediately clear, but should make a referral to the SAB in order for this decision to be made.

Visit <http://www.wiltshiresab.org.uk/safeguarding-adults-reviews/> to find out more about making a referral.

Enquiries about the referral process can be made by phone to 01225 718093.

## Appendix 1: Current Legislation to consider

### Key Adult Safeguarding Legislation & Guidance 2017/18 Contract

Key Legislation / Guidance	Links
Care Act (2014)	<a href="http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf">www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf</a>
Policing and Crime Act (2017)	<a href="http://www.legislation.gov.uk/ukpga/2017/3/contents/enacted">www.legislation.gov.uk/ukpga/2017/3/contents/enacted</a>
Care & Support Statutory Guidance (UK Gov. 2016)	<a href="http://www.gov.uk/guidance/care-and-support-statutory-guidance">www.gov.uk/guidance/care-and-support-statutory-guidance</a>
Care Act 2014 (Chapter 14, Section 42-46)	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf</a>
False or Misleading Information Offence; Guidance for Providers 2015	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403084/FOMI_Guidance.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/403084/FOMI_Guidance.pdf</a>
The Counter Terrorism and Security Act 2015	<a href="http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted">www.legislation.gov.uk/ukpga/2015/6/contents/enacted</a>
Prevent Training and Competencies Framework NHSE 2015	<a href="https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf</a>
Building Partnerships, staying safe DH 2011	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131911">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131911</a>
The Modern Slavery Act 2015	<a href="http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted">www.legislation.gov.uk/ukpga/2015/30/contents/enacted</a>
The Lampard Report February 2015	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf</a>
Safeguarding Adults Multi-Agency Policy	<a href="http://www.wiltshire.gov.uk/">www.wiltshire.gov.uk/</a>
The Public Interest Disclosure Act 2013	<a href="http://www.legislation.gov.uk/ukpga/1998/23/section/1">www.legislation.gov.uk/ukpga/1998/23/section/1</a>
Improving the Safety of Patients in England Berwick report (2013)	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf</a>
Mental Capacity Act: post-legislative scrutiny 2014 (Select Committee on the MCA)	<a href="http://www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/139.pdf">www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/139.pdf</a>
Criminal Justice and Courts Act 2015, Sections 20-25	<a href="http://www.legislation.gov.uk/ukpga/2015/2/pdfs/ukpga_20150002_en.pdf">www.legislation.gov.uk/ukpga/2015/2/pdfs/ukpga_20150002_en.pdf</a>
Serious Crime Act 2015 Coercive and controlling behaviour	<a href="http://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf">www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf</a>
Domestic Violence and Abuse NICE Guidance 2016	<a href="http://www.nice.org.uk/guidance/ph50">www.nice.org.uk/guidance/ph50</a>
Controlling or Coercive Behaviour in an Intimate or Family Relationship -Statutory Guidance Framework	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf</a>
CQC Regulation 20: Duty of Candour	<a href="http://www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf">www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf</a>
Domestic violence & abuse: how health services, social care and the organisations they work with can respond effectively (2014)	<a href="http://www.nice.org.uk/guidance/ph50">http://www.nice.org.uk/guidance/ph50</a>
Female Genital Mutilation HM GOV 2016	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf</a>
Mid Staffordshire Public Inquiry Report, Executive summary (2013)	<a href="http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf">www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf</a>
Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015	<a href="http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf">www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf</a>
Disclosure & Barring Service (DBS)	<a href="http://www.gov.uk/government/organisations/disclosure-and-barring-service/about">www.gov.uk/government/organisations/disclosure-and-barring-service/about</a>
NHS Employers: Criminal record and barring checks (2013)	<a href="http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/employment-check-standards/criminal-record-checks-standard/Pages/CriminalRecordChecks.aspx">www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/employment-check-standards/criminal-record-checks-standard/Pages/CriminalRecordChecks.aspx</a>

