



Derbyshire and Derby Safeguarding Adults Policy and Procedures

Contents

| | | |
|-----|--|----|
| 1. | Contents | 1 |
| 2. | Foreword | 2 |
| 3. | Section One: Safeguarding Policy | 3 |
| 4. | Introduction | 3 |
| 5. | Board Membership | 4 |
| 6. | Principles of Safeguarding Adults | 5 |
| 7. | Safeguarding Adults Criteria | 7 |
| 8. | Safeguarding Adults Board | 8 |
| 9. | Legal Status of this Policy and Procedure | 9 |
| 10. | Equality and Diversity | 10 |
| 11. | Definition of Abuse | 10 |
| 12. | Roles and Responsibilities | 11 |
| 13. | Public Disclosure and Whistleblowing | 15 |
| 14. | Confidentiality and Information Sharing | 16 |
| 15. | Learning the Lessons | 17 |
| 16. | Learning and Development | 19 |
| 17. | Governance and Assurance | 20 |
| 18. | Section Two: Safeguarding Procedures | 21 |
| 19. | Statement of Purpose | 21 |
| 20. | Who is covered by these procedures | 21 |
| 21. | Safeguarding Responses | 23 |
| 22. | Raising an Alert | 24 |
| 23. | Making Referrals | 25 |
| 24. | Initial Enquiries | 26 |
| 25. | Advocate | 27 |
| 26. | Representative | 27 |
| 27. | Independent Mental Capacity Advocate | 28 |
| 28. | s.42 Enquiries | 28 |
| 29. | Referring to the Police | 30 |
| 30. | Next Steps | 31 |
| 31. | Safety Planning | 31 |
| 32. | Reviews | 33 |
| 33. | Closure of Safeguarding | 34 |
| 34. | Provisions of Law | 34 |
| 35. | Recording | 35 |
| 36. | Sources of Information, Advice and Services for Support and Redress | 35 |
| 37. | Inter-Agency Communication, Information Sharing and Decision-Making | 35 |
| 38. | Professional Disagreement Resolution | 36 |
| 39. | Complaints | 37 |
| 40. | Closing Statement | 37 |
| 41. | Appendix One: Over-arching safeguarding procedures work-flow chart | 38 |
| 42. | Appendix Two: Information, Advice and Services for Support and Redress | 39 |

Foreword

This policy and the accompanying procedures are multi-agency and have been agreed by all partners of both Safeguarding Adult Boards.

They outline the responsibilities of all professionals, volunteers and agencies working together in Derbyshire and Derby to protect those adults most at risk from harm and abuse.

They have been revised to ensure compliance with the Care Act, 2014 and recognise that adults with care and support needs and their carers must be at the heart of what we do.

We are both personally committed to ensuring that adults in Derbyshire and Derby have a right to live in safety, free from abuse and neglect. This joint policy and procedures will enable us all to achieve this aim.

Please remember:

“Adult Safeguarding is everyone’s responsibility”

Allan Breeton

Derby Safeguarding Adult Board

Andy Searle

Derbyshire Adult Safeguarding Board

Section One- Safeguarding Policy

Introduction

This document is the policy of the Derbyshire and Derby Safeguarding Adults Boards and it replaces the previous policy which was last issued in May 2012.

This policy has been written in line with the Care Act 2014 and its statutory Safeguarding Guidance (chapter 14) and replaces the “No Secrets” Guidance 2000.

This policy will come into force on the 1st April 2015. Some of the contents of this policy are taken directly from the statutory Safeguarding Guidance.

This Policy will be formally reviewed in April 2017 and will be amended as necessary to incorporate learning from safeguarding adult reviews, recent cases, published research, peer reviews and case law.

The purpose of the Safeguarding Policy is to make explicit the responsibilities of all professionals, volunteers and agencies working to protect adults who may be vulnerable to abuse.

The Safeguarding Policy and Procedures take precedence over any internal policies and procedures within all agencies whether statutory, independent or voluntary. However, it is recognised that there may be occasions where other processes are more appropriate e.g., using the complaints procedure or compliance and contracting involvement, but this should be agreed through the safeguarding procedures and recorded appropriately.

Derbyshire Safeguarding Adults Board and Derby Safeguarding Adults Board will hereafter be referred to as the SABs. The SABs have agreed this Policy & Procedures. Strategies for the prevention of abuse or neglect are a core responsibility of the SABs who will decide how they operate but they **must** ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act, 2014.

The main objective of the SABs is to assure itself that local safeguarding arrangements are in place and partners act to help and protect adults in its area who meet the criteria. The SABs have developed clear policy and processes which have been agreed with other interested parties.

This Policy represents a commitment by the organisations within the Derbyshire and Derby Safeguarding Adults Boards to work together to prevent and respond to abuse wherever it occurs.

Some partner agencies may not be SAB members, but will still play an important part in the safeguarding of adults, for example; General Practitioners, Department for Work and Pensions, Trading Standards, advocacy groups & housing associations.

Strong Partnerships are those whose work is based on an agreed Policy & Strategy with common definitions and a good understanding of each other's roles and responsibilities.

These underpin Partnership working in response to instances of abuse and neglect, wherever they occur.

Agencies that have membership of the SABs must comply with this Policy, Procedures, Statutory Guidance and local Practice Guidance and be clear on their roles and Adults Safeguarding responsibilities.

