Liverpool Safeguarding Adults Board

Making Safeguarding Personal

Liverpool Safeguarding Adults Pathway and Procedure

Introduction

Welcome to Liverpool's Safeguarding adults Pathway and Procedure. The pathway and procedures have been reviewed and updated to meet the requirements of the Care Act 2014, Department of Health Statutory Guidance and learning from our Safeguarding Adults Reviews. They are designed to support current good practice in adult safeguarding and outline the arrangements that apply to Liverpool. The principle that underlies the Care Act is that of promoting people's wellbeing, and of making sure that professionals always recognise that each person's needs are different and respond accordingly.

This procedure must be used where there is a concern, allegation or disclosure of abuse in relation to any adult who is a Liverpool resident or in receipt of services in Liverpool. These procedures explain how agencies and people will work together to support and safeguard adults with care and support needs who are experiencing, or at risk of, abuse or neglect and unable to protect themselves.

In this pathway and procedure, you will find all the local guidance, tools and forms you need in relation to Adult Safeguarding.

If you also have any feedback on the Pathway or want to generally share good practice including anonymised case examples of how you have helped to support adults in achieving positive outcomes, then please let us know and we will share and promote this via our regular e-bulletins and training: *LSAB@liverpool.gov.uk*

Foreword by Duncan Robinson, Independent Chair

I fully support the Introduction of Liverpool Safeguarding Adults Pathway.

Safeguarding Adults Reviews in Liverpool and nationally regularly highlight missed opportunities to refer adult Safeguarding Concerns and to conduct adult Safeguarding Enquiries. The Pathway provides comprehensive guidance for all those working in and around adult safeguarding. It offers a framework for the prevention of abuse and neglect, including self-neglect, and for protecting individuals who have experienced or are at risk of abuse and neglect.

The Pathway has been informed by good practice guidance that has been published by the Local Government Association in partnership with the Association of Directors of Adult Social Services. The Liverpool Pathway therefore encapsulates the best evidence available for effective adult safeguarding.

I encourage every agency in Liverpool to use the Pathway and the associated documentation, and link in with the Liverpool Safeguarding Adults Board.

I thank everyone who has contributed to the development and finalisation of the Pathway. It is intended that that the pathway will support practitioners and volunteers to triangulate relevant policies, procedures, practice and services that has been designed to keep people safe.

Contents

Page

Introduction 2

Foreword by Independent chair 2

Stage 1:Concerns: Advice for Submitting an Adult Safeguarding Concern 6

1. What is abuse and neglect? 6

1.1 Physical Abuse 6

1.2 Domestic Abuse 6

Merseyside Risk Identification Toolkit (MeRIT)
Domestic abuse and Suicide
Useful links
Services
Link to Liverpool Domestic Abuse Providers
Gaslighting
Honour Based Abuse (HBA) and harmful practices
Coercive Control
Stalking

1.3 Sexual Abuse 9

Sex worker Exploitation

1.4 Psychological abuse 9

1.5 Financial & Material abuse 9

1.6 Modern slavery 9

Domestic Servitude
Sexual Exploitation
Criminal Exploitation
Exploitation known as 'Mate crime'
Cuckooing
Forced Labour
Debt Bondage
Forced Scamming
Spiritual Abuse / Abuse linked to witchcraft
Forced Marriage
Organ Harvesting
Get support for suspected Modern slavery

1.7 Neglect and acts of omission 12

NICE Guidelines: Safeguarding in Care Homes

Page

Safeguarding concern and pressure area care
National wound care strategy programme
NHS Improvement 'Pressure Ulcers: Revised definition and Measurement'
Other helpful links
Guidance for reporting Falls as Adult Safeguarding Concerns
When to report a safeguarding concern about medication

1.8 Organisational abuse 14

1.9 Self Neglect 14

Self-Harm

1.10 Discriminatory abuse 15

Hate Crime
Merseyside Police Hate Crime
Adult/Elder Abuse
Loan sharks / Illegal Money Lending
Referral and how to seek support
Radicalisation
Liverpool Prevent Referral
Gambling related Harms
Gambling
Resources and referral routes

2. Talk to the Adult (unless it is not safe to do so) 18

2.1 Your starting point should be to talk to the adult unless it is not safe to do so 18

2.2 Consider if a crime has been committed?

2.3 Consider if this matter meets the Section 42 criteria within the Care Act 2014 as a Safeguarding Concern 18

2.4 Seek the adult's consent to submit a Safeguarding Concern to the Local Authority

2.5 The Care Act 2014 & Advocacy 19

2.6 The Mental Capacity Act 2005 & Advocacy 20

3. Seek the adult's consent to submit safeguarding concern to LA 20

4. Gather as much information as possible 21

5. Submit the Adult Safeguarding concern 22

6. Allegations against People in Position of Trust (PiPOT) 22

Page

6.1 Disclosure and Barring Service (DBS) 23

7. Safeguarding Standards 23

8. Guidance for Making Decisions on Adult Safeguarding Enquiries 24

8.1 Legal definitions 24

8.2 Managing the different levels of harm 25

8.3 Non-statutory Safeguarding Enquiry 25

8.4 Dealing with historic allegations of abuse where the adult is no longer at risk 25

8.5 The interface between Section 42 Enquiries and Safeguarding Adults Reviews (SAR) 26

9. Factors to be considered when deciding whether the duty to undertake a safeguarding enquiry is triggered 27

9.1 Contextual Factors 27

9.2 Types and Level of Abuse 29

9.3 Sharing the outcome of safeguarding concerns 40

9.4 Dealing with repeat allegations / concerns 40

9.5 Professional differences and escalation 40

9.6 Cross-boundary and inter-authority adult safeguarding enquiries 40

Stage 2 - Enquiry: Advice for Conducting a Adult Safeguarding Enquiry 41

10. Advice for Conducting a Adult Safeguarding Enquiry 41

10.1 The decision-making process 41

10.2 Enquiry routes 41

10.3 Definition 41

10.4 Purpose 42

10.5 Roles and responsibilities 43

10.6 Timeliness 43

10.7 Enquiry Planning 44

10.8 Enquiry planning meetings 45

Who can convene an Enquiry Planning Meeting?

Who should attend an Enquiry Planning Meeting?

Page

10.9 Consent and engagement with the adult in relation to a Safeguarding Enquiry 47

10.10 Making Safeguarding Personal during a Safeguarding Enquiry 48

Strengths based approach

What MSP Seeks to achieve

10.11 Independent advocacy and "substantial difficulty" 50

10.12 Reporting concerns to the police, ensuring adults have equal access to the criminal justice system 51

Key Messages for Practice

10.13 Other Key Messages to support practice when undertaking enquiries 53

Professional Curiosity and Critical Evaluation

Barriers to professional curiosity

The 'rule of optimism'.

Accumulating risk – seeing the whole picture

Normalisation

Professional deference.

Confirmation bias

'Knowing but not knowing'.

Confidence in managing tension

Dealing with uncertainty

Other barriers to professional curiosity

Disguised Compliance

Professional Challenge - having different perspectives

Cultural Competence

Social Graces

The Challenge of Engagement and Self-Neglect

Stage 3 - Safeguarding Plan and Review 58

11. Safeguarding Plan 58

11.1 What is a safeguarding plan? 58

11.2 Multi-Agency Adult Safeguarding Meeting 59

11.3 When might a Multi-Agency Adult Safeguarding Meeting be needed? 59

11.4 What the Safeguarding Meeting should consider? 61

Page

11.5 Who can convene a Multi-Agency Adult Safeguarding Meeting? 62
11.6. Who should attend a Multi-Agency Adult Safeguarding Meeting? 62
11.7 Practical arrangements 63
11.8 Feedback to family members 64
11.9 Feedback to people alleged to have caused harm 64

12. Stage 4: Closing the Enquiry 65

12. A Safeguarding Concern/Enquiry can be closed at any of the previous three stages of the procedure 65

12.1 Prevention 66

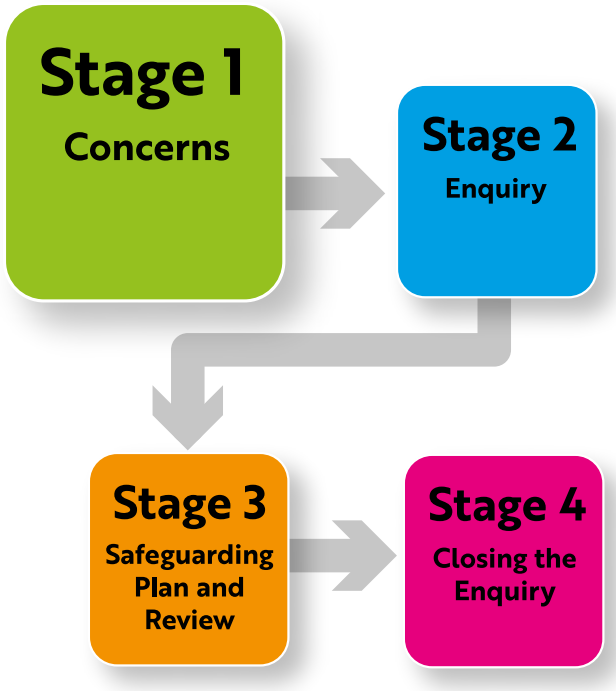
Improve public awareness
Identify adults who may be at increased risk
Identifying and responding effectively to abuse
Consistent and widespread application of policies and procedures
Focus on equality and narrowing inequality
Help adults to protect themselves
Provide information, advice and advocacy
Provide access to training and education
Support broader Wellbeing Strategies

Stage 1 - Concerns: Advice for Submitting an Adult Safeguarding Concern

Safeguarding is defined as: "Protecting an adult's right to live in safety, free from abuse and neglect."

(Care and support statutory guidance, Chapter 14)

Liverpool Adult Safeguarding Pathway [1]



1. With thanks to the Lewisham Safeguarding Adults Board

1. What is abuse and neglect?

There are many forms and ways that adult abuse and neglect can occur, so we should not be constrained by definitions and terminologies. Adult abuse is also often complex involving more than one type of abuse occurring at any one time.

Abuse or neglect is any behaviour towards a person that deliberately or unknowingly causes him or her harm, endangers their life or violates their rights. This may be the result of deliberate intent, negligence, or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

1.1 Physical abuse

including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

1.2 Domestic abuse

Including psychological, physical, sexual, financial, emotional abuse 'so called 'honour' based violence.

Definition: 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 psychological, physical, sexual, financial, and emotional abuse.

This definition includes so-called 'honour' based violence, forced marriage and female genital mutilation (FGM). It also covers a range of different types of domestic abuse including coercive control.

Merseyside Risk Identification Toolkit (MeRIT) is widely used in Merseyside to allow us to clearly understand the nature of domestic abuse incidents to gain an understanding of the level of risk of harm that the victim is experiencing. It consists of 40 questions aimed at gathering information, including on the background of the relationship and also what happened leading up to and during the incident.

Multi-Agency Risk Assessment Conference (MARAC) is a regular meeting where local organisations share information about high-risk domestic abuse victims with the aim to develop risk focused, coordinated safety plans to support victims and their children which manages risk and increases safety.

To access MeRIT forms, please visit:

liverpool.gov.uk/referrals/professionals-refer-high-risk-victims-of-domestic-abuse/

Domestic abuse and Suicide

Learning from several Domestic Homicide Reviews where suicide has been cause of death linked to domestic abuse, has highlighted the need for professionals to be more aware of factors or experiences which can increase risk of suicide.

These include:

- Life-threatening abuse
- Sexual assault
- Childhood trauma
- Coercion and Control
- Multiple or repeated abuses
- Harmful coping strategies such as self-harm, drug abuse, alcohol abuse
- Feelings of despair and hopelessness relating to abuse
- Breakdown of positive relationships (Including where individuals no longer have contact with their children or where contact is 'controlled' by the child's carer).
- Lack of access to support
- Escalation of abuse / rapid escalation / rapid escalation of other risk factors
- Sleep deprivation

Useful links

Learning Legacies
Domestic Abuse and Suicidality Briefing can be found *here.*

Jane Monckton Smith 8 stages can be found *here.*

Services

Amparo – free emotional and practical support for anyone impacted in any way by death from suicide, provided whenever, wherever, and however it is needed.

Reach Out Liverpool – campaign and resources designed to help people having thoughts of suicide to get help and to help people concerned about someone to know how to help.

Zero Suicide Alliance – training and support for individuals and organisations to support suicide awareness and prevention.

The Life Rooms – helping people to access support to address a wide range of factors that impact mental health as well as offering opportunities for learning and connection through local events.

Kind to Your Mind Liverpool – campaign and resources designed to help people in Liverpool gain a greater understanding of their mental health, how to feel better and access support when needed.

Hub of Hope - national signposting tool featuring local, national, peer, community, charity, private and NHS mental health support and services.

Liverpool CAMHS – Local hub of information and support for children and young people's mental health.

WHISC – Support, therapy, workshops, classes and training courses to support women's wellbeing and mental health.

For a more comprehensive definition, please refer to Domestic Abuse Act 2021:

Domestic Abuse Act 2021 Statutory Guidance

Link to Liverpool Domestic Abuse Providers

liverpool.gov.uk/communities-and-safety/crime-and-safety/domestic-abuse/

Gaslighting

Watch these two short clips for examples of "Gaslighting" a common form of abuse seen in Domestic Abuse:

Gaslight - You Think I'm Insane: After becoming hysterical at a friend's house Paula (Ingrid Bergman), Gregory (Charles Boyer) shares his frustrations with her.

Gaslight (1944) - You Think I'm Insane Scene (5/8) | Movieclips – Youtube

Gaslight - You're Being Driven Insane: With Brian's (Joseph Cotten) help, Paula (Ingrid Bergman) discovers the horrifying truth about her husband.

Gaslight (1944) - You're Being Driven Insane Scene (6/8) | Movieclips - Youtube

Honour-based abuse (HBA) and harmful practices

Savera UK Learning Hub resources: *www.saverauklearninghub.co.uk/*

Free online training for Female Genital Mutilation and Forced Marriage: *Virtual College*

Coercive Control

Information:

www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/

Poster: *www.womensaid.org.uk/wp-content/uploads/2022/09/Poster.pdf*

Stalking

Merseyside Domestic Violence Service (MDVS) have a specialist Stalking Support Service: *https://www.mdvs.org/stalking-services/*
Call 07802 722 703 or email info@mdvs.org

In an emergency, call 999

For other support you can contact the National Stalking Helpline: 0808 802 0300 Open 09:30 to 20:00 Mondays and Wednesdays and 9:30 to 16:00 Tuesdays, Thursdays, and Fridays.

www.stalkinghelpline.org
Enquiry form

Alice Ruggles Trust Stalking Video SD360p (youtube.com)

Paladin - Get Support *(paladinservice.co.uk)*

Paladin National Stalking Advocacy Service Referral Form (Page 1 of 6) (office.com)

1.3 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.

Sex Worker Exploitation

Changing Lives: STAGE project – Poster: The Journey of a woman experiencing sexual exploitation *www.changing-lives.org.uk/policy-and-research/ase-partnership*
STAGE have developed a *toolkit* for professionals to navigate information quickly for women who have unmet needs and have experienced trauma: *changinglives.cdn.prismic.io/changinglives/17c030a2-1c9c-48dd-968e-ad965a666e2f_STAGE+Toolkit.pdf*

1.4 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'

1.5 Financial or material abuse

Including theft, fraud, internet scamming, coercion in relation to an adult's financial arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possession, or benefits.

1.6 Modern slavery

Slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force people into a life of abuse, servitude and inhuman treatment.

Merseyside Modern Slavery and Human Trafficking Strategy 2024-2028 *www.merseysidepcc.info/media/nnigc1yf/a4-modern-slavery-final.pdf*

Types of Modern Slavery and Human Trafficking

Domestic Servitude

Someone is forced to work in someone else's home with little freedom or pay. This could involve cooking, cleaning, looking after children, etc.