Improving the Safety of Patients in England Berwick report (2013)	<a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf</a>
CQC Fundamental Standard 13: Safeguarding service users from abuse and improper treatment	<a href="http://www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment#full-regulation">www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment#full-regulation</a>
Serious Incident Framework  Supporting learning to prevent recurrence NHSE 2015	<a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf">www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf</a>
Violence and aggression: short-term management in mental health, health and community settings. NICE 2015	<a href="http://www.nice.org.uk/guidance/ng10/resources/violence-and-aggression-shortterm-management-in-mental-health-health-and-community-settings-1837264712389">www.nice.org.uk/guidance/ng10/resources/violence-and-aggression-shortterm-management-in-mental-health-health-and-community-settings-1837264712389</a>

## AGENDA

**Name:**

**Type of Meeting:** Safeguarding Adult Strategy Meeting / Action (SASM / SASA)

**Date:**

- Welcome to adult at risk and representative (IM)
- Introductions and apologies (IM)  
*Introduction of others (IMCA, professionals ...) in relation to role and relationship to Adult at Risk.*
- Confidentiality Statement (IM)
- Purpose of meeting (IM) *To develop at safeguarding plan in relation to concerns that have been raised.*  
Confirm 'Adult at Risk' details (A@R / IO) *if A@R not present at the meeting.*
- Details of the Alert. (A@R / IO)
- Confirmation of the adult at risks desired / agreed outcomes. (A@R / IO)
- Making Safeguarding Personal (MSP) – Outcomes questionnaire (IO)
  - MCA 2005 (Best Interests)
  - IMCA referral / representative.
  - Safeguarding Outcomes.
  - Other outcomes.
- Summary and determination of next steps. (IM)
  - Protective interventions considered.
  - Resolution.
  - Recovery.
  - Risk to others.  
*(Wider concerns considered, signs of safety and risk assessment)*
- Immediate safeguarding measures to be considered to reduce any risk. (IM)
- Consideration of agreed actions for investigation if required (ALL) lead by IM
  - Agree time frame for investigation and next meeting.
- Confirmation of Safeguarding Plan. (IM)
- Conclusion. (IM)  
*Feedback to Adult at Risk / referrer if needed.*

# AGENDA

**Name:**

**Type of Meeting:** Safeguarding Adult Plan (SAP) Review Meeting.

**Date:**

- Welcome to adult at risk and representative (IM)
- Introductions and apologies (IM)  
*Introduction of others (IMCA, professionals ...) in relation to role and relationship to Adult at Risk.*
- Confidentiality Statement (IM)
- Purpose of meeting (IM) *To review safeguarding plan in relation to concerns that have been raised. Were the immediate safeguarding measures effective / risks reduced?*
- Update from Adult at Risk or their representative, including a review of their desired / agreed outcomes. (A@R / IO)
- Situation and investigation update. (ALL) *From all relevant agencies involved (there should be written submission). Including feedback from other agencies directly involved in the investigation.*
- Summary of ongoing risks and potential actions. (IM)
  - Protective interventions considered.
  - Resolution.
  - Recovery.
  - Risk to others  
*(Wider concerns considered, 'Signs of safety' and risk assessment)*
- Review of actions for investigation. (IM)
  - Review time frame for investigation and next meeting.
- Confirmation of ongoing Safeguarding Plan, if required. (A @R / IM)
- Conclusion. (IM)
  - *Feedback to Adult at Risk / referrer if needed.*

***If this investigation is to be closed please refer to  
Agenda prompts:***

- **Final Investigation reports.** (ALL) *From all relevant agencies involved (there should be written submission). Including feedback from other agencies directly involved in the investigation.*
  
- **Summary of ongoing risks and potential actions.** (IM)
  - *Record the views of all professionals involved, including Advocacy support if referred on an ongoing basis.*
  - *Actions further required to achieve resolution and recovery for the adult at risk.*
  - *Whether a needs assessment or changes to the adult's care plan is required.*
  - *Continued safeguarding support for the adult – risk management strategy as seen appropriate. Consider their continued safety and wellbeing.*
  - *Actions required with regards to the source of the abuse, to mitigate ongoing risk.*
  - *Any onward referrals to be considered. E.g. DBS, HCPC, NMC....*
  - *Were the Terms of Reference (ToR) for investigation addressed.*
  
- **Confirmation of ongoing Safeguarding Plan,** if required.
  