Board Membership

Derbyshire Safeguarding Adults Board Membership 2015

Chair – Andy Searle

Vice Chair – Bill Nicol

- Derbyshire County Council (including Adult Care, Community Safety, Mental Health)
- Derbyshire Police
- Derbyshire Fire and Rescue Service
- Hardwick Clinical Commissioning Group
- Erewash Clinical Commissioning Group
- Southern Derbyshire Clinical Commissioning Group
- North Derbyshire Clinical Commissioning Group
- East Midlands Ambulance Service
- Chesterfield Royal Hospital NHS Foundation Trust
- Derbyshire Community Health Services
- Care Quality Commission
- Derby Teaching Hospitals NHS Foundation Trust
- Derbyshire National Probation Service
- Derbyshire MIND
- Age UK Derby and Derbyshire
- Derbyshire Healthcare Foundation Trust

- Derbyshire Carers Association
- Tameside and Glossop Clinical Commissioning Group
- Derbyshire Care Providers Association
- Stockport NHS Foundation Trust Community Healthcare Business Trust
- Bolsover District Council
- NHS England
- Amber Valley Borough Council
- HMP (YOI) Foston Hall
- HMP Sudbury
- Healthwatch
- Derbyshire Health United
- Disability Derbyshire Coalition for Inclusive Living

Derby Safeguarding Adults Board Membership 2015

Chair – Allan Breeton

Vice Chair – Bill Nicol

- Derby City Council
- Southern Derbyshire Clinical Commissioning Group
- Derby Teaching Hospitals NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United
- Derbyshire Constabulary
- Care Quality Commission
- Derbyshire National Probation Service
- East Midlands Ambulance Service
- Derbyshire Fire and Rescue Service
- City and Neighbourhood Partnership
- Derby Homes
- University of Derby
- Friendship Care and Housing Limited

Principles of Safeguarding Adults

The **six principles** that underpin adult safeguarding apply to all sectors and settings including care and support services, social work, healthcare, welfare, housing providers and police. The principles should inform the ways in which professionals and other staff work with people at risk of abuse or neglect.

These principles can also help Safeguarding Adults Boards (SAB's) and organisations more widely, by using them to examine and improve their local arrangements.

Six Key Principles Underpin All Adult Safeguarding Work:

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

The SABs member organisations will adhere to the following guiding principles:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible. The SABs will seek the views of Adults who have been through safeguarding enquiries to gain assurance of the embedding of an outcomes focussed approach to safeguarding and to inform future developments of strategy, policy and procedures.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.
- Early sharing of information is the key to providing effective help where there are emerging concerns. Fears of sharing information **must not** stand in the way of promoting and protecting the well-being of adults at risk of abuse and neglect.

Safeguarding Adults Criteria

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

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.**

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.

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations

Local Authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting. This is other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility.

Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. Police or NHS) or other persons relevant to the case. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply.

When dealing with safeguarding concerns, it is important that all practitioners should "Think Family" and consider the family members within the household and wider

networks who may be at risk of, or experiencing abuse. Referrals should be made to appropriate agencies, such as Children's Social Care Services, where appropriate. Safeguarding means protecting an adult's right to live in safety free from abuse and/or 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, feeling and beliefs in deciding on any action. This must recognise that adults sometime have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Professionals should work with the adult to establish what being safe means to them, and how it can be best achieved.

In accordance with Care Act 2014, Derbyshire County & Derby City Council will:-

- Make enquiries or ensure others do so, if it believes an adult is, or at risk of abuse or neglect
- Have a Safeguarding Adults Board
- Arrange where appropriate for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry, or a Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. ([See Chapter 7 of the statutory Guidance](#) on Advocacy, and the local Procedures and practice Guidance.)
- Cooperate with each of its relevant partners ([section 6 The Care Act](#))

This policy and procedures, and practice guidance can be located on the Derby Safeguarding Adult's Board website at www.derbysab.org.uk and Safer Derbyshire website at www.saferderbyshire.gov.uk.

The Safeguarding Adults Board (SAB)

Derbyshire and Derby City have well established SABs, with a good range of partner organisation engagement.

From the 1st April, 2015 the local authority, local area Clinical Commissioning Groups (CCGs), and the Chief Officer of Police are required by law to be members of the SAB. The SAB must involve all relevant organisations and individuals to ensure that it has the involvement of all partners necessary to effectively carry out its duties.

Local authorities and their relevant partners **must** collaborate and work together as set out in the co-operation duties in the Care Act 2014 and, in doing so, must, where

appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.

Local authorities **must** co-operate with each of its relevant partners, in order to protect the adult. In their turn, each relevant partner **must** also co-operate with the local authority.

The lead agency with responsibility for co-ordinating adult safeguarding arrangements is the local authority, but all the members of the SAB will designate a lead officer.

Non Board Member agencies should also consider the benefits of appointing a lead for adult safeguarding.

In order to meet its three core duties the SABs will:

- Publish a strategic plan for each financial year that sets how it will meet its main objectives and what the members will do to achieve this, and **will** consult the local Healthwatch and involve the local community
- Publish an annual report which **must** clearly state what the SAB and its members have done to carry out and deliver the objectives and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action
- Conduct any Safeguarding Adults Review in accordance with Section 44 of the Act

Legal status of this Policy and Procedure

Staff will have regard to and are bound to operate within the guidance of legislation, will make themselves aware of their responsibilities under these policy and procedures and have a working knowledge of the [Human Rights Act 1998](#), [Mental Capacity Act 2005](#), [Deprivation of Liberty Safeguards](#), Youth Justice Criminal Evidence Act 1999 (s.16 and s.17), Equalities Act 2010, Police and Criminal Evidence Act 1984, Domestic Violence Crime and Victims Act 2004, Mental Health Act 1983 and the Care Act 2014.

This is not an exhaustive list.

More information is available with regard to the legal framework from [SCIE Safeguarding Adults at Risk of Harm: A Legal Guide for Practitioners](#).