Sexual Exploitation

Victims are forced to perform sexual acts.

Criminal Exploitation

Someone is forced into crime such as carrying drugs, forced begging, theft, or fraud. Adults who are most vulnerable to criminal exploitation may use drugs, are in financial difficulty or have mental health problems are at greatest risk of being criminally exploited and becoming involved in county lines exploitation or Cuckooing. County lines is the name given to drug dealing where organised criminal groups (OCGs) use phone lines to move and supply drugs, usually from cities into smaller towns and rural areas.

Young adults who have just turned 18 may have been criminally exploited as a child and may continue to be exploited.

What to do if you have concerns about someone over the age of 18 being a victim of criminal exploitation?

If you're concerned about drug-related crime in your area or think someone may be a victim of drug exploitation, please call us on 101. If it's an emergency, please call 999.

Exploitation known as 'Mate crime'

The term Mate Crime is generally understood to refer to the befriending of people who are perceived by perpetrators to be vulnerable for the purpose of taking advantage of/ exploiting and/or abusing them.

Please see this short video: Tricky friends *youtu.be/tEx8uFuNZGU*

Cuckooing

When one person takes over another person's home and uses it for their own illegal or immoral purposes. Uses of the home can be for growing a cannabis farm, breeding dogs, selling drugs etc. The actual person whose home it is may be forced to clean and work for the person who has taken it over with access to money or movement being restricted.

Forced Labour

According to the ILO Forced Labour Convention, 1930 (No. 29), forced or compulsory labour is:

" All work or service which is exacted from any person under the threat of a penalty and for which the person has not offered himself or herself voluntarily."

Debt Bondage

According to Unseen,

"Debt bondage is a form of forced labour and happens when a person is forced to work to pay off a debt. They are tricked into working for little or no pay, with no control over their debt. This is thought to be the most widespread form of slavery today."

Forced Scamming

International Justice Mission (IJM) outlines that Forced Scamming is a fast-growing form of modern slavery and human trafficking.

This can often involve:

- A victim recruited via a convincing fake job advert (often abroad) and trafficked into a heavily guarded compound.
- Once at the compound, traffickers take the victim's passport and phone. They are trapped and unable to leave.
- The victim is forced to conduct scams for up to 20 hours a day, six days a week.
- The victim often experiences extreme violence including electrocution or torture.

Spiritual Abuse / Abuse linked to witchcraft

Where accusations and claims of witchcraft or spiritual possession are used to control victims into Modern Slavery through fear.

Forced Marriage

Unseen defines this as *"Someone who is married against their will and can't leave. Most child marriages can be considered slavery."*

Further guidance on forced marriage can be found here

www.gov.uk/guidance/forced-marriage#recognise-a-forced-marriage

A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse.

Forced marriage is illegal in the UK. It is a form of domestic abuse and a serious abuse of human rights.

The pressure put on people to marry against their will may be:

- physical: for example, threats, physical violence or sexual violence
- emotional and psychological: for example, making someone feel like they are bringing 'shame' on their family
- Financial abuse, for example taking someone's wages, may also be a factor.
- *The Anti-social Behaviour, Crime and Policing Act 2014* made it a criminal offence in England, Wales and Scotland to force someone to marry. (It is a criminal offence in Northern Ireland under separate legislation).

This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- doing anything intended to cause a child to marry before their eighteenth birthday, whether or not a form of coercion is used
- causing someone who lacks the mental capacity to consent to marry to get married (whether they are pressured to or not)

There is also information with this guidance on how to contact the Forced Marriage Unit and how they can help.

- *The Forced Marriage Unit has created a guidance document* which comprises:
- multi-agency statutory guidance for dealing with forced marriage, which provides guidance for every person and organisation that has a public function relating to safeguarding and promoting the welfare of children and vulnerable adults; and
- multi-agency (non-statutory) practice guidelines on handling cases of forced marriage, for frontline workers, including health professionals, educational staff, police, children's social care, adult social services, local authority housing staff, registrars, and staff working at the UK border."

Organ Harvesting

The Modern Slavery Act defines this as when victims are trafficked for their internal organs (typically kidneys or liver) to be harvested for transplant.

Get support for suspected Modern Slavery

Unseen, who provide the Modern Slavery helpline, are part of the Network and an integral partner who support thousands of people every year in various ways, from direct support to victims, to advice to someone who thinks they have spotted incidents of Modern Slavery.

- Modern Slavery and Exploitation Helpline: 08000 121 700
- File a report online: modernslaveryhelpline.org
- Email: hello@unseenuk.org
- Visit Unseen page for more information for Frontline Workers: *www.unseenuk.org/frontline-workers/*

Be aware also of The National Referral Mechanism : This is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support

There is more information available here:

www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales

1.7 Neglect and acts of omission

Including ignoring medical, emotional, or physical 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, or heating.

NICE Guidelines: Safeguarding in Care Homes

Below is further guidance in relation to neglect:

Safeguarding concern and pressure area care

Pressure ulcers are not always due to poor care and neglect, so each individual case should be considered independently, considering the person's medical condition, prognosis and any underlying skin conditions. The person's mental capacity to agree to their care must also be assessed where appropriate. Records should be kept of the person's compliance with their care plan as well as any best interest decision, where the person lacks capacity.

A safeguarding concern should be raised when a failure to provide adequate care has resulted in a person developing a pressure ulcer; this would include circumstances such as: failure to seek specialist advice, appropriate equipment not provided in a timely manner and care plan/repositioning charts not in situ. The safeguarding adults protocol advises that the safeguarding decision guide is completed by a qualified nurse (immediately or within 48 hours of identifying the pressure ulcer) and a safeguarding concern is raised when there is a score of 15 or above. However, this should not replace professional judgement. A copy of the completed decision tool should be sent alongside the safeguarding concern and a copy should be kept on the person's file. If a safeguarding concern is not required, the decision tool should be retained on the person's file. Please see the guidance via this link:

Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - *GOV.UK (www.gov.uk)*

Skin damage that is established to be because of incontinence and/or moisture alone should not be recorded in the notes as a pressure ulcer but should be referred to as a moisture lesion to distinguish it and recorded separately. However, this might be because of neglect or poor oversight and thus, it should be explored not ignored.

The National Wound Care Strategy Programme offer clear advice to health and care practitioners about the fundamentals of evidence informed care for people who have or are at risk of developing pressure ulcers. The document below highlights a pathway of care promoting early risk identification.

National wound care strategy programme

www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern

NHS Improvement 'Pressure Ulcers: Revised definition and Measurement':

To note, there are national requirements to report pressure ulcers. All category 3 and 4 ulcers that meet the criteria under the Patient Safety Incident Response Framework [PSIRF], this new approach is a change in health from the Serious Incident Framework [2015] and a significant step towards establishing a safety management system across the NHS.

www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern. There is also the Cheshire & Merseyside Regional Pressure Ulcer Policy V3 January 2024 to refer to as well as agencies own Pressure Ulcer Organisations guidelines and policies.

Other helpful links are available:

Pressure ulcers: how to safeguard adults

Stop the Pressure: NHS Improvement

Guidance for reporting Falls as Adult Safeguarding Concerns

There needs to be a shared understanding that falls happen, and it is not possible to prevent all falls. Where individuals are at risk of falls and/or have fallen then a falls risk assessment is undertaken. This should be completed in conjunction with the individual and an agreed, shared plan in place. Where there are concerns about an individual's mental capacity to make decisions in relation to their care and support, capacity must be assessed under the Mental Capacity Act and, if they do lack capacity, a best interests decision can be made around the care plan that is required to keep them safe. All assessments and outcomes must be recorded in the person's care folder.

When a fall should be reported as a safeguarding concern (a concern about possible abuse/neglect by another person and not because there is a general concern about a person's safety):

- Where a person sustains an injury due to fall and there is concern that a risk assessment is not in place or was not followed, then this must be reported as a safeguarding concern because the person has experienced avoidable harm and amounts to neglect on the part of the care provider.
- Where a person has sustained an injury which has resulted in a change of function and appropriate medical attention has not been sought, this must be reported as a safeguarding concern.
- Where a person has an unexplained injury, other than a very minor injury, this must be reported as a safeguarding concern.

When a fall is not a safeguarding concern (accidental falls where a risk assessment is in place and followed):

- When a person is found on the floor, is not injured and appropriate risk assessment is in place and has been followed.
- A fall is witnessed, and appropriate risk assessment is in place and has been followed.
- A person states they have fallen and have the capacity to make decisions in relation to their care and support.

There has been some understanding from providers that they should report all unwitnessed falls as safeguarding concerns, but this should not be the case; it should be based on professional judgement assessing the circumstances of the event. Therefore, for example, if a person has an 'unwitnessed fall' where they stated they fell and explained what happened and a risk assessment is in place which has been followed then it is likely that abuse/neglect has not occurred. However, for all unwitnessed falls, specific post fall neurological clinical monitoring should be undertaken. There is guidance linked to NICE (The National Institute for Health and Care Excellence) and NPSA (National Patient Safety Agency).

In circumstances where a person has sustained an injury the manager on duty should use judgement based on the evidence available to determine what may have happened. If the person has an injury, other than a minor injury, which cannot be explained than this should be referred as a safeguarding concern. If in doubt, raise a safeguarding concern.

To note, providers must consider their responsibilities to report under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) as well as considering if a fall is a safeguarding concern or a care concern. For example, where a fall has arisen out of or in connection with a work activity and results in a specified injury such as:

- A person falls in the lounge area, there is previous history of fall incidents, but reasonably practicable measures to reduce the risks have not been put in place.
- A person falls out of bed, is injured and taken to hospital. The assessment identified the need for bedrails but they, or other preventative measures, had not been provided.

Reporting injuries, diseases and dangerous occurrences in health and social care: Guidance for employers (hse.gov.uk)

When to report a safeguarding concern about medication

The National Patient Safety Agency (NPSA) define a medication error as an error in the process of prescribing, dispensing, preparing, administering, monitoring, or providing medicine advice, regardless of whether any harm occurred. Therefore, in terms of whether a medication error needs to be reported as a safeguarding concern, the provider needs to decide if a medication error as defined above has occurred and in addition if there is evidence of significant impact upon or significant harm to the individual person

subject to the error. Otherwise, the error should be reported and recorded in accordance with medication and management of incidents policies and procedures (see also *NICE Guidance* and consideration of reporting a care concern.

Care home providers should ensure that a robust process is in place for identifying, and reporting medication errors in line with the local authority safeguarding processes.

Medication incidents have several causes, such as lack of knowledge, failure to adhere to system and protocols, interruptions, staff competency, poor handwriting and instruction, poor communication, lack of training or basic human error. Different examples of what could be considered under safeguarding are:

- Adverse effects causing significant harm due to wrong medication or incorrect dose being administered.
- Malicious intent to cause harm.
- People left without pain relief resulting in a prolonged period of pain.
- Use of medication to control behaviour or restrict an individual
- Same drug being omitted repeatedly.
- Same carer repeatedly failing to administer medication appropriately.
- Omissions of antimicrobials resulting in delayed treatment

A safeguarding concern should always be raised when medication has been administered covertly without appropriate due consideration to the Mental Capacity Act 2005. For Best Interest Decision process and administration plan to ensure medication is administered safely, refer to Covert Medicine Guidance on *NICE Covert medicines administration*

Where there are systemic failings which leads to repeated medication errors, a safeguarding concern should be raised under organisational abuse. Where an error is due to external factors or services e.g. pharmacy error, mismanagement by family, hospital discharge, GP prescribing etc., there is an obligation on all services to identify the failing and ensure the issue is addressed. This can be done through contacting the appropriate services to support a resolution such as the GP, Patient Safety, Social Worker, family members etc.

When reporting a safeguarding concern, the provider needs to ensure that there is the specific detail of the medication error such as name of medication, dose, timings, administration, impact on person and actions taken including if medical attention was sought.

Incidents related to controlled drugs (including loss or theft) need to be reported to *your local NHS Controlled Drugs Accountable Officer (CDAO)* at NHS England. You should also report incidents to the police (if necessary).

1.8 Organisational abuse

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

1.9 Self-neglect

Covers a wide range of behaviour around neglecting to care for one's own personal hygiene, health or surroundings. It should be noted that self-neglect may not always prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding procedures will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. This may include hoarding when the hoarding becomes a serious risk to an adult with care and support needs.

Source: Chapter 14.17 Care Act Statutory Guidance

See link to Liverpool hoarding protocol for further guidance:

Liverpool Safeguarding Adults Board Multi Agency Policies and Guidance

See also the link for the Liverpool MARAM process.

Liverpool Safeguarding Adults Board Multi Agency Policies and Guidance

Self-Harm

Self-harm is different to self-neglect as self-harm is the deliberate act of injuring oneself whereas self-neglect is a lack of self-care that threatens personal health and safety. NICE (2022) refer to the term self-harm as any act of self-poisoning or self-injury carried out by a person, irrespective of the apparent purpose of the act (NICE Self-Harm Quality Standard). This commonly involves self-poisoning with medication or self-injury by cutting. Concerns of self-harm, therefore, do not come under the definition of a safeguarding concern (unless there are other additional factors such as self-neglect concerns) and instead if there are concerns that a person is self-harming frequently and there is a significant risk of accidental death, then they should be referred to mental health services for an assessment.

1.10 Discriminatory abuse

Including harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, or religion.

For more information, please refer to: *Discriminatory Abuse Webinar*

Hate Crime

Crimes committed against someone because of their disability, gender identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police.

Click on the link below for further information:

www.gov.uk/report-hate-crime

www.stophateuk.org/

Merseyside Police Hate Crime

www.merseyside.police.uk/ro/report/hate-crime/information/v1/hate-crime/what-is-hate-crime/

www.merseyside.police.uk/ro/report/hate-crime/information/v1/hate-crime/how-to-report-hate-crime/

This is not an exhaustive list, there can be other types of abuse which may include:

Adult/Elder Abuse

www.merseyside.police.uk/advice/advice-and-information/ap/adult-elder-abuse/

Loan Sharks/Illegal Money Lending

Illegal money lenders are people who lend money illegally without the correct authorisation from the Financial Conduct Authority (FCA) required by the Financial Services and Marking Act 2000. Illegal money lenders normally appear friendly at first, but this behaviour soon changes once money is owed. A typical loan shark traps victims into a never-ending spiral of debt, sometimes exorbitant rates of interest and extra charges and may use threats and violence to frighten people who cannot pay back the money they have borrowed.

Referral and how to seek support

Contact Stop Loan Sharks online *www.stoploansharks.co.uk/* where you will find an online 'report it' form, livechat function, and information on how to get support for your client or your organisation and report a loan shark.

- Call 24Hr Helpline 0300 555 2222 - to safely report a loan shark and to access support/advice about our service.
- Download free STOP LOAN SHARK APP (Google Play/App Store), to report loan sharks and access services. You can also get notified when arrests are made locally, However, you will need your location turned on to access this feature.

Radicalisation

Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. Radicalisation's aim is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause's legitimacy. This may be through face-to-face encounters or through social media. Most people who commit terrorism offences do so of their own agency and dedication to an ideological cause. There is no single profile of a radicalised person, nor is there a single pathway or 'conveyor belt' to being radicalised.

Click on the link below for further information:

www.gov.uk/government/publications/channel-guidance Prevent pathway

www.counterterrorism.police.uk/actearlypartners/

Get help if you're worried about someone being radicalised - *GOV.UK (www.gov.uk)*

www.gov.uk/report-terrorism

www.gov.uk/prevent-duty-training

www.protectuk.police.uk/user/login?destination=/news-views/protectuk-app

www.gov.uk/government/publications/independent-review-of-prevents-report-and-government-response

Liverpool Prevent Referral

PREVENT aims to safeguard individuals at risk of becoming or being drawn into supporting terrorism, by providing early intervention, help and support.