- **Conclusion.** (IM)
  - *Feedback to Adult at Risk / referrer (if needed).*
  - *Were the adults desired outcomes met through the investigation?*
  - *The outcome of investigation.*
  - *What learning opportunities have been identified from the investigation, how will these be imbedded in to future practice.*
  - *Consideration of outcome for accused provider / person.*
  - *Consideration of WSAB ASR.*

## IM closure checklist

Potential actions	<i>Actions completed by IM &amp; Date</i>
Record the views of all professionals involved, including Advocacy support if referred on an ongoing basis.	
What further actions are required to achieve resolution and recovery for the adult at risk?	
Is an assessment / changes to the adult's care plan is required?	
Is an ongoing Safeguarding Adult Plan or Risk management strategy in situ? Consider their continued safety and wellbeing.	
Any further actions required with regards to the source of the abuse, to mitigate ongoing risk?	
Any onward referrals to be considered. E.g. DBS, HCPC, NMC.	
Were the Terms of Reference (ToR) for investigation addressed?	
Have you fed back to Adult at Risk / referrer?	
Were the adults desired outcomes met through the investigation?	
What was the outcome of the investigation?	
What learning opportunities have been identified from the investigation, how will these be imbedded in to future practice?	
Consideration of outcome for accused provider / person.	
Consideration of WSAB Safeguarding Adults Review policy.	

### Appendix 3: Safeguarding Adults Risk Assessment

<b>Safeguarding Adults – Person Centred Risk Assessment.</b>			
<b>Name</b>			
<b>Address</b>			
<b>Reason for assessment</b>			
<b>Location</b>			
<b>Assessor</b>			
<b>Date started</b>		<b>Date completed</b>	
<b>Is there a reason to question the person is making an informed choice? YES / NO</b>			
<p><i>It is assumed that the person has the capacity to understand the consequences of taking the risk / action. If this is potentially not the case, a Mental Capacity Assessment needs to be carried out and a Best Interests decision made concerning the risk of capacity around the issue. (Please use MCA 2005 assessment tool).</i></p> <p><b>If so what is the outcome?</b></p>			
<b>Nature of Risk.</b>			
<b>Why does the person choose to take the risk / action?</b>			
<p><i>What is important to the person? What are their future aspirations? What is working / not working? What does the outcome give the person? What does the outcome do for the person? What does the outcome make it possible for them to do?</i></p>			
<b>What are the possible dangers / disadvantages of taking the risk / action?</b>			
<p><i>Consider past factors. Consider harm &amp; risk of potential harm. Ensure if the person does not see specific dangers then these are explained to them according to the 2<sup>nd</sup> principle of the MCA 2005. Record conversation in relation to what consequences of taking the action have been discussed.</i></p>			



**Discussion re: risk (the real effect of taking risk)**

*Looking at the outcomes what is getting in the way? Does it change what is not working or build on what is working? What will happen if nothing changes? How safe is the person? Is this safety conditional (affected by other dynamics)? Can we reduce the risk? Is there an impact on the adult or others who are involved?*

**Options explored to minimise the risk**

*What safeguards would need to be in place not to have further worries? What safety measures have been proven and tested over time? What does the person see as their assets in terms of protecting themselves? What resources do they have access to? Do they have support from others? Does this take the person closer to their aspirations? State the person's preferred outcome. What's getting in the way of achieving the outcome?*

**Action Plan:**

*Prioritise the ideas and agree targets / steps to achieve them. Set first steps / actions....*

Review date:

Completed:

**Adult at Risk:**

DATE

**Assessor:**

DATE

**Investigating Manager:**

DATE

#### Appendix 4: Investigator's reports templates

<b>Care Act 2014 – s.42 enquiry. Investigating Officers Report.</b>	
<b>Completed by:</b>	
<b>Adult's name:</b>	
<b>Date of Birth:</b>	
<b>Home Address:</b>	
<b>NOK/Significant family /other relationships identified:</b>	
<b>Significant or key information:</b> <i>(Including factual relevant background information).</i>	