Other procedures or guidance may apply such as the 'Safeguarding Children' procedures, Domestic Abuse Protocol, MARAC, and Forced Marriage. A further

source of information and advice can be found in the [SCIE Safeguarding Adults Guidance](#).

Equality and Diversity

These Policy & Procedures recognises the diversity of our society. Individuals and organisations need to be responsive to needs of different groups and individuals and have due regard to issues relating to:

- Gender
- Religion
- Sexual orientation (Gay, Lesbian, Bisexual & Transgender)
- Racial origin, culture and linguistic background
- Disability
- Age

Within safeguarding procedures actual or potential effects of decisions should be considered in relation to the equality issues above and any subsequent outcomes for the adults at risk.

Further information on the Equality Act 2010 can be found here: <https://www.gov.uk/equality-act-2010-guidance>

Definition of Abuse

Abuse is a violation of an individual's human or civil rights, by any other person or persons. Professionals should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. The following types of abuse and neglect are identified within the Care Act 2014, but should not be considered exhaustive;

- **Physical abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic abuse** – An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, Female Genital Mutilation and Forced Marriage.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent

exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

- **Sexual exploitation**- involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of performing, or others performing on them, sexual activities.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Roles and Responsibilities

It is the responsibility of all staff and Volunteers who work with adults, to act on any suspicion or evidence of abuse or neglect and pass on their concerns to a responsible person or agency.

Practitioners should, wherever practicable, seek the consent of the adult before taking action. A lack of consent however, will not prevent safeguarding action being

taken, especially in cases where others are or may be at risk if nothing is done, or where it is in the public interest to take action because a criminal offence has occurred. The safeguarding procedures must be followed in **all** cases.

In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role must understand their own role and responsibility and have access to practical and legal guidance advice and support.

Front Line Staff

Operational front line staff within Derbyshire & Derby City are responsible for identifying and responding to allegations of abuse and neglect and substandard practice. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to a suspicion or allegation. This includes GPs. It is employers' and commissioners' duty to set these out clearly and reinforce regularly.

It is not for front line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns. Each agency should have effective and well-publicised ways of escalating concerns when immediate line managers do not take action in response to a concern being raised.

Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring the immediate safety and well-being of the adult. Where the source of abuse or neglect is a member of staff, it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

Designated Adult Safeguarding Managers

Each member of the SABs will have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and co-ordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. They also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.

The DASM will provide advice and guidance within their organisation, liaising with other agencies as necessary. The DASM should monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

The DASMs will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the

DBS and/ or Regulatory Bodies (e.g. CQC, HCPC, GMC, NMC) are made promptly and appropriately and that any supporting evidence required is made available.

DASMs should ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.

The local authority DASM will need to work closely with the children's services Local Authority Designated Officer (LADO) and other DASMs and LADOs for both adults and children in the region or nationally to ensure sharing of information and development of best practice.

Senior Managers

Each agency will identify a senior manager to take a lead role in the organisational and in inter-agency arrangements, including the SAB. In order for the Board to be an effective decision-making body providing leadership and accountability, members need to be sufficiently senior and have the authority to commit resources and make strategic decisions. To achieve effective working relationships, based on trust and transparency, the SAB members will need to understand the contexts and restraints within which their counterparts work.

Corporate/Cross Authority Roles

Each local organisation must recognise and accept its role and function in relation to adult safeguarding. This is set out in the SAB's strategic plan, as well as its own communication channels. They should also have protocols for mediation and family group conferences, and for various forms of dispute resolution.

Chief Officers and Chief Executives

As chief officer for the leading adult safeguarding agency, the Director of Adult Social Services (DASS) has a particularly important leadership and challenge role to play in adult safeguarding. Responsible for promoting prevention, early intervention and partnership working is a key part of a DASS's role and also critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires a DASS to promote a culture that is person-centred, supports choice and control and aims to tackle inequalities.

However, all officers, including the Chief Executive of the local authority, NHS and Police chief officers and executives should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that

their systems and practices are effective in recognising and preventing abuse and neglect. The Chief Officers must sign off their organisation's contributions to the Strategic Plan and Annual Reports.

Local Authority Member Level

Local authority members within Derbyshire & Derby need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local authority members need to understand prevention, proportionate interventions, and the dangers of risk adverse practice and the importance of upholding human rights. Elected members should always be aware of the work of the SAB. Managers must ensure that members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community.

In addition, Local Authority Health Scrutiny Functions, such as the Council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships can play a valuable assurance role in local safeguarding measures, and ensure that Derbyshire and Derby SABs are accountable to local communities.

Commissioners

Commissioners from the local authority, NHS England and CCGs all have vital roles in the promotion of adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

Providers of Services

All local service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the SABs in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority. Providers need to share information with relevant partners such as the local authority even where they are taking action themselves.

Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one's interests to unnecessarily prolong enquiries. However, some complex issues may take time to resolve.

Guidance should include information on:

- Identifying adults who are particularly at risk; recognising risk from different sources and in different situations and recognising abusive or neglectful behaviour from other service users, colleagues, and family members;
- Routes for making a referral and channels of communication within and beyond the agency;
- Organisational and individual responsibilities for whistleblowing;
- Assurances of protection for whistle blowers;
- Working within best practice as specified in contracts;
- Working within and co-operating with regulatory mechanisms; and,
- Working within agreed operational guidelines to maintain best practice in relation to:
 - Challenging or distressing behaviour;
 - Personal and intimate care;
 - Control and restraint;
 - Gender identity and sexual orientation;
 - Medication;
 - Handling of people's money; and
 - Risk assessment and management.

Voluntary Organisations

All voluntary organisations within Derbyshire & Derby city that work with adults are encouraged to have safeguarding procedures in place and named lead officers.