PREVENT referrals can be made by anyone. Any referral of a vulnerable individual who lives within the Liverpool City Council area, should be directed to both Prevent Police and Adult Access simultaneously.

All referrals must be sent, via email, to prevent@merseyside.police.uk

If you have any other Safeguarding Concerns with regards to this individual please use:

liverpool.gov.uk/adult-social-care/worried-about-someone/report-an-adult-at-risk/

Gambling Related Harms

'Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities, and society. These harms impact on people's resources, relationships, and health.'

Gambling

'To stake or risk money, or anything of value, on the outcome of something involving chance.'

Gambling related harms can affect anyone. There are some known correlations between some risk factors/presenting behaviours and gambling. These include (but are not limited to):

- Alcohol and Drug Misuse
- Mental ill health
- Domestic Abuse
- High risk of suicide
- Debt/financial difficulties
- Accommodation/Housing difficulties
- Criminal behaviour
- Social isolation

Resources and referral routes

Mini-screening tool for non-specialist services

Self-Assessment tool: ***Understanding your Relationship with Gambling***

Referral form to specialist services with Beacon Counselling Trust – No matter what level of concern you have, Beacon Counselling Trust can triage, support, and offer onward referral with appropriate partners.

2. Talk to the adult (unless it is not safe to do so)

Safeguarding Principle - Protection

What does this means for the professionals:

Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.

What does this mean for the adult:

" I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and which I am able "

2.1 Your starting point should be to talk to the adult unless it is not safe to do so

If the adult does not wish to report the abuse consider if they are in immediate danger or at risk of serious harm.

Is the adult experiencing a mental health crisis? If so then see this webpage for further advice on how to respond and Get Help with Mental Health-Help in a crisis (merseycare.nhs.uk)

2.2 Consider if a crime has been committed?

If so, and the adult is in immediate danger or risk of serious harm, then this should be reported to the Police immediately. The adult does not need to give their consent under these circumstances as this would be considered to be in their 'vital interest' due to immediate danger or risk of serious harm.

Are others, including children in immediate danger or risk of serious harm? If so, then this should be reported to Police immediately, and consideration also give to reporting this to Children's Services. The adult(s) does not need to give their consent under these circumstances due to 'public interest' considerations.

If there is an immediate safeguarding concern where a child is deemed at risk or has potentially suffered significant harm, children social care should be contacted via the Multi-Agency Referral Form (MARF) or by contacting 0151 233 3700 to discuss the concern if necessary prior to completing the online form.

Report a concern about a child on liverpool.gov.uk

Safeguarding and promoting the welfare of children and adults most at risk of abuse and neglect is a shared responsibility. The 'Think Family' approach should be used by all practitioners who should consider the needs of the whole family, including young carers, considering family circumstances and responsibilities. Existing professional relationships should be viewed as a chance to identify risk, refer to colleagues in other services, and to use targeted support to help prevent problems from escalating and therefore potentially limiting harm.

2.3 Consider if this matter meets the Section 42 (1) criteria within the Care Act 2014 as a Safeguarding Concern:

a. do I have reasonable cause to suspect that the adult has needs for care and support; and

b. do I have reasonable cause to suspect that the adult is at risk, or experiencing abuse or neglect.

It must be noted that the third criteria (c) under the legal duty for a Section 42 Enquiry (1) is not relevant at the Concern stage:

c. because of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

SCIE: Assessment and Eligibility Outcomes (Care & Support Needs)

LGA/ADASS Guidance on What Constitutes a Safeguarding Concern - Sept 2020

Local Government Association - What Constitutes a Safeguarding Concern: FAQ's

If there no crime and the criteria to refer a concern appear to have been met, then speak to the adult to get their views on the concern. It is best to support the adult in reporting abuse themselves. Find out what they want to happen next.

If a decision is made not to refer to the Local Authority the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred.

Not referring under safeguarding adults' procedures does not negate the need to report internally or to regulators/commissioners as required. If care providers are using this guidance, it is important to note that all Safeguarding Concerns must be notified to the Local Authority.

If this criteria does not appear to have been met, but you are unsure, then you must seek further advice either from your organisations safeguarding lead or from the Local Authority.

If you are certain that this criteria has not been met, then consider what other pathways, options or services could be used to help support this adult, including providing relevant information. Record your decision-making in an appropriate manner.

Safeguarding Principle - Empowerment

What does this means for the professionals:

Adults are encouraged to make their own decisions and are provided with information and support.

What does this mean for the adult:

" I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens. "

2.4 Seek the adult's consent to submit a Safeguarding Concern to the Local Authority

You should seek the adult's consent to submit the Safeguarding Concern and explain this may mean that several agencies may gain access to their personal details.

- Read *The Eight Caldicott Principles* (updated from seven in December 2020).
- Does the adult have the mental capacity to consent to the Safeguarding Concern being submitted now?
- Is there a requirement to provide statutory advocacy.

2.5 The Care Act 2014 & Advocacy

The Care Act 2014 Statutory Guidance (7.4) states there is a duty to arrange an Independent Advocate for adults to enable those who may otherwise have (1) "substantial difficulty" in being involved if there is (2) "no appropriate individual available to support and represent the person's wishes".

The local authority has a duty to instruct an Independent Care Act Advocate if the person meets the criteria above and is going through any of these processes:

- s.9 Needs Assessment.
- s.10 Carer's Assessment.
- s.25 The preparation of a Care and Support Plan or Support Plan.
- s.27 A review of Care and Support Plan or Support Plan.
- s.42 Safeguarding Enquiry.
- s.44 Safeguarding Adults Review (SAR)

2.6 The Mental Capacity Act 2005 & Advocacy

The Mental Capacity Act Code of Practice Chapter 10 states that:

An IMCA must be instructed, and then consulted, for people lacking capacity who have no-one else to support them (other than paid staff), whenever:

- an NHS body is proposing to provide serious medical treatment, or
- an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and the person will stay in hospital longer than 28 days, or – they will stay in the care home for more than eight weeks.

An IMCA may be instructed to support someone who lacks capacity to make decisions concerning:

- care reviews, where no-one else is available to be consulted
- adult protection cases, whether or not family, friends or others are involved

* *It is worth noting that there is no provision under The Care Act for advocacy if the person is the alleged perpetrator of abuse or neglect. In this situation, if the person lacks capacity, an IMCA should be instructed.*

3. Capacity and consent factors to consider

1. Does the adult have the mental capacity to consent to the Safeguarding Concern being submitted now?
2. Is there any possibility that the adult has/ is suffering from any type of coercion, control, threat, duress or pressure from another person(s) which may mean they refuse consent?
3. Does mental capacity need to be assessed or reviewed?
4. At the concern stage, the most common capacity issues to consider will usually be whether the adult has the mental capacity to make decisions about the abuse or neglect, the related risks, and any immediate safety actions necessary. Another common capacity issue will be whether the adult consents to immediate safety actions being taken, and whether the adult consents to information being referred / shared with other agencies.
5. It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.
6. Give due regard to the adult's views and wishes, including their desired outcomes, including when undertaking Best Interest Decisions in accordance with the Mental Capacity Act.
7. If the adult does have the mental capacity to consent to the Safeguarding Concern being submitted, but refuses, professionals must be careful that they consider how to keep the adult safe if they continue to submit the concern. This may be particularly relevant in domestic abuse cases. The adult must be informed that a Safeguarding Concern has been submitted, unless it is unsafe or impractical to do so.

A Safeguarding Concern can still be submitted without the adult's consent if 'vital' or 'public' interest considerations apply as outlined above.

This means that if a person doesn't provide consent for a safeguarding concern to be submitted, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including where:

- the person lacks the mental capacity to make that decision – and the referral is considered to be in their best interests this must be properly explored and recorded in line with the Mental Capacity Act as outlined above.
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the person thought to be the cause of risk has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- the adult has the mental capacity to make that decision, but they may be under duress or being coerced
- the risk is unreasonably high and needs a multi-agency discussion
- a court order or other legal authority has requested the information

If the person does not give their consent then, unless it would increase the risk to them, it should be explained that information will be shared without consent. The reasons should be given and recorded.

The safeguarding principle of proportionality should underpin decisions around sharing information without consent, and decisions should be on a case-by-case basis.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

For more information read:

LGA/ADASS Guidance on What Constitutes a Safeguarding Concern - Sept 2020

4. Gather as much information as possible

Having spoken to the adult (as above) and determined their views, wishes and desired outcomes. Also gather as much information as possible from other relevant sources and documentation:

Does anyone else need to be informed or involved, including the nominated safeguarding lead in your agency, before progressing to submitting a Safeguarding Concern?

- Are there any other internal policy or procedural requirements within your agency?
- If you unhappy about how your organisation is dealing with a Safeguarding Concern do you know how to escalate this, which could include the use of a Whistleblowing Policy?

See our guidance on identifying and responding to safeguarding concerns here: *https://liverpoolsab.org/professionals/local-policies-and-procedures/*

5. Submit the Adult Safeguarding Concern

- Ensure all of the relevant fields in the *Safeguarding Concern form* are fully completed with as much detail as possible, and submitted correctly.
- In the Safeguarding Concern from (please use the 'report an adult at risk form' on liverpool.gov.uk) are fully completed with as much detail as possible, and submitted correctly using the contact details outlined in the link below.
- You should receive receipt of this and be kept informed of progress.
- If you do not receive any feedback on progress you should follow this up with the Local Authority involving your organisational lead if required, and in exceptional circumstances this can also be escalated to the Liverpool Safeguarding Adults Board to consider.
- Be aware of Liverpool SAB's Resolving Professional Differenced and Escalation Process: *https://liverpoolsab.org/professionals/local-policies-and-procedures/*

6. Allegations against People in Positions of Trust (PiPOT)

Liverpool City Council's 'relevant partners' (outlined in the Care Act), and those providing universal care and support services, should have clear policies for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs.

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

If the allegation and the circumstances of it matches the criteria outlined above, then the guidance for submitting a Safeguarding Concern to the Local Authority should be followed. The guidance for the Local Authority in conducting Safeguarding Enquiries (on the following pathway pages) outline the possible outcomes that may be relevant in such cases.

Whilst the focus of safeguarding adults work is to safeguard one or more identified adults with care and support needs (adult at risk), there are occasions when incidents are reported that do not involve an adult at risk, but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust.

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

- Behaved in a way that has harmed or may have harmed an adult or child (this could include their own family members).
- Possibly committed a criminal offence against, or related to, an adult or child.
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs.

When a person's conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the Local Authority's Designated Officer (LADO).

Employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with adults should be reported immediately to a senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns.

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

6.1 Disclosure and Barring Service (DBS) Briefing

If there any concerns about the behaviour and conduct of a professional working with an adult at risk of abuse and neglect, then this should be reported as a Safeguarding Concern under the 'Public Interest Duty', and if this work is a regulated activity, then a referral to the Disclosure and Barring Service (DBS) should also be considered:

DBS Briefing

In some instances, a relevant agency may come across information about a person in a position of trust who does not work or volunteer for them, and feel it is appropriate to notify the local authority outside of the formal adult safeguarding procedures.

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

Care Act 2014 - Care and Support Statutory Guidance: 14.120 to 14.132

Principals to Inform PiPOT - National Safeguarding Adults Network

ADASS - Top Tips for Dealing with Allegations for PiPOT

See Liverpool PIPOT protocol and NorthWest PIPOT Procedure: *https://liverpoolsab.org/professionals/local-policies-and-procedures/*

7. Safeguarding Standards

These adult safeguarding procedures share safeguarding standards. Adhering to timescales should reflect the ethos of the Making Safeguarding Personal agenda. It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount. It is the responsibility of all agencies proactively to monitor concerns to ensure that drift does not prevent timely action and place people at further risk.

Divergence from any target timescales may be justified where:

- Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants;
- It would not be in the best interests of the adult at risk;
- Significant changes in risk are identified that need to be addressed;
- Supported decision making may require an appropriate resource not immediately available;
- Persons' physical, mental and/or emotional wellbeing may be temporarily compromised. The timescales need to reflect:
- All other investigations such as PSIRF need to take place before conclusion.

Safeguarding concerns

Incoming concerns will be screened within 4 working hours or within the same day of receipt.

The aim will be for all Safeguarding concerns to be triaged within 2 working days.

If the person themselves is not seen or spoken to during the concern stage – there is to be a record within the concern of why.

Immediate safety plan to be confirmed at concern stage.

Safeguarding Enquiries

Enquiry planning to be completed within 2 days of receipt or sooner should the level of risk indicate a more urgent response – review of immediate safety planning to take place during these discussions.

Enquiry planning meetings (when required) to be completed within 5 days of receipt or sooner depending on the level of risk – Same day enquiry planning meetings can be held. Enquiry planning meetings should not be limited to the start of the enquiry, and can be held at any point during the enquiry where the need for a meeting arises.

Enquiry

Within 28 days where possible but no longer than 3 months.

Safeguarding plan – within 28 days (same time as enquiry to be completed)

Safeguarding plan review – to be completed as and when required dependent on risk no more than 3 months. Within 3 months the actions within safeguarding plan review would generally be incorporated into the care and support plan if these actions are still required.

Safeguarding Assessments and Reviews.

Needs Assessment / Review (s11 Care Act 2014) to be completed alongside the enquiry where required, with the same 28-day target

Enquiry closure.

Immediately following the decision to close, but all actions completed and closure on Liquid Logic within 5 working days of the decision to close.

8. Guidance for Making Decisions on the duty to carry out adult safeguarding enquiries

This section has been developed to assist practitioners in assessing the context, seriousness and level of risk associated with an adult safeguarding concern, and in doing so, help with the consistency of decision making used to cause a safeguarding enquiry to be conducted. It is primarily for use by lead professionals working in the Local Authority at the point of receiving an adult safeguarding concern; although others may also find it helpful to refer to this guidance when responding to a concern of abuse or neglect, and deciding if this should be referred to, the Local Authority. If care providers are using this guidance, it is important to note that all Safeguarding Concerns must be notified to the Local Authority.

8.1 Legal definitions

The Care Act 2014 statutory guidance and Section 42 (1) criteria states that the Local Authority must make enquiries, or cause others to do so, if they reasonably have cause to suspect an adult:

a. Has needs for care and support (whether or not the local authority is meeting any of those needs) and;

b. Is experiencing, or at risk of, abuse and neglect; and

c. 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.

Referring agencies need to use their professional judgement, consider the views of the adult at risk, and where appropriate seek consent for sharing information on a multi-agency basis.

8.2 Managing the different levels of harm

In order to manage the large volume of adult Safeguarding Concerns which come under safeguarding adults' policy and procedures, there is a need to differentiate between those concerns relating to low level harm/risk, and those that are more serious. Whilst it is likely that concerns relating to low level harm/risk will not progress beyond an Initial Enquiry Stage, the concern will be recorded by the Local Authority and proportionate action taken to manage the risks that have been identified. This may include: provision of information or advice; referral to another agency or professional; assessment of care and support needs.

The sharing of low level concerns helps the Local Authority to understand any emerging patterns or trends that may need to be taken into consideration when deciding whether safeguarding adults procedures need to continue.

Other guidance you may find helpful is included below:

Local Government Association - Making Safeguarding Personal Toolkit

LGA/ADASS Guidance on What Constitutes a Safeguarding Concern - Sept 2020

LGA/ADASS Making Decisions on the Duty to Carry out a Safeguarding Enquiry

The guidance is not designed in a way in which further actions are determined by achieving a score, it is there to provide guidance and key considerations for practitioners who are assessing the context, circumstances, seriousness and impact of the abuse that is occurring, as well as the risk of it recurring.

8.3 Non-statutory Safeguarding Enquiry

Other Safeguarding Enquiries can be used when all of the Section 42 (1) criteria have not been met (see section 2), but the Local Authority still considers it "necessary and proportionate" to conduct a safeguarding enquiry. This could be linked to promoting an individual's well-being as outlined in Section 1 of the Care Act, or for carers who do not qualify under Section 42.