<b>Details of the current Care Act s.42 enquiry, including location.</b>	
<b>Details of any previous concerns / s.42 enquiries</b>	

<p><b>Consider the mental capacity of the adult at risk.</b></p> <p><b>Consider any issues and opinions relating to consent.</b></p> <p><b>Consider who to liaise with if there are concerns regarding capacity.</b></p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>To be recorded on the Safeguarding Adult Plan (SAP).</p>
<p><b>Highlight the preferred outcomes of the adult at risk.</b></p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> <p>To be recorded on the Safeguarding Adult Plan (SAP).</p>
<p><b>Information about the person alleged to have caused harm (if applicable).</b></p>	
<p><b>A description of the s.42 enquiry process.</b></p>	<ul style="list-style-type: none"> <li>- <i>Who has been involved? Contributed, or interviewed as part of this enquiry?</i></li> <li>- <i>What records or documentation was considered?</i></li> <li>- <i>Risk assessment or other safeguarding tools considered?</i></li> <li>- <i>What agencies were involved?</i></li> </ul>

<b>Identification of any concerns regarding the co-operation given to the enquiry process.</b>	
<b>Summary &amp; evaluation of the evidence collated to date.</b>	<ul style="list-style-type: none"> <li>- <i>Consider chronology.</i></li> <li>- <i>Address specific individual concerns independently.</i></li> </ul>
<b>A view about future risks. Recommendations about future action required.</b>	<ul style="list-style-type: none"> <li>- <i>Safeguarding Adults – Risk Assessment.</i></li> <li>- <i>MCA 2005: Best Interests decision if needed.</i></li> </ul> <p>To be recorded on the Safeguarding Adult Plan (SAP).</p>
<b>Further information or comments.</b>	

**Appendix 5: MSP Outcomes / Safeguarding Adults Plan (SAP) template**

**Making Safeguarding Personal Outcomes & Safeguarding Adult Plan**

<b>Name:</b>	<b>Address:</b>
<b>CareFirst ID:</b>	
<b>DOB:</b>	<b>Postcode:</b>
<b>Telephone:</b>	<b>GP Surgery:</b>

**Section One.**

Please complete this section prior to Safeguarding Adult Strategy Meeting / Action (SASM / SASA).

**Details of the alleged abuse:**

--

**Consider the capacity of the adult at risk to understand the abuse and decide on any action they would like to be taken.**

**Is there an impairment of or a disturbance in the working of the persons mind or brain?**

<b>Details:</b>
-----------------

- Is the person able to understand the information relating to the abuse they have suffered?
- Are they able to retain that information in order to make a decision about outcomes?
- Can they communicate this decision?
- Is the person able to weigh the information pertinent to the risks?

If the answer is no approach an advocate, or a family member / friend who can assist with any best interest decisions that needs to be made.

**Details:**

**People present at, or have contributed to the capacity assessment**

Include details of who is present at the capacity assessment and names of others who are not present but have contributed.

**Adult at Risk's representative in attendance:**

Support network.	Name of representative	Representation at Safeguarding Adults Strategy Meeting / Safeguarding Adults Plan Review Meeting – Please delete as appropriate:
Advocate / IMCA:		<b>Yes / No</b>
Family / Friend / Other:		<b>Yes / No</b>

**Other professionals involved:**

Discuss visits by other professionals such as GP, nurse, other health professional or HTLAH provider, housing department, Police etc.

**What are the agreed SMART Outcomes for this investigation?**

**SMART outcomes must be:**

- *SPECIFIC* List specific actions necessary to achieve this goal.
- *MEASUREABLE*- Explain why this number or value is important, and how you will measure success.
- *ACTION-oriented* List the group members responsible for each action.
- *REALISTIC* List some potential obstacles and the resources you'll need.
- *TIMELY*.

	<b>Making Safeguarding Personal (MSP) Outcomes. (Individuals preferred outcomes)</b>	<b>By whom</b>	<b>When</b>	<b>Progress notes</b>
1.				
2.				
3.				
4.				
5.				