Regulated Professionals

Staff within Derbyshire and Derby City who are governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect

Public Disclosure and “Whistle-Blowing”

Whistle-Blowing is taken seriously in Derbyshire & Derby City and agencies will need to refer to their own policies. If you have serious concerns and these are not addressed or taken seriously by your manager, don't be put off taking action.

Whistle-blowers can obtain information and advice from the Whistleblowing Helpline, which is contactable on 08000 724725 and email via enquiries@wbhelpline.org.uk. The new publication, “Raising Concerns at Work: Whistleblowing Guidance for workers and employers in Health and Social Care” is available to download at wbhelpline.org.uk

Confidentiality and Information Sharing

Sharing of information will be based on the welfare of the adult, or of other potentially affected adults. This should be consistent with the principles set out in the [Caldicott Review](#) published 2013 ensuring that:

- Information will only be shared on a 'need to know' basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 1998 where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information sharing protocols. Guidance on information sharing and adult safeguarding is also available from [SCIE](#).

Local safeguarding adult's information sharing agreements can be located on the Derby Safeguarding Adult's Board website at www.derbysab.org.uk and Safer Derbyshire website at www.saferderbyshire.gov.uk.

A SAB may request a person to supply information to it or to another person. The person who receives the request must provide the information provided to the SAB if:

- The request is made in order to enable or assist the SAB to do its job;
- The request is made of a person who is likely to have relevant information and then either:
 - The information requested relates to the person to whom the request is made and their functions or activities or;
 - The information requested has already been supplied to another person subject to an SAB request for information.

Learning the Lessons

The SABs **must** arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether the abuse or neglect is known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

The 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 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.

The 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.

The SABs will be primarily concerned with deciding what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. 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.

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

SARs should reflect the six safeguarding principles. SABs should agree Terms of Reference for any SAR they arrange and these should be published and openly

available. When undertaking SARs the records should either be anonymised through redaction or consent should be sought.

The following principles should be applied by SABs and their partner organisations to all reviews:

- There should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice
- The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined
- Reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed
- Professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith
- Families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

Serious Incident Learning Process

The East Midlands SABs have created a process which is a new approach to reviewing cases where there is an interest to all agencies and organisations represented within the SAB. The SILP is an inter-agency learning review which can be completed swiftly, in a cost effective manner and give a timely response to lessons learned.

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

Links with other reviews

In setting up a SAR the local SABs will also consider how the process can dovetail with any other relevant investigations that are running parallel, such as a child SCR or DHR, a criminal investigation or an inquest.

When victims of domestic homicide are aged between 16 and 18, there are separate requirements in statutory guidance for both a child Serious Case Review (SCR) and a Domestic Homicide Review (DHR). Where such reviews may be relevant to SAR (e.g. because they concern the same perpetrator), consideration should be given to how SARs, DHRs and SCRs can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case. For example, considering whether some aspects of the reviews can be commissioned jointly so as to reduce duplication of work for the organisations involved.

Findings from SARs

The SABs will include the findings from any SAR in its Annual Reports and also what actions it has taken, or intends to take in relation to those findings. Where the SABs decide not to implement an action then it must state the reason for that decision in the Annual Report. All documentation the SABs receive from registered providers which is relevant to CQC's regulatory functions will be given to the CQC on its request.

SAR reports should:

- Provide a sound analysis of what happened, why and what action needs to be taken to prevent a recurrence if possible;
- Be written in plain English and
- Contain findings of practical value to organisations and professionals

Learning and Development

It is the responsibility of each agency to ensure employees are appropriately trained. The SABs and partner agencies will promote multi-agency training, will consider any specialist training that may be required and will also consider joint commissioning of appropriate training with other agencies, such as the Community Safety Partnership.

The joint Learning & Development sub group of the SABs works to develop and promote multi-agency training to support implementation and application of these policy and procedures.

Governance and Assurance

The SABs will hold partners to account to ensure the effectiveness of its arrangements. This will be done by:

- Analysing data
- Completing self-audit and peer reviews
- Consultation with customers, their family, advocates, carers and/or representatives
- Completion of equality impact assessments as required
- Development of mechanisms for reviewing implementation of policy and training
- Evidencing that sab members challenge one another and hold sabs to account
- Formulating arrangements for dealing with complaints, grievances, professional and administrative malpractice in relation to safeguarding adults.

A role of the Performance and Quality sub-groups of the SABs will be to monitor the above and report back to the SABs.

Section Two – Safeguarding Procedures

Statement of Purpose

These procedures aim to promote wellbeing and safety, prevent harm and facilitate effective responses to concerns raised about abuse and neglect.

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

All safeguarding processes must follow the principles set out in the Safeguarding Statutory Guidance and Derbyshire and Derby Safeguarding Adults Policy.

The principles are; **empowerment, prevention, proportionality, protection, partnership and accountability.**

Who is covered by these Procedures

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

The local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of who pays for any care and support, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and the National Offender Management Service (NOMS) respectively have responsibility.

Residents of Derby City and Derbyshire Councils

These procedures are to be used when there is a concern, allegation or disclosure of abuse for any adult in need of care and support who is a resident of the Derby City Council and Derbyshire County Council constituency areas.

Adults placed out of Derby or Derbyshire but remain the statutory responsibility of Derby or Derbyshire

Any adult placed in a residential or nursing home or any other form of care provision out of Derby or Derbyshire for whom the local authority or Clinical Commissioning

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

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

[See ADASS out of County Guidelines](#)

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

Adults placed in Derby or Derbyshire by other local authorities or CCGs

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

[The Association of Directors Adult Social Services Protocol for Inter-authority Investigations of Adult Abuse](#) will apply.