Examples of where the local authority may still choose to undertake a non-statutory safeguarding enquiry could be when a carer is considered to be at risk of abuse and / or neglect, allegations of forced marriage, female genital mutilation and honour based abuse. Concerns around modern slavery, or high risk ongoing domestic abuse where the person at risk appears to have support needs should also be considered.

Safeguarding Principle - Proportionality

What does this means for the professionals:

A proportionate and least intrusive response is made balanced with the level of risk.

What does this mean for the adult:

" I am confident the professionals will work in my interest and only get involved as much as needed "

8.4 Dealing with historic allegations of abuse where the adult is no longer at risk

One of the criteria for undertaking statutory enquiries under the Care Act Section 42 duty is that the adult is experiencing or is at risk of, abuse or neglect. Therefore, the duty to make enquiries under the Care Act relates to abuse or neglect, or a risk of abuse or neglect that is current or where there is a potential risk of them experiencing abuse or neglect in the future.

Concerns relating to historic abuse or neglect, where the person is no longer at risk will be considered to determine whether they demonstrate a current or potential risk of harm to other adults and also whether they require criminal or other enquiry through parallel processes (for example complaints, inquests, regulatory, commissioning, non-statutory enquiry, health and safety investigations etc).

8.5 The interface between Section 42 Enquiries and Safeguarding Adults Reviews (SAR)

As a matter of law an enquiry under Section 42 cannot be initiated in relation to an adult who is deceased. However, if the circumstances of the death mean that there are reasons to be concerned about risks to other adults, Section 42 Enquiries may need to be made to decide whether action needs to be taken to protect those other adults. For example, this will often be necessary following a death in an organisational setting where other adults are continuing to receive a service.

Where a Section 42 Enquiry has already commenced and the adult subsequently passes away then, the enquiry may need to continue if there are potential ongoing transferrable risks to other adults. Otherwise a multi-agency decision, which could include family members, should be made regarding the enquiry potentially being concluded if no transferrable risks are identified.

Where a death is suspected to be the result of abuse or neglect and the other SAR criteria are met, a SAR notification should be submitted to enable the Liverpool Safeguarding Adults Board (LSAB) to consider this under Section 44 of the Care Act. Please follow your own agencies internal processes around making SAR referrals to the Board, this would usually be via your agencies safeguarding lead.

How to make a SAR Referral to the Liverpool Safeguarding Adults Board
https://liverpoolsab.org/professionals/safeguarding-adults-reviews/

You can also find Liverpool Safeguarding Adults Board SAR Protocol here

Please find Liverpool SAR Protocol:
https://liverpoolsab.org/professionals/local-policies-and-procedures/

The Care Act statutory guidance gives examples of serious abuse or neglect cases where an adult "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". Under these circumstances, Section 42 Enquiries into what happened to that adult will still need to take place, to ensure the adult's immediate safety and the safety of any others who may be at risk but should be limited to those purposes rather than duplicating a more thorough review into the history which may take place through a SAR.

The Local Authority (or delegated agency) may need to make initial enquiries to consider whether the conditions for a SAR are met, but should not describe these as Section 42 Enquiries. In these circumstances any discussions or meetings that take place can be logged onto the case management system along with the decision making as to whether a SAR referral is made.

Where the suspected abuse or neglect has taken place in an organisational setting, and there may be potential risks to others, consideration for an organisational safeguarding process should be considered. Guidance for Organisational Safeguarding will be available later in 2025.

9. Factors to be considered when deciding whether the duty to undertake a safeguarding enquiry is triggered.

9.1 Contextual Factors

The following table should be used to consider the context of the Safeguarding Concern alongside the broader issues such as: mental capacity; mental health; physical disability; learning disability; communication issues; possible coercive control and the relationship between the adult and any person alleged to have caused harm; where the adult lives; who do they rely upon for their care; what is the extent of their circle or network of supportive relationships.

Table 1: Contextual Factors				
1. The Abusive Act	**Less serious** 		**More serious**	Less serious concerns are likely to be dealt with at initial enquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults' procedures.
2. Seriousness of Abuse	**Less serious** 		**More serious**	Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of the concern.
3. Pattern of Abuse	**Isolated incident**	**Recent abuse in an ongoing relationship**	**Repeated abuse**	The volume of incidents, Safeguarding Concerns and or Quality concerns about an individual adult, provider or locality should be carefully considered as part of the wider context of potential abuse, but no benchmark number set to automatically trigger an enquiry.
4. Impact of Abuse on Adults	**No impact**	**Some impact but not long-lasting**	**Serious long-lasting impact**	Impact of abuse does not necessarily correspond to the extent of the abuse –different people will be affected in different ways. Views of the adult at risk will be important in determining the impact of abuse. Protected Characteristics such as disability should be considered as well as disproportionality.
5. Impact on Others	**No one else affected**	**Others indirectly affected**	**Others directly affected**	Other people may be affected by the abuse of another adult. Are relatives, children or other adults distressed or affected by the abuse?

Table 1: Contextual Factors				
6. Intent of Person alleged to have caused harm	**Unintended/ ill-informed**	**Opportunistic**	**Deliberate/targeted**	Are other people intimidated and/or their environment affected? Is the act/omission a violent/serious unprofessional response to difficulties in providing care? Is the act/ omission planned and deliberately malicious? Is the act a breach of a professional code of conduct?
7. Illegality of Actions	**Bad practice/Not illegal**	**Criminal act**	**Serious criminal act**	Seek advice from the Police if you are unsure if a crime has been committed. Is the act/omission poor or bad practice (but not illegal) or is it clearly a crime.
8. Risk of Repeated Abuse adult at risk	**Unlikely to recur**	**Possible to recur**	**Likely to recur**	Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, support or very likely even if changes are made and/or more support provided?
9. Risk of Repeated Abuse on Others	**Others not at risk**	**Possibly at risk**	**Others at serious risk**	Are others (adults and/or children) at risk of being abused: Very unlikely? Less likely if significant changes are made? This person alleged to have caused harm/ Setting represents a risk/threat to other adults or children?

9.2 Types and Level of Abuse

Our guidance on identifying and responding to safeguarding concerns should be used in conjunction with table 1 above. The issues described in the amber section may be notified to the Local Authority but these could be managed at the Concern stage and may not progress to a safeguarding enquiry, depending on what other information is available.

Neglect and Acts of Omission Neglect is the ongoing failure to meet basic needs. The individual may be left hungry or dirty, without adequate clothing, shelter, supervision, medical/health care, and access to aids or equipment. They may not get the love, care and attention they need from their family or carers.		
Isolated incident , generally not considered to be a safeguarding concern – low risk Concerns at this level do not generally require a safeguarding concern to be raised. However, agencies should follow their internal process, keep a written internal record of what happened and what action was taken or submit an incident report.	**Possible Safeguarding concern Low / medium risks** Concerns at this level will require consultation with your organisations safeguarding lead or the Local Authority	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101.
Isolated missed home care visit, no harm occurs, and no other adult is missed that day. Adult is not assisted with a meal / drink on one occasion and no harm occurs. Inadequate care that causes discomfort but no harm. Inappropriate hospital discharge where no harm occurs.	Inadequacies in care provision leading to discomfort, loss of dignity or inconvenience. e.g., being left in a soiled pad. Occasionally not having access to aids to independence (if regular may be restraint) Adults at risk living with family carer who occasionally fails to deliver caring duties. Discharge from hospital where harm occurs that does not require re-admission. Recurrent lack of care to extent that health and wellbeing deteriorate e.g., pressure ulcers, dehydration, malnutrition.	Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. Poor transfers between services, e.g. hospital discharge without adequate planning and harm occurs. Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g., pressure wounds, dehydration, malnutrition, loss of independence or confidence. Inappropriate or incomplete DNAR Failure to arrange access to life saving services or medical care. Failure to intervene in dangerous situations where the adult lacks capacity to assess risk. Gross neglect resulting in serious injury or death Failure to adhere to public health legislation or other statutory guidance in the context of the pandemic, the omission has either caused or suspected to have caused harm.

Self-Neglect including Hoarding Self-neglect is the lack of self-care; lack of care for one's environment; and/or the refusal of services, to an extent that it threatens personal health and safety. Self-neglect may not necessarily prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. The Liverpool SAB has produced the MARAM Protocol which provides process guidance for multi-agency partners. The framework aims to support practitioners in taking the most appropriate action and response when concerns of Self-Neglect have been identified. The framework is supported by Hoarding Guidance which is also published by the Liverpool SAB.		
Isolated incident , generally not considered to be a safeguarding concern – low risk Concerns at this level do not generally require a safeguarding concern to be raised.	**Possible Safeguarding concern Low / medium risks** Concerns at this level will require consultation with your organisations safeguarding lead or the Local Authority	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101.
Self-care causing some concern, no signs of harm or distress. Property neglected but all main services work Some evidence of hoarding – no major impact on health / safety	Some signs of disengagement with professionals Property neglected: evidence of hoarding beginning to impact on health / safety. Lack of essential amenities No access to support services	Capacitated refusal of health / medical treatment where needs have been assessed and services offered. High level of clutter / hoarding (clutter scale 7 and above) Unsanitary conditions Disengagement with professionals leading to his risk to safety Lack of self-care resulting in deterioration of health and wellbeing Behaviour which poses a fire risk to the adult and others Life in danger if intervention is not made in order to protect the adult. Environment if a danger to health and others Behaviours poses risk to self and others Imminent danger to self/others due to risk of fire / harm in property. Multiple concerns from other agencies Chaotic substance misuse and neglect Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g., pressure sores, wounds, dehydration, malnutrition.

Physical Abuse Deliberately hurting an adult, causing injuries such as bruises, broken bones, burns or cuts, or otherwise causing harm. It could also be when a carer fabricates the symptoms of, or deliberately induces illness, or misuses medication.		
Isolated incident , generally not considered to be a safeguarding concern – low risk **Concerns at this level do not generally require a safeguarding concern to be raised. However, agencies should follow their internal process, keep a written internal record of what happened and what action was taken or submit an incident report.**	**Possible Safeguarding concern Low / medium risks** Concerns at this level will require consultation with your organisations safeguarding lead or the Local Authority If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101. If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.
Minor one-off incident causing no / minor harm, where no abuse is suspected. E.g. friction mark on skin due to ill-fitting hoist. Isolated incident between residents with no harm or abuse, quickly resolved and risk assessment in place. Bruising caused by family carer due to poor lifting and handing technique, no harm and abuse intended, family carer responds positively to advice.	Inexplicable minor marking found where there is no clear explanation as to how the injury occurred. Repeated incidents of bruising caused by carer despite receiving up to date advice / equipment. Repeated incidents between residents.	Physical restraint undertaken outside of a specific care plan or not proportionate to risk. Inexplicable marks or injuries. Unwanted physical contact from informal carer. Covert administration without proper medical authorisation. Recurring missed medication or errors that affect more than one adult and/or result in harm. Unexplained fractures / serious injuries. Intended harm towards an adult at risk. Withholding of food, drinks or aids to independence. Assault by another resident requiring medical treatment (also consider whether this would amount to neglect) Assault. Grievous bodily harm/assault with a weapon leading to irreversible damage or death.

Sexual Abuse Sexual abuse is any sexual activity where a person has been forced or persuaded to take part or doesn't understand.		
Isolated incident , generally not considered to be a safeguarding concern – low risk	**Possible Safeguarding concern Low / medium risks**	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred, this must be reported to the Police via 999 (in an emergency) or 101. If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.
All incidents of a sexual nature must be reported to the Local Authority	All incidents of a sexual nature must be reported to the Local Authority	Verbal and gestured sexual teasing. Sexualised attention between two service users where one lacks capacity to consent Two people who lack capacity engaged in sexual activity or relationship Sexualised attention / touching including sexual assault. Sexual harassment, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Trafficking of an adult at risk for sexual exploitation. Attempted penetration by any means (whether or not it occurs within a relationship) without consent. Female Genital mutilation Any sexualised touching by another person without consent. Rape, attempted rape or sexual assault. Sexualised attention in a relationship between staff and a service user. Sex in a relationship characterised by authority, inequality, or exploitation, Voyeurism Being made to look at pornographic material against will / where consent cannot be given Being subject to indecent exposure. Grooming including via the internet and social media.

Psychological or Emotional Abuse This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.		
Isolated incident , generally not considered to be a safeguarding concern – low risk Concerns at this level do not generally require a safeguarding concern to be raised. However, agencies should follow their internal process, keep a written internal record of what happened and what action was taken or submit an incident report.	**Possible Safeguarding concern Low / medium risks** Concerns at this level will require consultation with your organisations safeguarding lead or the Local Authority If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101. If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.
Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but minimal distress is caused. Isolated incident whereby threats occurring., intimidation harassment, but minimal distress caused.	Recurrent incidents of adult being spoken to discourteously Withholding of information to disempower.	Occasional taunts of verbal outbursts which cause distress Online bullying – repeated incidents / distress caused. Treatment that undermines dignity and damages esteem. Denying or failing to recognise an adult's choice or opinion Deliberate withdrawal of services or supportive networks by carers. Humiliation, emotional blackmail e.g. threats of abandonment or harm Denial of basic human rights or civil liberties Overriding advance directive, forced marriage. Prolonged intimidation Vicious, personalised, verbal attacks. Allegations or concerns relating to "cuckooing" Coercive or controlling behaviour.

Psychological or Emotional Abuse This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.		
Isolated incident , generally not considered to be a safeguarding concern – low risk Concerns at this level do not generally require a safeguarding concern to be raised. However, agencies should follow their internal process, keep a written internal record of what happened and what action was taken or submit an incident report.	**Possible Safeguarding concern Low / medium risks** Concerns at this level will require consultation with your organisations safeguarding lead or the Local Authority If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101. If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.
Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but minimal distress is caused. Isolated incident whereby threats occurring., intimidation harassment, but minimal distress caused.	Recurrent incidents of adult being spoken to discourteously Withholding of information to disempower.	Occasional taunts of verbal outbursts which cause distress Online bullying – repeated incidents / distress caused. Treatment that undermines dignity and damages esteem. Denying or failing to recognise an adult's choice or opinion Deliberate withdrawal of services or supportive networks by carers. Humiliation, emotional blackmail e.g. threats of abandonment or harm Denial of basic human rights or civil liberties Overriding advance directive, forced marriage. Prolonged intimidation Vicious, personalised, verbal attacks. Allegations or concerns relating to "cuckooing" Coercive or controlling behaviour.