**List any outcomes that were identified that do not fit with the safeguarding process and indicate how these outcomes will be addressed.**

1.
2.
3.
4.
5.

## Section 2.

Please complete once outcomes have been established with the Adult at Risk, for consideration at the Safeguarding Adult Plan (SAP) Review Meeting.

Where abuse appears to have taken place, or an ongoing risk is identified, a 'Safeguarding Adult Plan' will be agreed to prevent possible further abuse or to decrease the risk. Please consider:

- *Indicate if there is a risk to others, the wider community or whether additional action is required in the public interest.*
- *Highlight the preferred outcomes of the adult at risk, with their involvement.*
- *Record the views of all professionals involved, including Advocacy support if referred.*
- *Continued safety and well-being of the individual, what risks need to be addressed?*
- *Actions required to achieve resolution and recovery for the adult.*
- *Whether a needs assessment or changes to the adult's care plan is required.*
- *Continued safeguarding support for the adult (particularly if there is a likelihood a criminal case could be an outcome).*
- *Actions required with regards to the source of the abuse.*
- *Any onward referrals to be considered.*

<b>Safeguarding Adult Plan (SAP).</b>				
<b>Outcome</b>	<b>Date</b>	<b>Action agreed to achieve resolution and recovery.</b>	<b>By whom and when.</b>	<b>When and how will this be reviewed.</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>Any other significant details:</b>  <i>Please include any information relevant to the service user that is not detailed in the risk management/protection plan. Including other actions that may impact on the plan. i.e. recommendations for the service provider, Care Quality Commission actions plans, any civil action recommended to the service user or their representative, support provided to the carer. Details of support to the service user if there is to be ongoing legal actions. Any risks to others and actions to deal with this.</i>				



### Section 3.

To be completed when the investigation closes.

**Was the Adult at Risk updated and consulted in relation to the outcomes they identified in the 'Safeguarding Adult Plan' (SAP), at the SAP Review Meeting/s stage and at the conclusion of the investigation? Give details:**

Yes or No:

**Were the Terms of Reference (ToR) for the investigation altered in anyway following this discussion? Give details:**

Yes or No:

**Have all the safeguarding outcomes been met at end of the safeguarding investigation.**

Yes or No:

**Are there any outstanding concerns at the point of closure? What actions have been agreed.**

Yes / No:

Details of ongoing concerns and actions agreed:

**Completed By**

This is a copy of your assessment, if you have any problems or concerns please contact our advice and contact by calling 0300 456 0111 or email [customeradvisors@wiltshire.gov.uk](mailto:customeradvisors@wiltshire.gov.uk)

## Data Protection Statement

Wiltshire Council has a duty to protect personal information and will process personal data in accordance with the General Data Protection Regulation (GDPR) 2016.

Wiltshire Council will use your personal data to identify your care needs and to provide the relevant service for your needs.

Your personal data may also be used for the prevention or detection of fraud or crime and in an anonymous form for statistical purposes.

The data will be stored on computer and/or manual files.

Wiltshire Council is required by various laws to provide these services and in order for Wiltshire Council to do this they may share your personal information with other partner agencies for example:

- Your GP
- The NHS
- Care Centres/Residential/Nursing Homes
- Respite Homes
- The Independent Living Fund
- Home adaptation services
- Domiciliary Agencies
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Medvivo (Wiltshire Medical Services)

Only information necessary to provide a specific part of your care will be shared with the agency involved.

If you have specific information that you do not wish to be shared or an agency that you do not wish to receive your information, please inform your key worker who will be able to discuss this and any implications with you.

You need to be aware that your care and the service Wiltshire Council provides may need to be adapted and/or changed if you decide not to allow information to be shared.

You have a right to gain access to your records. If you have a key worker, please contact them and they will be able to allow you to access your file and provide assistance. If you do not have a key worker and you wish to gain a copy of your file please contact Wiltshire Council's Data Protection Team, by writing to Corporate Information team, County Hall, Bythesea Road, Trowbridge BA14 8JN or email [dataprotection@wiltshire.gov.uk](mailto:dataprotection@wiltshire.gov.uk)