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

Adults in Hospitals situated in Derby or Derbyshire

Derby City Council and Derbyshire County will have responsibility for coordinating safeguarding enquiries and actions if the alleged abuse or neglect has taken place in an acute hospital setting within Derby or Derbyshire. In the event that the alleged abuse happened in the place where the adult is ordinary resident the case will be referred to the local area/authority where the person is resident to coordinate the investigation.

Adults who are homeless

Derby City Council and Derbyshire County Council will make enquiries and take action regarding an alleged incident of abuse or neglect regarding adults who are homeless within Derby or Derbyshire.

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

Abuse or neglect may be a contributory cause of the death of an Adult. Where abuse or neglect may be a contributory cause of death the deceased person will be the subject of a Safeguarding referral under these procedures in order to assess and address any risks to other adults. HM Coroner for Derby and Derbyshire will be informed where a death occurs in these circumstances. In Derbyshire & Derby HM

Coroner has agreed to alert the local authority of a death which raises concerns of abuse or neglect.

Who is not covered by these procedures

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

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

Safeguarding Responses

Please refer to the over-arching safeguarding workflow chart at Appendix One. Each local authority will publish its own workflow charts which show how the overarching workflow is being implemented. In Derbyshire the Vulnerable Adults Risk Management (VARM) process will continue to operate, however in Derby City any case which would have met the VARM criteria will be managed through the Safeguarding Adults procedures.

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

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

Raising an Alert

An alert is a concern or allegation which has been reported by a member of staff to their lead/manager within their agency.

Involving the adult

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

Where a concern has been identified, the person with concerns should speak to the adult to ascertain their views and wishes, and to explain that a safeguarding referral will be made.

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

The decision to carry out a safeguarding enquiry does not depend on the adult's eligibility to access or receive services.

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

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

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

It is the responsibility of the person with concerns to take action to ensure the immediate safety of the adult. For example, if there is a criminal offence or the adult is injured, contact should be made with the relevant emergency services. Staff should

have the authority to appropriately contact 999, without fear of reprisals from their agency or organisation.

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

Making Referrals

A referral is the formal notification by an individual or agency that the statutory safeguarding criteria is met for an adult who is in need of care and support.

Referrals to **Derby City Council** will be made by telephone in the first instance, via Derby Direct on 01332 640777 or minicom on 01332 640666 during the hours of 09.00 and 17.00 Monday to Friday. Outside of these hours calls should be made to Careline on 01332 786968. The referral process will be finalised by the completion of the safeguarding adults referral form, which is available at

<http://www.derby.gov.uk/health-and-social-care/safeguarding-adults-at-risk/safeguarding-vulnerable-adults/>.

This form can be completed electronically as an e-form, or can be downloaded and faxed to Derby City Council on 01332 643299, ensuring a fax header is attached. If you have a secure email address that uses the Criminal Justice Secure Mail system (such as those ending with @gov.uk, @gsi.gov.uk, @gsx.gov.uk, @gcsx.gov.uk, @nhs.net, and @pnn.police.uk) you can send your referral form by email securely to smgReceptionTeam@derby.gov.uk.cjism.net.

Referrals to **Derbyshire County Council** will be made by telephone in the first instance, via Call Derbyshire on 01629 533190 (08456 058 058) or minicom on 01629 585400 during the hours of 08.00 and 20.00 Monday to Friday. Outside of these hours calls should be made to the Out of Hours Team on 01629 532600. The safeguarding adults referral form is available at

http://www.saferderbyshire.gov.uk/what_we_do/safeguarding_adults/default.asp.

Both verbal and written referrals need to be as comprehensive as possible and all relevant factual information should be provided. All questions on the referral form should be completed in as much detail as possible, with particular attention to the following key points:

- Is the adult safe?
- Is the statutory safeguarding criteria met?

- Details of the alleged abuse/concerns/disclosure/risk of abuse or neglect
- Details of any friends, family or advocacy who may be able to assist the adult
- Information about any communication needs in respect of the adult
- Indication of concerns about the adult's capacity to understand the safeguarding process

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

Initial Enquiries

On receipt of the safeguarding referral Adult Care will look to establish whether the statutory safeguarding criteria are met. That is:

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

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

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

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

Any referrals that do not meet these criteria will be signposted, as per the workflow diagram at Appendix One. Promoting wellbeing is not always about local authorities meeting needs directly. It is just as important to provide the information the adult

needs to take control of their care and support and chose the options that are right for them. This may be via referral through to appropriate sources of support, such as a care review, assessment of needs, information and advice, referral to a voluntary agency or referral to contract compliance. Further information on contract compliance is available at chapter 5 of the Care Act 2014 Guidance.

The adult will be advised of the outcome of the referral and this will be fed back to the referrer within 48 hours.

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

Advocate

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

The local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. To obtain more information on what is meant by "substantial difficulty," please refer to section 68(3) of the Care Act 2014 and chapter 7.10-7.16 of the Statutory Guidance on Advocacy.

Representative

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

Independent Mental Capacity Advocate (IMCA)

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

S.42 Enquiries

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

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

The purpose of the enquiry is to establish with the adult and/or their representatives, what, if any, action is required in relation to the situation; and to establish who should take such action to help, protect and empower the adult. Making Safeguarding Personal puts the adult at the centre of the process, and as such safeguarding should be framed by the adult's desired outcomes.