Domestic Abuse

Domestic abuse includes 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. It also includes so called 'honour' based violence, female genital mutilation and forced marriage. If there are children present in the house always refer to Children's MASH (Report a concern about a child on liverpool.gov.uk)

Isolated incident , generally not considered to be a safeguarding concern – low risk	**Possible Safeguarding concern Low / medium risks**	**Safeguarding concern must be raised** **Medium to high risk**
Concerns at this level do not generally require a safeguarding concern to be raised. However, agencies should follow their internal process, keep a written internal record of what happened and what action was taken or submit an incident report.	Concerns at this level will require consultation with your organisations safeguarding lead or the Local Authority.	Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101
Adult has no current fears and there is adequate protective factors. AND • It is a one-off incident with no injury or harm. • Occasional taunts or verbal outburst where the adult has capacity to decide on next steps. Refer to domestic abuse services for early intervention and support.	Unexplained marking or lesions or grip marks on a number of occasions Controlling or coercive behaviour is suspected Frequent verbal outbursts that cause some distress or some level or harm Adult not accessing support services but adequate protective factors Refer to domestic abuse services for early intervention and support.	Adult subjected to controlling or coercive behaviour Frequent reports of verbal and physical assaults Adults subjected to stalking / harassment Reasonable cause to suspect adult may lack mental capacity to make a decision about the relationship or fleeing the abuse Threats to kill, choke, suffocate etc. Relationship characterised by imbalance of power. Rape Female Genital Mutilation Honour Based Abuse and / or Forced Marriage. In constant fear of being harmed. Adult subjected to severe controlling behavior, e.g. financial, locked in property, withholding medical treatment, care, independence aids, deliberately isolated. Also see: Financial Abuse *AGE UK Avoiding Scams Guide* Physical Abuse. Psychological Abuse. Sexual Abuse. The 'SafeLives' Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate. *Safe Lives Risk Identification Checklist* *Domestic Abuse Statutory Guidance July 2022*

Financial abuse Financial abuse is the theft or misuse of money, property, or personal belongings, taken without consent or under pressure in connection with wills, property or inheritance.		
Isolated incident , generally not considered to be a safeguarding concern – low risk Concerns at this level do not generally require a safeguarding concern to be raised.	**Possible Safeguarding concern Low / medium risks** Concerns at this level will require consultation with your organisations safeguarding lead or the Local Authority	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101
Money is not kept safety and / or proper records are not being kept. Single incident of missing money and/ or belongings where the quality of the adult's life has not been affected, little or no distress is caused, and no other adult cared for by that worker/team has been affected	(If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse.) Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing or access. Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered Staff personally benefit from the support they offer service users e.g., accrue "reward points" on their own loyalty cards adult lacks capacity in this area. Failure by relatives to pay care fees / charges, no harm occurs, and receives personal allowance or has access to other money Cold Calling / doorstep visits	(If any of these elements occur within the context of a family or intimate relationship, then this should be dealt with as Domestic Abuse). Suspected fraud and / or exploitation including cybercrimes relating to benefits, income, property or will, including 'cuckooing' Lasting Power of Attorney claimed to exist but unregistered Adult denied access to his/her own funds or possessions Personal finances removed from adult's control Doorstep crimes e.g. fraudulently obtaining money for services / goods. High levels of visitors to the property- tenant/adult does not appear to be able to say 'no' Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. Adult coerced or misled into giving over money or property Failure of relatives to pay care fees / charges, no access to personal allowance and / or risk of eviction / termination of services Theft.

Modern Slavery Modern Slavery is where an individual is exploited, forced to work, or sold. It involves the recruitment and movement of individuals using threats, deception, and coercion for the purpose of exploitation. Modern Slavery can take many forms; human trafficking, forced labour, domestic servitude, sexual exploitation, debt bondage.		
Isolated incident , generally not considered to be a safeguarding concern – low risk	**Possible Safeguarding concern Low / medium risks**	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101
All concerns regarding Modern Slavery are deemed to be of a safeguarding nature. The Liverpool modern slavery pathway will be published later on in 2026.	All concerns regarding Modern Slavery are deemed to be of a safeguarding nature. The Liverpool modern slavery pathway will be published later on in 2026. Details of modern slavery helpline to be added.	No direct disclosure of slavery but: • Appears under control of another • Long hours at work • Poor living conditions/low wages • Lives in workplace • No health and safety in workplace • Risk of physical/psychological harm • Adult being encouraged to participate in unsafe or criminal activity • Sexual Exploitation • Starvation Any direct disclosure of slavery Regularly moved to avoid detection Risk of fatality or serious injury No freedom/unable to leave Wages used for debt Not in possession of ID or passport Subject to forced marriage Unable to access medical treatment/care/equipment required to maintain independence Under control of others e.g., gang master, dealers, pimp for prostitution Lives in sheds/lockup/containers Subject to violence/threats/ fearful

Discriminatory Abuse Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)		
Isolated incident , generally not considered to be a safeguarding concern – low risk	**Possible Safeguarding concern Low / medium risks**	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. If there is any indication a criminal act has occurred this must be reported to the Police via 999 (in an emergency) or 101
Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused. Isolated incident of care planning fails to address an adult's culture and diversity needs for a short period.	Isolated incident of teasing motivated by prejudicial attitudes	Ongoing failure to address an adult's culture and diversity needs. Inequitable access to service provision as a result of a diversity or equality issue. Denial of civil liberties, e.g., voting, making a complaint. Humiliation, threats, or taunts. Teasing by person in position of trust. Exploitation of an adult at risk for recruitment or radicalisation into terrorist-related activity Denial of an individual's appropriate diet, access to take part in activities related to their faith or beliefs or not using their chosen name. Making an adult at risk partake in activities inappropriate to their faith of beliefs Hate crime resulting in serious injury, emergency medical treatment, repeated targeting. Hate crime which may result in serious injury/attempted murder/honour-based violence Inequitable access to service provision as a result of diversity issue Female genital mutilation of an adult at risk

Organisational Abuse Neglect or abuse as a result of structure policies and processes within an organisation.		
Isolated incident , generally not considered to be a safeguarding concern – low risk	**Possible Safeguarding concern Low / medium risks**	**Safeguarding concern must be raised** **Medium to high risk** Concerns at this level should be reported using the online form. *liverpool.gov.uk/adult-social-care/who-we-support/worried-about-someone/report-an-adult-at-risk/* If there is any indication a criminal act has occurred, this must be reported to the Police via 999 (in an emergency) or 101.
Short term lack of stimulation/ opportunities to engage in social and leisure activities Adult not enabled to have a say in how the service is run on a short-term basis. Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm. Service design were groups of adults living together are inappropriate.	Denial of individuality and opportunities for adults to make informed choices and take positive risks. Recurrent bad practice lacks management oversight and is not being reported to commissioners/the Local Authority Care-planning documentation not person-centered/does not involve the adult or capture their views. Poor or outdated care practices.	Rigid/inflexible routines that are not always in the Service User's best interests, service users dignity is undermined during support with personal care, shared clothing, underclothing, dentures e.g. Staff misusing position of power over adults Over-medication and/or inappropriate restraint used to manage behaviour Failure to whistle-blow on serious issues when internal procedures to respond are exhausted. Stark or Spartan living environments Rigid/inflexible routines. Adult's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing Inadequate risk assessment resulting in multiple adult on adult incidents within a care setting. See SCIE (Social Care Institute of Excellence): *Resident-to-resident harm in care homes and residential settings* Recurrent incidents of insufficient staffing resulting in some harm Unsafe and unhygienic living environments Recurrent or consistent ill-treatment by care provider to more than one adult such as unsafe manual handling Failure to support an adult at risk to access health and / or care treatments. Punitive responses to behaviours that may challenge staff Intentionally or knowingly failing to adhere to the Mental Capacity Act e.g., unauthorised Deprivation of Liberty Safeguards Bad/poor practice not being reported and going unchecked Over-medication and/or inappropriate restraint used to manage behaviour. Widespread consistent ill-treatment. See this briefing from the Somerset Safeguarding Adults Board: *Mendip House Practice Briefing*

Concerns of a more serious nature should be referred to the Local Authority.

These concerns will receive additional scrutiny and progress further under Safeguarding Adults' procedures. Where a criminal offence is thought or alleged to have been committed the Police will be contacted. Other emergency services should be contacted as required.

9.3 Sharing the outcome of safeguarding concerns

All adult safeguarding concerns referred to the Local Authority should be assessed to decide if the criteria for adult safeguarding are met. Keeping a professional who raised the concern informed is an essential requirement under these procedures. Feedback provides assurance that action has been taken whether under adult safeguarding or not. Organisations raising concerns may want to challenge or discuss decisions and need to be updated on what action has been taken. Feedback to members of the public and the wider community needs to take account of confidentiality and requirements of data protection legislation.

9.4 Dealing with repeat allegations / concerns

All concerns should be considered on their own merit and recorded individually. An adult who makes repeated allegations that have been investigated and decided to be unfounded should be treated without prejudice. Where there are patterns of similar concerns being raised by the same adult within a short time period, a risk assessment and risk management plan should be developed, and a local process agreed for responding to further concerns of the same nature from the same adult. All organisations are responsible for recording and noting where there are such situations and may be asked to contribute to a multi-agency response. Information sharing to assess and analyse data is essential to ensure that adults are safeguarded, and an appropriate response is made. Staff should also be mindful of public interest issues.

In considering how to respond to repeated concerns the following factors need to be considered:

The safety of the adult who the concern is about;

- Mental capacity and ability of the individual's support networks to raise the concern, or to increase support to meet outcomes of safeguarding concerns;
- Wishes of the adult at risk and impact of the concern on them;
- Impact on important relationships;
- Level of risk.

9.5 Professional differences and escalation

Professional differences should be resolved at the earliest opportunity, ensuring that the safety and wellbeing of the adult at risk remains paramount. Challenges to decisions should be respectful and resolved through co-operation. Disagreements can arise in a number of areas and staff should always be prepared to review decisions and plans with an open mind. Assurance that the adult at risk is safe takes priority. Disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation. In the event that operational staff are unable to resolve matters, more senior managers should be consulted. Multi-agency network meetings may be a helpful way to explore issues with a view to improving practice. In exceptional circumstances or where it is likely that partnership protocols are needed the SAB should kept appraised of the issues and agree what type of evaluation will be undertaken. In the case of care providers, unresolved disputes should be raised with the relevant managers leading on the concern and commissioners.

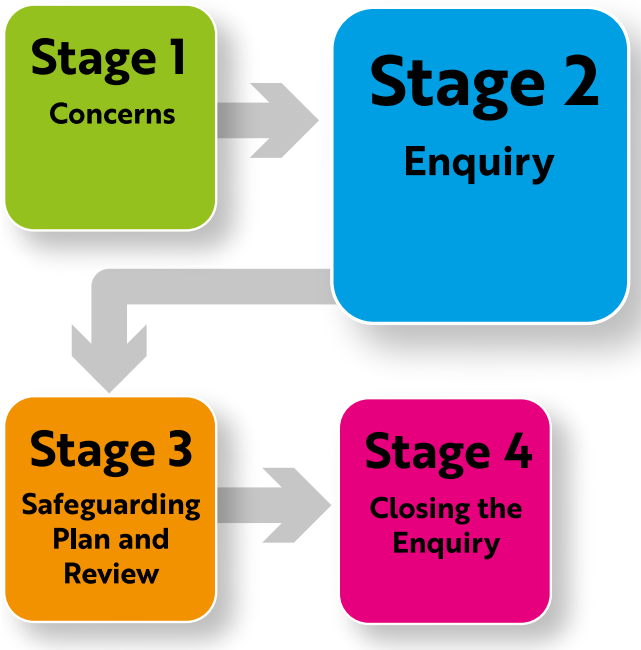
See our Resolving Professional Differences and Escalation procedure for more information: *https://liverpoolsab.org/professionals/local-policies-and-procedures*

9.6 Cross-boundary and inter-authority adult safeguarding enquiries

Risks may be increased by complicated cross-boundary arrangements, and it may be dangerous and unproductive for organisations to delay action due to disagreements over responsibilities. The rule for managing safeguarding enquiries is that the Local Authority for the area where the abuse occurred has the responsibility to carry out the duties under Section 42 Care Act 2014, but there should be close liaison with the placing authority. The 'placing Local Authority' continues to hold responsibility for commissioning and funding a placement. However, many people at risk live in residential settings outside the area of the placing authority. In addition, a safeguarding incident might occur during a short-term health or social care stay, or on a trip, requiring police action in that area or immediate steps to protect the person while they are in that area.

The initial lead in response to a safeguarding concern should always be taken by the Local Authority for the area where the incident occurred. This might include taking immediate action to ensure the safety of the person or arranging an early discussion with the police when a criminal offence is suspected. Further action should then be taken in line with Making Safeguarding Personal on the views of the adult, and the Care and Support statutory guidance on who is best placed to lead on an enquiry.

Liverpool Adult Safeguarding Pathway [1]



10. Advice for Conducting a Adult Safeguarding Enquiry

10.1 The decision-making process

The Liverpool Multi-Agency Adult Safeguarding Concern Form has been designed to provide all of the detailed and necessary information to allow colleagues in the Local Authority to effectively make a decision on if a Safeguarding Concern needs to progress to a Section 42 (or non-statutory Enquiry) under the Local Authority's duty to do so within the Care Act 2014.

Please also refer to the Guidance for Making Decisions on Adult Safeguarding Enquiries: *https://www.local.gov.uk/making-decisions-duty-carry-out-safeguarding-adults-enquiries*

All of this Safeguarding data will be collated within the Local Authority's case management system (as the lead agency in the city) so that there is a central source of information and intelligence, which will allow this to be carefully monitored and assessed.

There is also a need to carefully consider if statutory advocacy is required.

See below more information around when to refer for an advocate.

10.2 Enquiry routes

Once a decision is made that a Safeguarding Enquiry must be conducted under the Section 42 duty, the relevant team within the Local Authority will decide who is best placed to conduct this. When this is delegated outside of the Local Authority they will still retain the overall responsibility to co-ordinate the enquiry as the lead agency, and as such they will provide the quality assurance and oversight in relation to all Safeguarding Enquiries.

The Liverpool Safeguarding Adults Board is currently developing it's provider led safeguarding enquiry approach. Further guidance will be available on this later in 2026.

10.3 Definition

An adult safeguarding enquiry (Care Act s42) is the range of actions undertaken or instigated by the Local Authority in response to an abuse or neglect concern in relation to an adult with care and support needs who is unable to protect themselves from the abuse or neglect or the risk of it.

An enquiry should be proportionate to the situation and the level of risk involved. This could be a conversation with the adult, or representative if they lack capacity, right through to a much more formal multi-agency plan or course of action.

There may need to be several different enquiries that would form part of the overall adult safeguarding enquiry.

The process of undertaking enquiries should be tailored to the individual needs and circumstances of the adult. It should be proportionate to the level of risk involved and take account of the adult's ability and capacity to make decisions for themselves. All enquiries undertaken must be lawful and take full account of the consent and wishes of the adult.

10.4 Purpose

An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry can be found in 14.77 of the Care and Support Statutory Guidance (CSSG), these are:

The **AIMS** of an enquiry are (14.11 CSSG):

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- learning from incidents with an open mind, without any recourse to blame
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

The **OBJECTIVES** of an enquiry are (14.94 CSSG):

- establish facts
- ascertain the adult's views and wishes
- 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

What happens as a result of an enquiry should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.

The process of undertaking enquiries should be tailored to the individual needs and circumstances of the adult. It should be proportionate to the level of risk involved and take account of the adult's ability to self-protect and their capacity to make decisions for themselves. All enquiries undertaken must be lawful and take account of the consent and wishes of the adult.

The immediate priority should always be to ensure the safety and well-being of the adult. Wherever practicable the consent of the adult should be sought before taking action. What happens because of an enquiry should reflect the adults' wishes wherever possible, as stated by them or by their representative or advocate.

If they are assessed as lacking capacity to make relevant decisions, a best interest decision will need to be taken around those relevant decisions and / or actions which must be proportionate to the level of risk identified. If there is a dispute in relation to best interests that cannot be resolved, and/or, if the person objects to the best interests decision, legal advice should be sought.

Whether or not 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.

It is essential that coercion, control and duress is considered in assessing a capacitous adult's ability to give true consent to being involved in the enquiry. However, the adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse (14.80 CSSG).

If the adult is presumed to have capacity to give consent and does not want any action taken, their wishes should be respected wherever possible. However, there will be exceptions when a professional must override the adult's wishes for example when others are at risk of abuse or neglect, a breach of regulation, where the risks are considered to be high or a criminal offence appears to have been committed. Where there is a requirement to override an adult's wishes, the adult must be informed of this (where safe to do so) and all information documented, providing evidence of any alternative considered and the rationale for overriding the adult's wishes.

10.5 Roles and responsibilities

The Local Authority cannot delegate its duty to conduct a formal s42 enquiry, but it can cause others to make enquiries. This means that the Local Authority may ask a provider or partner agency to conduct its own enquiries, and report these back to the Local Authority in order to inform the Local Authority decision about whether and what action is required.

Where a crime has or may have been committed the Police are responsible for conducting a criminal investigation.

While the Local Authority has overall responsibility and the duty to conduct enquiries, this does not absolve other agencies of safeguarding responsibilities.

Relevant partner agencies involved in providing services to adults who may have care and support needs have a legal duty to cooperate in formal adult safeguarding enquiries.

Of note Section 6, of the Care Act 2014 describes a general duty to co-operate between the Local Authority and other organisations providing care and support. This includes a duty on the Local Authority itself to ensure co-operation between its adult care and support, housing, public health and children's services. Local authorities and their relevant partners must respond to requests to cooperate under their general public law duties to act reasonably.

Section 7, Care Act 2024 supplements the general duty to cooperate in section 6 with a specific duty. This duty is intended to be used by local authorities or partners where cooperation is needed in the case of an individual who has needs for care and support. The duty is not limited to specific circumstances, but could be used, for example, when a child is preparing to move from children's to adult services; in adult safeguarding enquiries; when an adult requires an assessment for NHS continuing healthcare; or, when an adult is moving between areas and requires a new needs assessment.

This includes sharing information to enable the enquiry to be made thoroughly, participating in the enquiry planning processes, and undertaking enquiries when they have been 'caused' by the Local Authority to do so.

10.6 Timeliness

The indicative timescale for planning an enquiry is 2 days, this will include undertaking an initial assessment of risk, and for deciding what safety and protection actions need to be put in place while enquiries are undertaken (i.e. the interim safeguarding plan). If an enquiry planning meeting is required it is expected this will occur within 5 days of deciding an adult safeguarding enquiry needs to take place. Some cases may have more immediate risks and may need a swifter response.

10.7 Enquiry Planning

All enquiries need to be planned and coordinated.

No agency should undertake enquiries prior to a planning discussion or meeting unless it is necessary for the protection of the adult or others or unless a serious crime has taken place or is likely to.

Planning should be seen as a process, not a single event.

The planning process can be undertaken as a series of telephone conversations, or meeting/s with relevant people and agencies. In some cases the complexity or seriousness of the situation will require a Planning process to include a formal meeting/s.

Urgency of response should be proportionate to the seriousness of the concerns raised, and the level of risk.

Planning processes should be tailored to the individual circumstances of the case, but should cover the following aspects:

- gaining the views, wishes, consent, and desired outcomes of the adult (or planning how these views and wishes will be gained);
- deciding if an independent advocate is required (or planning how information will be gained to enable this decision to be made);
- gathering and sharing information with relevant parties;
- assessing risks, and formulating an interim safeguarding plan to promote safety and wellbeing while enquiries are undertaken.

The Planning process will be led and coordinated by the Team Manager from the Local Authority however they may delegate this to a senior practitioner / social worker when the level of risk and / or complexity allows.

Appropriate levels of information should be shared with, and involvement gained from, relevant partners.

Information sharing and who should be involved in enquiry planning will be dependent on the individual situation and will be decided by the Team Manager (or the person they have delegated to). As a general principle, and as long as this does not cause undue delays, all relevant agencies and individuals who have a stakeholder interest in the concerns should be involved in the process in the most appropriate way (taking into consideration issues of consent, risk, and preserving evidence).

Information sharing between organisations is essential to safeguard adults at risk of abuse or neglect. Decisions about what information is shared and with whom will be taken on a case-by-case basis. Whether information is shared with or without the adult's consent, the information shared should be:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- be accurate and up to date
- be shared in a timely fashion
- be shared accurately
- be shared securely

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 is to 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. There are some key partner agencies and individuals that should always be notified of concerns, and be involved where appropriate, in the following circumstances.

Circumstances

- Where it is suspected that a crime has been or might be committed
- Where quality and safety concerns arise about a service registered under the Health and Social Care Act 2008.
- Where quality and safety concerns arise about a NHS service or an Independent hospital.
- Where disciplinary issues are involved
- Where there has been a sudden or suspicious death
- Concern occurred in a health / social care setting, and involved unsafe equipment or systems of work.

Report to:

- Police
- Care Quality Commission Local Authority Contract and Commissioning service. Local NHS Integrated Care Board if there is a health funded contract.
- Care Quality Commission Local Authority Contract and Commissioning service. Local NHS Integrated Care Board if there is a health funded contract.
- Manager of relevant agency.
- The local Coroner's office.
- Health and Safety Executive (HSE)

There is a duty to involve the adult in a safeguarding Enquiry

The adult (or their representative or advocate where indicated) must be involved in Enquiry processes, including in Planning the Enquiry, wherever this is appropriate and safe.

10.8 Enquiry planning meetings

Where the enquiry is complicated and requires a number of actions that may be taken by others to support the outcome, it may be appropriate for an enquiry planning meeting. Where enquiries are simple, single agency enquiries it may not be necessary to hold a meeting. Action should never be put on hold, due to the logistics of arranging meetings. Proportionality should be the guiding principle. If the adult wishes to participate in meetings with relevant partners, one should be convened. Action, however, should not be 'on hold' until a meeting can be convened. If the adult is not able to attend for any reason, then an advocate could represent their views.

Enquiry planning meetings (when required) should be completed within 5 days of receipt of the enquiry or sooner depending on the level of risk – Same day enquiry planning meetings can be held. Enquiry planning meetings should not be limited to the start of the enquiry and can be held at any point during the enquiry where the need for a meeting arises.

Enquiry planning meetings are indicated in the following circumstances

- complex or high risk enquiries
- domestic abuse

- forced marriage, female genital mutilation or honour based abuse
- modern slavery
- repeat safeguarding concerns
- multi-agency involvement with a person
- several agencies have concerns and the sharing of information is advisable
- several people are or could be at risk
- there are indications that a number of safeguarding enquiries are being undertaken (or could be)
- Hoarding / Self neglect

The Team manager (or the person they have delegated to) who is setting up and chairing the Enquiry planning meeting must seek to understand the adult's views, wishes and opinions are effectively represented, and conduct the meeting in an appropriate manner, using appropriate adaptations if required, allowing for the full participation of the adult and or their representative(s).

The enquiry planning meeting should consider:

- The details of the Safeguarding Concern and how this places the adult at risk of abuse or neglect.
- How the enquiry is to be conducted and which agencies will undertake actions.
- How the adult will be fully involved in the enquiry.

That there is clarity about the type of abuse that has occurred and that this is recorded effectively, considering types of abuse that are particularly under-recorded:

- Organisational Abuse
- Discriminatory Abuse
- Modern Slavery
- Domestic Abuse.
- That an appropriate risk assessment of the available information is conducted that informs decisions regarding how the enquiry will be undertaken, by whom, and by when.
- How an interim Safeguarding Plan will be delivered to reduce or remove the risk of harm to the adult, and or others.
- Any potential risks to children and young people (or other adults at risk) and agreement on who will arrange a Child Protection referral, where necessary.
- The link with other key processes and procedures e.g. personnel issues (including referrals to the Disclosure and Barring Service or a professional or regulatory body); Police investigations; other regulatory processes such as a NHS PSIRF.

How everyone involved in the enquiry will deliver the actions that are agreed as a result of the enquiry in a manner consistent with Making Safeguarding Personal principles (MSP) and that the adult's views and wishes are achieved as agreed.

That arrangements are in place to give feedback to the person raising the Safeguarding Concern if they are not in attendance at the Safeguarding Meeting where appropriate.

Who can convene an Enquiry Planning Meeting?

The Local Authority can convene an Enquiry Planning Meeting.

Who should attend an Enquiry Planning Meeting?

There are a wide range of people who may be required to attend a Safeguarding Meeting, including, but not limited to:

- The adult and or their representative
- The Team Manager / senior practitioner or their equivalent.
- The Safeguarding Enquiry Officer usually the allocated social worker
- The person who raised the Safeguarding Concern (if they are a professional).
- Police manager.
- Other criminal justice agencies.
- NHS Trust manager and or relevant specialist.
- GP
- Care Quality Commission.
- Care Provider agency manager.
- Relevant Liverpool City Council or Integrated Care Board (ICB) Commissioner.
- Quality Assurance or Contracts Officer from Liverpool City Council or Liverpool Place - ICB.

The person/agency alleged to have caused the harm should have been given the opportunity to submit their representations. If this an agency, then a manager not directly involved in providing care in the case may be invited to attend.

Any other relevant agency/service representative as deemed appropriate by the person chairing the meeting.

Whoever attends an enquiry planning meeting should be of sufficient seniority to make decisions within the meeting concerning the organisation's role and the resources they may contribute to the enquiry and agreed Safeguarding Plan.

Safeguarding Meetings can be formally recorded and minutes taken, which should be shared with those attending. When minutes are taken these should be completed within 5 working days of the Meeting.

Where it is not possible for a minute taker to be arranged then action notes should be taken this will be especially relevant to those enquiries that are less complex but do still require a Safeguarding meeting.

10.9 Consent and engagement with the adult in relation to a Safeguarding Enquiry

These are often crucial factors in determining if a Safeguarding Enquiry can progress, and how effective it is, and may lead to decisions not to proceed that leave the adult still exposed to a risk of significant harm.

- Read *The Caldicott Principles.* Whilst consent is not required, best practice requires you to consider does the adult have the mental capacity to consent to the Safeguarding Enquiry?
- Is there a need to provide statutory advocacy
- Is there any possibility that the adult has/ is suffering from any type of coercion, control, threat, duress or pressure from another person(s) which may mean they refuse consent?
- Does mental capacity (including executive capacity) need to be assessed or reviewed?

For more information read: *Decision Making and Mental Capacity (NICE Guidelines), Supported decision-making toolkit for people with communication difficulties Practicable steps for people with communication difficulties* ***and*** *Oldham SAB's Executive Functioning Guidance*

- Give due regard to the adult's views and wishes, including their desired outcomes, even if Best Interest Decisions have been made linked to the Mental Capacity Act. For more information read: *Local Government Association - Making Safeguarding Personal Toolkit* including on the six Safeguarding Principles and *Alcohol Change UK Cognitive Impairment Guide* and *Alcohol Change UK How to use legal powers to safeguard highly vulnerable dependent drinkers guide.*
- If the adult does have the mental capacity to consent to the Safeguarding Enquiry, but refuses, professionals must be careful that they consider how to keep the adult safe as the duty to undertake the enquiry remains in place. This may be particularly relevant in domestic abuse cases.
- A Safeguarding Enquiry can still proceed without the adult's consent if 'vital' or 'public' interest considerations apply.
- If the adult meets the safeguarding duty/ criteria, and is at risk of significant harm, and it is deemed they do have the mental capacity to refuse consent and to not engage with any Safeguarding Enquiry, then consider seeking legal advice and the use of the Court of Protection, and or Inherent Jurisdiction: *39 Essex Chambers: Guidance on Use of Inherent Jurisdiction.*

See and use the *Guidance on Improving our Approach to Adult and Family Engagement* which includes an overview of Trauma Informed Practice.

- See and use the Multi-agency self-neglect and hoarding policy
- Professionals must consider escalating decision making where necessary in more complex cases, and respectfully challenge decision making if necessary and appropriate
- This links to the subject of Professional Curiosity as it is good practice to respectfully challenge safeguarding decisions that you believe are not appropriate.

10.10 Making Safeguarding Personal during a Safeguarding Enquiry

Making Safeguarding Personal (MSP) is an initiative which aims to develop a person centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances.

Strengths based approach

Wherever possible, every conversation with the adult (or their representative) should be from a strengths perspective. This means that before you talk about external solutions to help achieve an outcome or manage a risk you must support the adult to explore whether there is:

a. Anything within their own power that they can do to help themselves; or

b. Anything within the power of their family, friends or community that they can use to help themselves.

A strengths based approach is empowering for the adult and gives them more control over their situation and how best to resolve any issues in the best way for them. The end result may still be that the local authority or another organisation intervenes, but this decision will have been reached knowing that it is the most proportionate response available.

Adopting a strengths based approach involves:

a. Taking a holistic view of the adult's needs, risks and situation in the context of their wider support network.

b. Helping the adult to understand their strengths and capabilities within the context of their situation.

c. Helping the adult to understand and explore the support available to them in the community.

d. Helping the adult to understand and explore the support available to them through other networks or services (e.g. health).

e. Exploring some of the less intrusive/intensive ways the local authority or other organisations may be able to help (such as through prevention services or signposting).

What MSP Seeks to achieve:

1. A personalised approach enabling safeguarding to be done with and not to people, using practical methods defined by the adults individual needs rather than those of the organisation.
2. The outcomes an adult wants, by determining these at the beginning of working with them, and ascertaining if those outcomes were realised at the end.
3. Improvement to people's circumstances rather than on 'investigation and conclusion'.
4. Utilisation of person-centred practice rather than 'putting people through a process'.
5. Good outcomes for people by working with them in a timely way, rather than one constrained by timescales.
6. Improved practice by supporting a range of methods for staff learning and development.
7. Learning through sharing good practice.
8. Further development of recording systems in order to understand what works well.
9. Broader cultural change and commitment within organisations, to enable practitioners, families, teams and the Liverpool Safeguarding Adults Board to know what difference has been made.

Safeguarding Principle - Empowerment

What does this means for the professionals: Adults are encouraged to make their own decisions and are provided with support and information.

What does this mean for the adult:

"I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens"
LGA Making Safeguarding Perosnal Toolkit www.local.gov.uk/msp-toolkit

Practice approaches to adult safeguarding should be person-led and outcome focused.

The Care Act ethos and statutory guidance emphasise a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control over the process. This is not simply about gaining an individual's consent, although that is important, but also about hearing their views about what they want as an outcome. This means, in essence, that they are supported and given an opportunity at all stages of the safeguarding process to say what they would like to be different and change; this might be about not having further contact with a person who poses risk to them, changing an aspect of their care plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system.

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

Sometimes, people may have unrealistic expectations of what can be achieved through the safeguarding procedures, and they should be supported to understand from the outset how their desired outcomes can be met.

The views, wishes and desired outcomes expressed by the adult are important in determining the appropriate and proportionate response to the concerns raised, and what enquiries may be needed. The person's wishes and desired outcomes, however, are not the only consideration as sometimes actions are required without a person's

consent, particularly where there are overriding public interest issues, or risk to others. In these circumstances, the practitioner will need to ensure that a sensitive conversation takes place with the adult to explain how and why their wishes have to be over-ruled, listening to their feelings and the impact this action will have on them, and seeking to provide them, wherever possible, with reassurance.

The views, wishes and desired outcomes of the adult are equally important should the adult lack mental capacity to make informed decisions about their safety and protection needs, or have substantial difficulty in making their views known and participating in the enquiry process. Personalised practice approaches should still be taken in such cases, including engaging with the persons representative/s, any best interest consultees, appointing an independent advocate where appropriate, using what information is known and finding out what the adult would have considered important in decisions about their life, and by following best practice as laid out in the Mental Capacity Act Code of Practice 2007.

10.11 Independent advocacy and "substantial difficulty"

Independent Care Act Advocacy (ICAA) is a statutory advocacy role that was introduced in the Care Act 2014. An adult is legally entitled to advocacy if they meet certain criteria.

A Care Act Advocate can support an adult if they have difficulties being involved in or making decisions about their care and support needs.

The aim of advocacy is to ensure the person is able to participate in decisions being made about their care, support and safety, to better enable their wellbeing.

An advocate can support a person if they have "substantial difficulty" taking part in assessments and reviews of their care needs, or participating on safeguarding enquiries.

Substantial difficulty is defined in the Care Act. Advocates are independent of the decision makers. An advocate will support a person and be involved in several processes that are undertaken by the local authority such as:- Care Act assessments Care and Support planning Care reviews or Safeguarding.

Under what circumstances can an ICAA be allocated if an appropriate person has been identified?