The objectives of any enquiry into abuse or neglect are to:

- Ensure the safety and wellbeing of the adult
- Establish facts
- Ascertain the adult's views and wishes
- Seek the consent of the adult before taking action (however whether or not consent is established 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)
- Establish details about whether there are any risks to other adults in need of care and support
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recovery

Work with the adult may frequently require the input of a social worker, particularly in the more complex situations, for example where abuse or neglect is suspected within a family or informal relationship. The dynamics of personal relationships can be difficult to judge, and for some the benefits of a relationship will outweigh the harm it may cause and in these cases the work would best be supported by a Social Worker. However, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores, and the Police should undertake enquiries relating to criminal offences.

Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person is to begin an enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. If the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome are unsatisfactory.

If the local authority decides that another organisation should make the enquiries, for example a care provider or health services, then the local authority will be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

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

Where the safeguarding concerns are related to poor quality in service provision, including patient safety in the health sector, action may be taken through safe and well checks and the use of the escalation policy. These are mechanisms which will assure response to the concerns however there is also the option of escalation to the SABs where necessary.

The timescales for any further enquiries will be negotiated with the adult/their advocate or representative, the agencies concerned and the local authority, and will be proportionate to the presenting level of risk and concern.

The professional making enquiries must record the concerns, the adult's views and wishes, the adult's capacity to make specific decisions, information collected from other agencies, any immediate action that has been taken and the reasons for those actions.

The nature and timing of the intervention and who is best placed to lead will be determined by the circumstances. The primary focus must be how to safeguard the adult and improve their wellbeing. It may be helpful to look at the workflow diagram at Appendix One.

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

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

Referring to the Police

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

A criminal investigation by the police takes priority over all other enquiries, although a multi-agency plan should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing. The local authority has an on-going duty to promote the wellbeing of the adult in these circumstances. This may include the local authority taking immediate action to safeguard the adult in the interim.

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

Information sharing with the police will enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to

check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

Next Steps

Once the enquiries have been undertaken, and the wishes of the adult have been obtained, it may be necessary to have a next steps meeting which will be chaired by Adult Care, in which the following things are considered and recorded:

- Immediate safety of the adult
- View and wishes of the adult
- Areas of concern
- What do we not know (what are the grey areas, what do we need to know more about)
- What support is missing (which agencies need to be involved, what networks of support are needed)
- Identify actions and task them to relevant people

What happens as a result of an enquiry must reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity to make the decision about what happens, the formal decision-making process of the Mental Capacity Act should be followed and any action taken must be in their best interests, and must be proportionate to the level of concern.

The local authority must consider the information collated from the enquiry, and determine what further action is necessary.

It may be appropriate to exit the safeguarding procedures after these enquiries have been made, for example, where a community care assessment or review is identified as the most appropriate means of meeting the adults desired outcomes. A detailed rationale for this decision should be recorded.

Safety Planning

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

This plan could be focussed on enabling the adult to achieve resolution or recovery, or fuller assessments by health or social care with the adult. This will entail joint

discussion, decision taking and planning with the adult for their future safety and well-being.

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

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

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

- The adult's needs for care and support
- The adult's risk of abuse or neglect
- The adult's ability to protect themselves or the ability of their networks to increase the support they offer
- The impact on the adult
- Their wishes
- The possible impact on important relationships
- Potential of action and increasing risk to the adult

- The risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect
- The responsibility of the person or organisation that has caused the abuse or neglect
- Research evidence to support any intervention.

The adult is best placed to make decisions about their wellbeing, the outcomes that they want, and how to achieve those outcomes, and this may involve taking risks. There may need to be an assessment of the adult's capacity to make decisions about risks and weigh up the possible consequences of those risks.

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

If the adult has capacity to make decisions in this area of their life and declines assistance this can limit the intervention that organisations can make, but this does not mean that no action is taken. Instead the focus is on working with the adult

towards a plan to support harm reduction. Where others are at risk of harm, action will be taken.

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

The Mental Capacity Act 2005 is clear that it is necessary to presume that an adult has capacity to make a decision. However, where it is suspected that capacity is somehow compromised, a decision specific capacity assessment will be needed. If the adult is found to lack capacity for a relevant decision, any safety planning decision must be made in the best interests of the adult in accordance with the MCA decision making processes.

In order to make sound decisions, the adult's emotional, physical, intellectual and mental capacity in relation to self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed

The safety plan will set out:

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

Any actions will be the responsibility of the relevant agencies to implement, and will be tasked with appropriate timescales for completion.

Reviews

While completing a safety plan, consideration should be given to whether the plan could be reviewed as part of an on-going process, such as Care Programme

Approach (CPA), or a health or social care review, or whether a specific review date needs to be set.

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

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

Closure of Safeguarding

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

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

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

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

Provisions of Law

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

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

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

Recording

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

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

Sources of Information, Advice and Services for Support and Redress

See chapter 3 of the [Care Act Guidance](#) on Information and advice, which should be read in conjunction with chapter 14 of the Care Act Guidance on Safeguarding Adults.

Details of agencies and organisations which are able to offer information, advice and support can be found at Appendix Two.

Inter-Agency Communication, Information Sharing and Decision Making

Inter-agency communication, information sharing and decision making is key to successful adult safeguarding. Both SABs and their respective sub-groups are attended by partner agency representatives, to facilitate effective and timely partnership working.

Members of the SABs and sub-groups attend and contribute to the following groups; Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conference (MARAC), Channel, Hate-Crime Forum, Anti-Trafficking Partnership, Domestic Violence Serious Sexual Violence (DVSSV) partnership forums and board, Community Safety Partnerships and the Children's Safeguarding Boards. In addition there are information sharing meetings with Care Quality Commission, the Clinical Commissioning Groups and other strategic partners which are attended regularly. While this list is not exhaustive, it demonstrates that there is a commitment from partner agencies to engage within the Safeguarding agenda.

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

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

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

Section 45 of the Care Act 2014, specifies that information must be shared with the SAB when requested. The Care Act also prescribes that the local authority and relevant partners must co-operate with one another within the safeguarding agenda.