In general, under the Care Act (2014), a person with a substantial difficulty in being involved in their assessment, plan or review will only become eligible for an ICAA when there is no other appropriate person to support them. However, the Care Act (2014) does specify 3 exceptions to this:

- Where the person is likely to be accommodated in an NHS hospital for a period of 28 days or more.
- Where the person is likely to be accommodated in a residential home or care home for a period of 8 weeks or more; or
- Where there is a disagreement or dispute between Liverpool City Council and the appropriate individual advocating on behalf someone with and care and support needs, and they both agree that the involvement of an Independent Advocate would be beneficial to the person.

If, under these circumstances, Liverpool Council believe that the person requires support to facilitate and maximise their involvement an ICAA must be made available, regardless of the involvement of an appropriate person.

Is there a duty to provide an Independent Advocate?

- Has the adult substantial difficulty in expressing their views? **Yes**
- Having made reasonable adjustments, do they still have difficulty? **Yes**
- Is there an appropriate person who is willing and able to support them? **No**

There is a duty to provide an independent advocate.

Local Authorities have a duty to involve the adult in a safeguarding enquiry. Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process

As part of the Planning process, there is a need to consider and decide if the adult has "substantial difficulty" in participating in the adult safeguarding enquiry. Professionals should make all reasonable adjustments to enable the person to participate before deciding the person has "substantial difficulty".

"Substantial difficulty" does not mean the person cannot make decisions for themselves, but refers to situations where the adult has "substantial difficulty" in doing one or more of the following:

- understanding relevant information: many people can be supported to understand relevant information, if it is presented appropriately and if time is taken to explain it;
- retaining that information: if a person is unable to retain information long enough to be able to weigh up options, and make decisions, then they are like to have substantial difficulty in participating;
- using or weighing that information as part of the process of being involved: a person must be able to weigh up information, in order to participate fully and express preferences for or choose between options;
- communicating their views, wishes or feelings: a person must be able to communicate their views, wishes and feelings whether by talking, writing, signing or any other means, to aid the decision process and to make priorities clear.

Where an adult has "substantial difficulty'" being involved in the adult safeguarding enquiry, the Local Authority must consider and decide whether there is an appropriate person to represent them.

This would be a person who knows the adult well, and could be, for example, a spouse, family member, friend, informal carer, neighbour, Power of Attorney. The identified person will need to be willing and able to represent the adult. An appropriate person to represent the adult cannot be a person who is involved in their care or treatment in a professional or paid capacity. The person who is thought to be the source of risk to the adult may be the most readily identifiable person to represent them, for example, if the person thought to be the source of risk is a spouse, next of kin, or person closest to the adult in their social network. In such circumstances, careful thought needs to be given to who is appropriate to represent the adult, but it is unlikely that the Local Authority would consider that it is in the adult's best interests to be represented by a person who may pose a risk of harm to them. Where an adult has "substantial difficulty'" being involved in the adult safeguarding enquiry, and where there is no other appropriate person to represent them, the Local Authority must arrange for an independent advocate to support and represent them.

If a safeguarding enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible. If an independent advocate is appointed, they must be included fully in enquiry planning and all of the safeguarding processes to represent the views and wishes of the adult in any decisions that are made.

Find out more information here in relation to advocacy:

Liverpool Advocacy Hub | n-compass

Information | n-compass

10.12 Reporting concerns to the police, ensuring adults have equal access to the criminal justice system.

Everyone is entitled to be protected by the law and have access to justice. Although the local authority has the lead in making enquiries in adult safeguarding matters, where criminal activity is suspected involving the police as soon as possible is likely to be beneficial in many cases.

Behaviour which amounts to abuse and neglect also often constitutes specific criminal offences under various legislation, for example:

- Physical abuse
- Unlawful imprisonment

- Sexual abuse, assault or rape
- Emotional abuse
- Hate Crime
- Domestic abuse
- Theft and / or fraud
- Certain forms of discrimination
- Wilful neglect

For the purpose of a court trial, a witness is deemed to be competent if they can understand the questions and respond in a way that the court can understand. Police have a duty to assist witnesses who are vulnerable and intimidated.

A range of special measures are available to aid gathering and giving of evidence by vulnerable and / or intimidated witnesses.

These should be considered from the onset of a police investigation, and can include:

- an immediate referral from adult social care or other concerned agency
- discussion with the police will enable the police to establish whether a criminal act has been committed. This will give an opportunity to determine if, and at what stage, the police need to become involved further and undertake a criminal investigation;
- the police have powers to take specific protective actions, such as Domestic Violence Protection Orders (DVPO);
- a higher standard of proof is required in criminal proceedings ('beyond reasonable doubt') than in disciplinary or regulatory proceedings (where the test is the balance of probabilities), so early contact with the police may help to obtain evidence and witness statements.
- early involvement of the police helps to ensure that forensic evidence is not lost or contaminated;
- police officers need to have considerable skill in investigating and interviewing adults with different disabilities and communication needs, in order to prevent the adult being interviewed unnecessarily on other occasions. Research has found that sometimes evidence from victims and witnesses with learning disabilities is discounted. This may also apply to others such as people with dementia. It is crucial that reasonable adjustments are made and appropriate support given, so everyone can have equal access to justice;
- police investigations should be coordinated with health and social care enquiries but may take priority. The local authority's duty to ensure the wellbeing and safety of the person continues throughout a criminal investigation;
- appropriate support during the criminal justice process should be available from local organisations such as Victim Support and court preparation schemes;
- some witnesses will need protection from the accused or their associates (see Section 3, Adults Witnesses who are Vulnerable or Intimidated, below);
- the police may be able to arrange support for victims.

Special Measures were introduced in the *Youth Justice and Criminal Evidence Act 1999* and include a range of interventions to support witnesses to give their best evidence and to help reduce anxiety when attending court. These include the use of screens around the witness box, the use of live (video) link or recorded evidence and the use of an intermediary to help witnesses understand the questions they are being asked and to give their answers accurately.

Key Messages for Practice

Only the police can investigate crimes, NOT any other professionals or employers

Early involvement of police can increase access to justice, this optimises the ability of the police to gather evidence and increase safety of the adult at risk

Reporting crimes to the police can protect other people, can protect life, and can prevent future crimes.

Whilst consent should be a starting point (where safe to seek). There are some circumstances where you should report alleged crimes regardless of the person's consent.

Reporting crimes /incidents to Merseyside police

If a criminal offence has occurred or may occur, there is a need to contact the Police force where the crime has / may occur.

1. If a crime is in progress or life is at risk, urgent police response is required dial emergency - 999.
2. If a non-urgent response is required by the police and there is a clear allegation of a crime that needs to be recorded and / or attended by the police – 101.
3. These crimes can also be reported online on the Merseyside Police website or by using the following direct link https://www.merseyside.police.uk/ro/report/ocr/af/how-to-report-a-crime/
4. If professionals are unsure whether a crime has been committed they can complete the relevant form and share this with Merseyside Police Mash team who will provide advice on next steps.

10.13 Other Key Messages to support practice when undertaking enquiries:

Professional Curiosity and Critical Evaluation

Professional Curiosity is the capacity and communication skill to explore and understand what is happening within a family (or an organisational setting) rather than making assumptions, accepting things at face value, or allowing your personal values or possible unconscious bias to influence the way that that you see and interpret risk.

This has been described as the need for practitioners to practice 'respectful uncertainty' in applying Critical Evaluation to any information they receive, or 'thinking the unthinkable'.

The following factors highlight the need to improve professional curiosity:

- The views and feelings of some adults can be very difficult to ascertain.
- Practitioners do not always listen to adults who try to speak on behalf of another adult and who may have important information to contribute.
- Carers can prevent practitioners from seeing and listening to an adult.
- Practitioners can be misinformed with stories they want to believe are true.
- Effective multi-agency work needs to be coordinated.
- Challenging carers and other professionals requires expertise, confidence, time and a considerable amount of emotional energy.

The key to effective safeguarding practice is to ask the right questions, including:

1. Would I live here, and if not, why not?
2. Would I be happy with this standard of care for a member of my family?
3. What does good look like?
4. Is there anything else going on in this person's life which might be causing harm, or the potential for adult abuse or neglect?

Barriers to professional curiosity

It is important to note that when a lack of professional curiosity is cited as a factor in any safeguarding enquiry or review that this does not automatically mean that blame should be apportioned. It is widely recognised that there are many barriers to being professionally curious, some of which are set out below:

The 'rule of optimism'

Risk enablement is about a strengths-based approach, but this does not mean that new or escalating risks should not be treated seriously. The 'rule of optimism' is a well-known dynamic in which professionals can tend to rationalise away new or escalating risks despite clear evidence to the contrary.

Accumulating risk – seeing the whole picture

Reviews repeatedly demonstrate that professionals tend to respond to each situation or new risk discretely, rather than assessing the new information within the context of the whole person, or looking at the cumulative effect of a series of incidents and information.

Normalisation.

This refers to social processes through which ideas and actions come to be seen as 'normal' and become taken-for-granted or 'natural' in everyday life. Because they are seen as 'normal' they cease to be questioned and are therefore not recognised as potential risks or assessed as such.

Professional deference

Workers who have most contact with the individual are in a good position to recognise when the risks to the person are escalating. However, there can be a tendency to defer to the opinion of a 'higher status' professional who has limited contact with the person but who views the risk as less significant. Be confident in your own judgement and always outline your observations and concerns to other professionals, be courageous and challenge their opinion of risk if it varies from your own. Escalate ongoing concerns through your manager and by using more formal procedures if necessary.

Confirmation bias

This is when we look for evidence that supports or confirms our pre-held view, and ignores contrary information that refutes them. It occurs when we filter out potentially useful facts and opinions that don't coincide with our preconceived ideas.

'Knowing but not knowing'

This is about having a sense that something is not right but not knowing exactly what, so it is difficult to grasp the problem and take action.

Confidence in managing tension

Disagreement, disruption and aggression from families or others, can undermine confidence and divert meetings away from topics the practitioner wants to explore and back to the family's own agenda.

Dealing with uncertainty

Contested accounts, vague or retracted disclosures, deception and inconclusive medical evidence are common in safeguarding practice. Practitioners are often presented with concerns which are impossible to substantiate. In such situations, 'there is a temptation to discount concerns that cannot be proved'. A person-centred approach requires practitioners to remain mindful of the original concern and be professionally curious:

- 'Unsubstantiated' concerns and inconclusive medical evidence should not lead to case closure without further assessment.
- Retracted allegations still need to be investigated wherever possible.
- The use of risk assessment tools can reduce uncertainty, but they are not a substitute for professional judgement, and results need to be collated with observations and other sources of information.
- Social care practitioners are responsible for triangulating information such as, seeking independent confirmation of information, and weighing up information from a range of practitioners, particularly when there are differing accounts, and considering different theories/ research to understand the situation.

Other barriers to professional curiosity

Poor supervision, complexity and pressure of work, changes of case worker leading to repeatedly 'starting again' in casework, closing cases too quickly, fixed thinking/ preconceived ideas and values, and a lack of openness to new knowledge are also barriers to a professionally curious approach.

Disguised Compliance

Disguised Compliance involves carers giving the appearance of co-operating with agencies to avoid raising suspicions and allay concerns.

There is a continuum of behaviours from carers on a sliding scale, with full co-operation at one end of the scale, and planned and effective resistance at the other. Showing your best side or 'saving face' may be viewed as 'normal' behaviour and therefore we can expect a degree of Disguised Compliance in all families; but at its worst superficial cooperation may be to conceal deliberate abuse, and professionals can sometimes delay or avoid interventions due to Disguised Compliance.

The following principles will help front line practitioner's deal with Disguised Compliance more effectively:

- Focus on the needs, voice and lived experience of the adult.
- Avoid being encouraged to focus too extensively on the needs and presentation of the carers, whether aggressive, argumentative or apparently compliant.
- Think carefully about the engagement of the carers and the impact of this behaviour on the practitioner's view of risk.
- Focus on change in the family dynamic and the impact this will have on the life and well-being of the adult. This is a more reliable measure than the agreement of carers in the professionals plan.
- There is some evidence that an empathetic approach by professionals may result in an increased level of trust and a more open family response leading to greater disclosure by adults.
- Practitioners need to build close partnership style relationships with families whilst being constantly aware of the adult's needs and the degree to which they are met.
- There is no magic way of spotting Disguised Compliance other than the discrepancy between a carer's account and observations of the needs and account of the adult. The latter must always take precedent.
- Practitioners should aim to 'triangulate' and cross-reference the information they have received to confirm or refute the facts that have been presented.

Professional Challenge - having different perspectives

Having different professional perspectives within safeguarding practice is a sign of healthy and well-functioning inter-agency partnerships. These differences of opinion are usually resolved by discussion and negotiation between the practitioners concerned, but it is essential that they do not adversely affect outcomes for adults and are resolved in a constructive manner.

If you have a difference of opinion with another practitioner, remember:

- Professional differences and disagreements can help find better ways to improve outcomes for adults and families.
- All professionals are responsible for their own actions in relation to case work.
- Differences and disagreements should be resolved as simply and quickly as possible, in the first instance by individual practitioners and /or their line managers.
- All practitioners should respect the views of others whatever the level of experience – remember that challenging more senior or experienced practitioners can be hard.
- Expect to be challenged; working together effectively depends on an open approach and honest relationships between agencies and professionals.
- Differences are reduced by clarity about roles and responsibilities, the ability to discuss and share problems, and by effectively networking.

Cultural Competence

Culturally competent safeguarding practice is essential in achieving the right outcomes, and for improving the well-being of adults from Black, Asian and Minority Ethnic (BAME) communities.

Lack of cultural awareness among practitioners can impact on their ability to effectively work with and support adults, and therefore deal with abuse and neglect appropriately. This can also result in poor practice or interventions, which in turn can reduce trust in statutory agencies and create barriers for engagement with and from minority ethnic communities.

It is important therefore that practitioners are sensitive to differing family patterns and lifestyles that vary across different racial, ethnic and cultural groups. At the same time they must be clear that abuse or neglect cannot be condoned for religious or cultural reasons.

All practitioners working with adults at risk and their carers whose faith, culture, nationality and recent history differs significantly from that of the majority culture, must be professionally curious and take personal responsibility for informing their work with sufficient knowledge (or seeking advice) on the particular culture and/or faith by which the adult and their family or carers live their daily lives.

Practitioners should be curious about situations or information arising in the course of their work, allowing the family to give their account as well as researching such things by discussion with other practitioners, or by researching the evidence base. Examples of this might be around attitudes towards, and acceptance of, services e.g. health and dietary choices.

In some instances reluctance to access support stems from a desire to keep family life private. In many communities there is a prevalent fear that social work practitioners will negatively interfere, and there may be a poor view of support services arising from initial contact through the immigration system, and, for some communities – particularly those with insecure immigration status – an instinctive distrust of the state arising from experiences in their country of origin.

Practitioners must take personal responsibility for utilising specialist services. Knowing about and using services available locally to provide relevant cultural and faith-related input to prevention, support and rehabilitation services for adults (and their family) will help support practice.

This includes:

- Knowing which agencies are available to access locally (and nationally).
- Having contact details to hand.
- Timing requests for expert support and information appropriately to ensure that assessments, care planning and review are sound and holistic.

Often for BAME communities, accessing appropriate services is a consistent barrier to them fully participating in society, increasing their exclusion and potential for victimisation.

Social Graces

The term ‘Social Graces’ is a mnemonic to help us remember some of the key features that influence personal and social identity. This helps to prompt a professional to have discussions with an adult in a more inclusive way, which in turn may help to improve their understanding of that person’s life circumstances and risks they may be facing:

G Gender and Geography
R Race and Religion
A Age, Accent, Appearance and Ability
C Class and Culture
E Ethnicity, Education and Employment
S Sexual Orientation and Spirituality

Read here for more information: Social Graces: A practical tool to address inequality *www.basw.co.uk*

The Challenge of Engagement and Self-Neglect

When an adult is self-neglecting, relationship based work becomes crucial and having one worker as a single point of contact may be beneficial.