Professional Disagreement Resolution

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

Where informal resolution has not been successful, the disagreement should be escalated to the agency DASM (or SAB representative), who will liaise with the local authority DASM. If your agency does not have a DASM or SAB representative, the disagreement may be escalated directly to the local authority DASM.

The disagreement will be discussed at DASM level, who will seek to find a way to resolve the concerns and will involve all relevant parties.

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

Particular areas of concern will be raised at the Performance and Quality subgroup of the SABs for further discussion and learning, with a report to the SAB where strategic oversight or guidance is required.

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

Complaints

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

Where an adult or their representative, has any comments, compliments or complaints about the handling or outcome of safeguarding procedures, further information can be found at the following web sites:

For Derbyshire County residents:

http://www.derbyshire.gov.uk/council/complaints/adult_care/default.asp

For Derby City residents:

<http://www.derby.gov.uk/council-and-democracy/complaints/adult-social-care-complaints/>

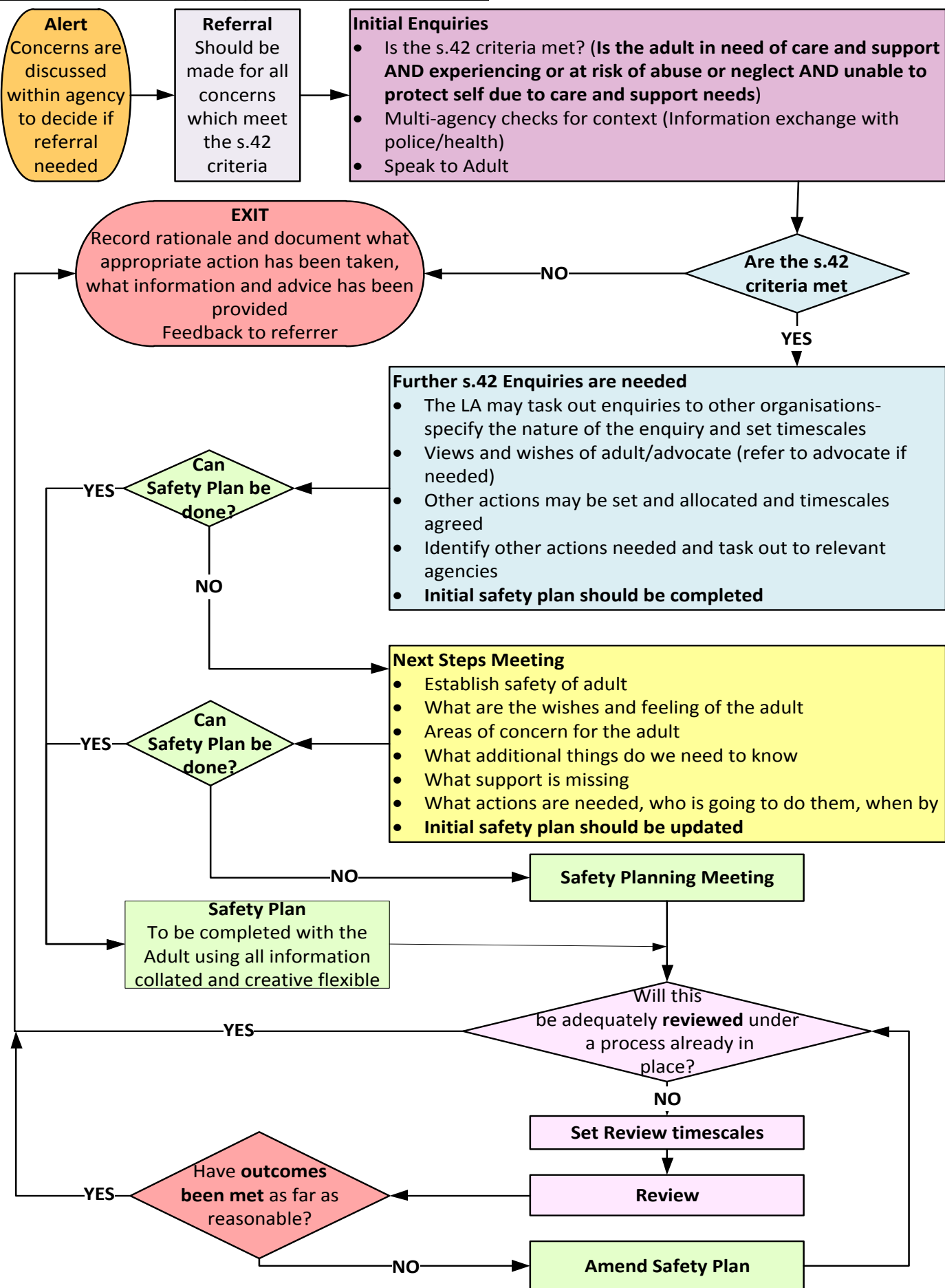
Closing Statement

To confirm, it is anticipated that there will be further updates and changes to these policy and procedures in line with development of government guidance, case law or SAB strategic plans prior to the formal planned review in April 2017.

Any updates will be circulated to partner agencies and SAB members and the Derby Safeguarding Adult's Board website at www.derbysab.org.uk and Safer Derbyshire website at www.saferderbyshire.gov.uk will be updated accordingly.

This policy and procedures document has been authored by:
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Wendy Holehouse, Safeguarding Service Manager, Derbyshire County Council

Appendix One: Safeguarding Flow-Chart



Appendix Two: Sources of Information, Advice and Services for Support and Redress

This list is for guidance only, and is not exhaustive.

| AGENCY NAME | TELEPHONE | WEBSITE | EMAIL |
|--|------------------|--|--|
| Action on Elder Abuse | 080 8808 8141 | www.elderabuse.org.uk | enquiries@elderabuse.org.uk |
| Age UK Derby and Derbyshire | 01773 768240 | www.ageuk.org.uk/derbyandderbyshire | administration@ageukderbyandderbyshire.org.uk |
| Alzheimer's Association (Derby and South Derbyshire) | 01332 208845 | www.alzheimers.org.uk | |
| Alzheimer's Association (Derbyshire) | 01246 223 366 | www.alzheimers.org.uk | derbyshire@alzheimers.org.uk |
| Broken Rainbow | 0800 999 5428 | www.brokenrainbow.org.uk | |
| Chesterfield Royal Hospital NHS Foundation Trust | 01246 277 271 | www.chesterfieldroyal.nhs.uk | |
| Crimestoppers | 0800 555 111 | www.crimestoppers-uk.org | |
| Derby City Adult Care | 01332 640777 | www.derby.gov.uk | |
| Derby City Adult Care Out of Hours | 01332 786968 | www.derby.gov.uk | |
| Derby City Council | 01332 293111 | www.derby.gov.uk | |

| AGENCY NAME | TELEPHONE | WEBSITE | EMAIL |
|---|---------------|--|---|
| Derby Homes | 01332 888777 | www.derbyhomes.org | DHCustomerServiceTeam@derbyhomes.org |
| Derby Teaching Hospitals NHS Foundation Trust | 01332 787547 | www.derbyhospitals.nhs.uk | dhft.safeguarding@nhs.net |
| Derbyshire Adult Care | 01629 532600 | www.derbyshire.gov.uk | |
| Derbyshire Adult Care Out of Hours | 01629 532600 | www.derbyshire.gov.uk | |
| Derbyshire Care Providers Association | 0800 020 9554 | www.derbyshirecare.org.uk | secretary@derbyshirecare.org.uk |
| Derbyshire Carers Association | 01773 743355 | www.derbyshirecarers.co.uk | info@derbyshirecarers.co.uk |
| Derbyshire Clinical Commissioning Groups | 01332 868809 | www.southernderbyshireccg.nhs.uk www.northderbyshireccg.nhs.uk www.hardwickccg.nhs.uk | |
| Derbyshire Community Health Service | 01773 599410 | www.dchs.nhs.uk | DCHST.safeguardingservice@nhs.net |
| Derbyshire County Council | 01629 533190 | www.derbyshire.gov.uk | |
| Derbyshire Fire & Rescue Service | 01332 291134 | www.derbys-fire.gov.uk | |
| Derbyshire Friend | 01332 207704 | www.gayderbyshire.org.uk/ | info@gayderbyshire.org.uk |
| Derbyshire Health United | 0300 1000 404 | www.derbyshirehealthunited.com | enquiries@derbyshirehealthunited.nhs.uk |

| AGENCY NAME | TELEPHONE | WEBSITE | EMAIL |
|--|---------------------------|--|--|
| Derbyshire Healthcare Foundation Trust | 01332 623700 ext:31537 | www.derbyshirehealthcareft.nhs.uk | |
| Derbyshire Mind | 01332 380224 | www.derbyshiremind.org.uk | enquiries@derbyshiremind.org.uk |
| Derbyshire Police | 101 | www.derbyshire.police.uk | |
| Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company | 01332 868100 | www.dlnrcrc.co.uk | |
| DHA (formerly Derbyshire Housing Aid) | 01332 297611 | www.dhadvice.org | |
| Disability Derbyshire Coalition for Inclusive Living | 01773 740246 | www.dcil.org.uk | info@dcil.org.uk |
| Disability Direct | 01332 299449 | www.disabilitydirect.com/derby | info@disabilitydirect.com |
| East Midlands Ambulance Service | 0115 8845144 | www.emas.nhs.uk | communication@emas.nhs.uk |
| Emergency services | 999 | | |
| National Domestic Violence Helpline (Refuge and Women's Aid) | 0808 2000 247 | www.refuge.org.uk www.womensaid.org.uk | |

| AGENCY NAME | TELEPHONE | WEBSITE | EMAIL |
|--|---------------|--|--|
| National Probation Service | 01332 868100 | | midlandsdivisionaloffice.generalenquiries@probation.gsi.gov.uk |
| One Advocacy Derby | 01332 228748 | www.oneadvocacyderby.org | |
| Rape Crisis | 0808 802 9999 | www.rapecrisis.org.uk | |
| Salvation Army Human Trafficking Helpline | 0300 303 8151 | www.salvationarmy.org.uk/human-trafficking | |
| Samaritans | 0845 7909 090 | www.samaritans.org.uk | |
| Shelter: | 0808 800 4444 | www.shelter.org.uk | |
| Stockport NHS Foundation Trust | 0161 4194890 | www.stockport.nhs.uk | adultsafeguarding@stockport.nhs.uk |
| Stop Hate | 0800 138 1625 | www.stophateuk.org | info@stophateuk.org |
| SV2 | 01773 746115 | www.sv2.org.uk | help@sv2.org.uk |
| Tameside & Glossop Clinical Commissioning Groups | 0161 304 5300 | www.tamesideandglossopccg.org | |
| Victim Support | 0845 3030 900 | www.victimsupport.org.uk | |
| Sane Line | 0845 767 8000 | www.sane.org.uk | |
| Rethink | 0300 5000 927 | www.rethink.org | |

**Derbyshire Safeguarding Adults Board
County Hall
88 Smedley Street
Matlock
DE4 3AG**

**Derby Safeguarding Adults Board
The Council House
Corporation Street
Derby,
DE1 2FS**