Using the label "hard to engage" is damaging and may result in other professionals believing there is little point in attempting to do so, and therefore should be avoided ("seldom heard" may be a more appropriate term).

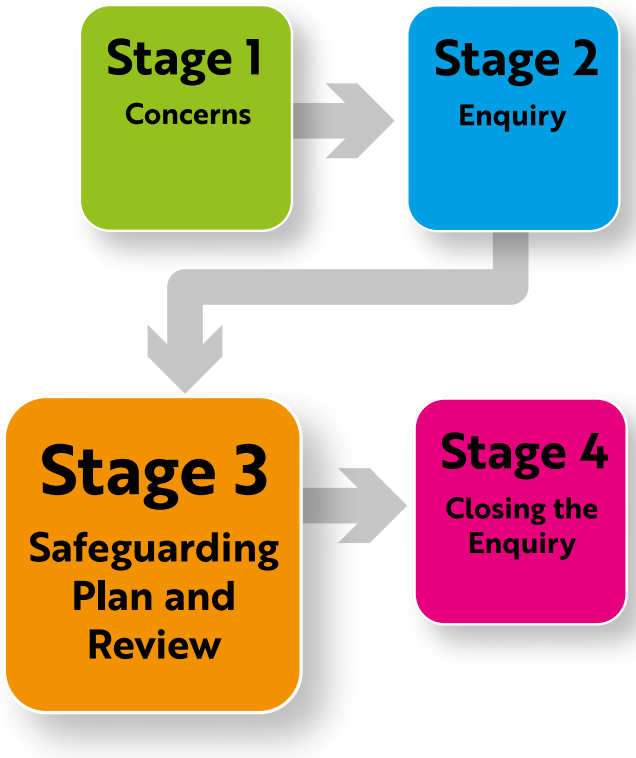
Practitioners should work together if one is struggling to achieve meaningful engagement with the adult, as another may still be able to take the lead on behalf of an Enquiry Officer in managing and monitoring risk.

Practitioners should also consider the following in helping to improve engagement with adults:

1. Creative, flexible and imaginative ways to communicate with adults, including working with faith, community leaders and non-safeguarding practitioners to achieve the best outcomes.
2. Producing information in a number of ways to meet individual needs.
3. Involving family members appropriately to help support adults.
4. The use of advocacy to engage with adults.
5. Training staff to enable and improve engagement with adults.

https://liverpoolsab.org/professionals/local-policies-and-procedures/

Liverpool Adult Safeguarding Pathway[1]



11. Safeguarding Plan

11.1 What is a safeguarding plan?

A safeguarding plan is the agreed set of actions and strategies that are designed to support and manage ongoing risk of abuse or neglect for an adult with care and support needs.

The purpose of an adult safeguarding plan is to formalise and coordinate the range of actions to protect the adult, and to support the adult to recover from the experience of abuse or neglect. Adult safeguarding plans should be individual, person-centred and outcome focused.

In relation to the adult this should set out

- what steps are to be taken to assure their 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; appointment of an OPG 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; and,
- any action to be taken in relation to the person or organisation that has caused the concern.

The Local Authority will take responsibility for organising and coordinating the formulation of the adult safeguarding plan.

Care Act statutory guidance does not specify who or which agency should be responsible for monitoring and reviewing adult safeguarding plans. However, for all adult safeguarding plans, a lead professional should be identified who will monitor and review the plan. In most cases this will be the Responsible Manager from the Local Authority.

The adult safeguarding plan should identify who is involved in the plan and outline individual roles and responsibilities in relation to the plan.

The adult safeguarding plan should follow naturally from concluding the adult safeguarding enquiry and decisions on what actions are required in the adult's case. There should be no delay between concluding the enquiry and formulating the plan.

A safeguarding plan should be formulated within 28 days, the same timescale for the enquiry to be completed.

Timescales for monitoring and review of the plan should be set individually when formulating the plan and should reflect the circumstances and level of risk involved.

The purpose of reviewing a safeguarding plan would be to:

- Evaluate the effectiveness of the safeguarding plan.
- Evaluate whether the plan is continuing to meet / achieve the adult's outcomes.
- Evaluate levels of current and ongoing risk.

A Safeguarding Plan can be reviewed as often as required until the plan no longer requires review, is no longer needed, or the actions within the plan can be incorporated into other care and support processes. Within 3 months the actions within safeguarding plan review would generally be incorporated into the care and support plan if these actions are still required.

Be aware: if further safeguarding concerns come to light during the safeguarding plan review, then a new safeguarding concern / enquiry may need to be instigated.

Adult safeguarding plans should be made with the full participation of the adult, or their representative or advocate as appropriate. Wherever possible, adult safeguarding plans should be designed to reflect and aim to achieve the desired outcomes of the adult. Adult safeguarding plans should not be paternalistic or risk averse. Plans should reflect a positive risk-taking approach and be clear how the plan will promote the wellbeing of the adult.

Where actions in the safeguarding plan are about them. The adult needs to consent to the actions within the safeguarding plan, or, if they lack capacity, the actions need to be in their best interests. Legal advice should be sought if there is a dispute that cannot be resolved or if there is an objection from the adult.

11.2 Multi-Agency Adult Safeguarding Meeting

When the enquiry is reaching its conclusion a multi-agency safeguarding meeting may be required. The overarching purpose of a Multi-Agency Adult Safeguarding Meeting is to bring together all of the relevant stakeholders, so that information and intelligence can be shared to determine what the appropriate actions should be to "sufficiently reduce or remove the risk to the adult" (although it may also be appropriate for this to 'remain' in some circumstances).

This is a shift in terminology and emphasis away from trying to 'substantiate' reports of abuse, which can become combative between professionals and agencies, detracting from the efforts to improve the adult's wellbeing and safety.

The Safeguarding meeting will also consider and review the safeguarding plan in place.

11.3 When might a Multi-Agency Adult Safeguarding Meeting be needed?

A Safeguarding Meeting may not be necessary in relation to all Section 42 Safeguarding Enquiries, but the following points should be used to help determine if one is required:

1. Where the health and safety of the adult is, or maybe compromised, and a detailed (or initial) safeguarding plan is required.
2. Where there have been previous Safeguarding Concerns and the issues have been repeated, and or, the risks are more acute than previously thought.
3. Where multiple agencies (including providers) are needed in providing support and or protection, and there is a need to co-ordinate actions.
4. In organisational or institutional cases where other adults are at risk of abuse or neglect. This may include where issues have affected residents of other Local Authorities.
5. Where the abuse involved a member of staff/volunteer (position of trust), and this brings into question the safety of other adults, and or the service.
6. Where there is the potential for parallel or overlapping criminal investigations by Police. In some instances, a Safeguarding Meeting may be required at short notice **(1 day)** following on from the Safeguarding Enquiries, if the issues identified place the adult at significant risk of harm, otherwise this should be arranged within **5 working days** of a decision being made that one is necessary. With this in mind the following points made under each of the six Safeguarding Principles should be followed to ensure that Safeguarding Meetings are utilised effectively and consistently.

Safeguarding Principle - Empowerment

What does this means for the professionals: Adults are encouraged to make their own decisions and are provided with support and information.

What does this mean for the adult:

"I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens"

The Team Manager (or the person they have delegated to) who is setting up and chairing a Safeguarding Meeting must ensure that the adult's views, wishes and opinions are effectively represented, and conduct the meeting in an appropriate manner, using appropriate adaptations if required, allowing for the full participation of the adult and or their representative(s).

If the adult does wish to attend the following points must be born in mind:

- The adult can bring someone to support them at the meeting. This might be a family member, friend or an Advocate. The chair should be notified if the person wants to bring someone to support them so this can be considered. The chair will make the final decision around who should be in attendance at the meeting.
- The meeting is about the adult and their views and wishes. The Chair of the meeting must ensure these are heard and listened to by everyone else.
- The meeting may need to decide what actions need to be taken, and by who, to make the adult safer and improve their wellbeing. This will be a group decision and the adult's views will form part of this decision.
- A Safeguarding Plan may be agreed - this is about how the adult wants to be supported to be safe. Decisions about the adult's welfare or care will need to be agreed with them.
- If the adult has been assessed as not having mental capacity to make a particular decision at that time, then it will need to be made in their 'best interests', and their views, wishes, feelings and beliefs must still be taken into account. Such decisions must be made in line with the Mental Capacity Act 2005 (Mental capacity should be carefully considered during every safeguarding enquiry

If the adult does not wish to attend they may:

- Give their views in writing, or
- Ask someone to attend on their behalf, for example an advocate, friend or family member, or
- Ask the Safeguarding social worker or Manager overseeing the enquiry to pass on their views.

Local Government Association - Making Safeguarding Personal Toolkit : https://www.local.gov.uk/msp-toolkit

Safeguarding Principle - Prevention

What does this means for the professionals: Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.

What does this mean for the adult:

"I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help"

11.4 What the Safeguarding Meeting should consider?

- The longer-term ongoing support the adult will need.
- What learning can be shared across agencies to help prevent further re-occurrences. This is also linked to Section 44 of the Care Act 2014 - if the criteria for a Safeguarding Adults Review (SAR) is met.
- What training or education is needed to help prevent further re-occurrences of abuse.
- How information should be recorded and shared in line with the data protection legislation to help prevent further instances of abuse

Safeguarding Principle - Proportionality
What does this means for the professionals: A proportionate and least intrusive response is made balanced with the level of risk.
What does this mean for the adult:

"I am confident professionals will work in my interest and only get involved as much as needed"

- If the abuse or neglect is unintentional and has arisen because an informal carer is struggling to care for another person. An assessment of both the carer and the adult must be considered in relation to wellbeing principles and duties.

Safeguarding Principle - Protection
What does this means for the professionals: Adults are offered ways to protect themselves, and there is a co-ordinated response to safeguarding.
What does this mean for the adult:
"I am provided with help and support to report abuse. I am supported to take part to the extent to which I want and to which I am able"

- The details of the Safeguarding Concern and how this places the adult at risk of abuse or neglect.
- That there is clarity about the type of abuse that has occurred and that this is recorded effectively, considering types of abuse that are particularly under-recorded:
- Organisational Abuse
- Discriminatory Abuse
- Modern Slavery
- Domestic Abuse.
- How a Safeguarding Plan will be delivered to reduce or remove the risk of harm to the adult, and or others.
- Any potential risks to children and young people (or other adults at risk) and agreement on who will arrange a Child Protection referral, where necessary.
- The link with other key processes and procedures e.g., personnel issues (including referrals to the Disclosure and Barring Service or a professional or regulatory body);

Safeguarding Principle - Partnerships

What does this means for the professionals: Local solutions through services working together within their communities.

What does this mean for the adult:

"I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation"

Police investigations; other regulatory processes such as PSIRF.

- How everyone involved in the enquiry will deliver the actions that are agreed as a result of the enquiry in a manner consistent with Making Safeguarding Personal

Safeguarding Principle - Partnerships

What does this means for the professionals: Accountability and transparency in delivering a safeguarding response.

What does this mean for the adult:

"I am clear about the roles and responsibilities of all those involved in the solution to the problem"

principles (MSP) and that the adult's views and wishes are achieved as agreed.

- That arrangements are in place to give feedback to the person raising the Safeguarding Concern if they are not in attendance at the Safeguarding Meeting.
- How partners are going to monitor and measure the delivery of the agreed actions with MSP in mind.
- Issues relating to inequalities and or potential discrimination are identified and taken account of.

11.5 Who can convene a Multi-Agency Adult Safeguarding Meeting?

The Local Authority can convene a Multi-Agency Adult Safeguarding Meeting.

11.6. Who should attend a Multi-Agency Adult Safeguarding Meeting?

- There are a wide range of people who may be required to attend a Safeguarding Meeting, including, but not limited to:
- The adult and or their representative (see 2.1).
- The Team Manager / senior practitioner or their equivalent.
- The Safeguarding Enquiry Officer usually the allocated social worker
- The person who raised the Safeguarding Concern (if they are a professional).
- Police manager.
- Other criminal justice agencies.

- NHS Trust manager and or relevant specialist.
- GP
- Care Quality Commission.
- Care Provider agency manager.
- Relevant Liverpool City Council or Integrated Care Board (ICB) Commissioner.
- Quality Assurance or Contracts Officer from Liverpool city Council or Liverpool Place - ICB.
- The person/agency alleged to have caused the harm should have been given the opportunity to submit their representations. If this an agency, then a manager not directly involved in providing care in the case may be invited to attend.
- Any other relevant agency/service representative as deemed appropriate by the person chairing the meeting.

Whoever attends a Safeguarding Meeting should be of sufficient seniority to make decisions within the meeting concerning the organisation's role and the resources they may contribute to the agreed Safeguarding Plan.

Safeguarding Meetings can be formally recorded and minutes taken, which should be shared with those attending. When minutes are taken these should be completed within **5 working days** of the Meeting.

Where it is not possible for a minute taker to be arranged then action notes should be taken this will be especially relevant to those enquiries that are less complex but so still require a Safeguarding meeting.

11.7 Practical arrangements

Whilst there is a need to formally record the minutes from Safeguarding Meetings, these should be set up as informally and flexibly as possible to meet the requirements of the adult and or their representative(s), whilst also helping ensure that professionals can contribute when these meetings are being set up at relatively short-notice.

It may be suitable and appropriate to set these meetings up online using video methods, or via telephone, or by being flexible in utilising meeting rooms that are accessible for those involved. Otherwise the chair of the Safeguarding Meeting should consider:

- How to create a comfortable and welcoming environment.
- Whether the adult wishes to have a representative(s) with them and whether they will or should have an active or silent role. The chair should be notified if the person wants to bring someone to support them so this can be considered. The chair will make the final decision around who should be in attendance at the meeting.
- Any communication requirements or other accessibility issues.
- Location of facilities such as refreshments and toilets.
- How breaks will be agreed, if needed.
- Arrangements should the adult require a break or wish to clarify any points covered in the meeting.
- The adult and their representative(s) should not be required to join a room where other attendees have previously gathered, and where possible they should be in the room before other attendees join, having met and had a chance to talk with the chair ahead of the meeting.
- Meetings can also be in multiple parts to make them less intimidating (smaller groups) and more manageable for the adult, and include a separate and wider 'professionals' meeting.

Where the venue is the adult's own home, consideration should be given to how their home will be treated with respect.

11.8 Feedback to family members

- Depending on the circumstances it may be necessary to discuss the findings and the outcome with family members so that they are equipped with the relevant information to develop or be part of safeguarding plans.
- it may not be appropriate to disclose who raised the safeguarding concern
- it is not appropriate to disclose that the concern was raised by a whistle blower. Any staff/former member who is acting within a whistleblowing capacity will be referred to as an anonymous referrer to ensure their identity is protected
- all disclosures / sharing of information should be risk assessed
- the sharing of personal information must always be discussed with your manager, legal services or data protection officers within the authority and must not breach the General Data Protection Regulations 2018 and the Data Protection Act 2018.

For further information, please refer to General Data Protection Regulation and the Data Protection Act 2018.

11.9 Feedback to people alleged to have caused harm

The principles of natural justice must be applied, consistently with the overriding aim of safety and the requirements of the GDPR. An evaluation should be carried out as to whether it is safe to share information about the concern with the person allegedly responsible. If the adult at risk has capacity, their informed consent should be sought before sharing information with the person allegedly responsible. However, where the sharing of information to prevent harm is necessary, lack of consent to information sharing can be overridden. It may be a necessary part of a safeguarding enquiry to put information to the person allegedly responsible, where it has not been possible to obtain consent to this.

Providing information on the nature and outcomes of concerns to people alleged to have caused harm also needs to be seen in the wider context of prevention; for example, information can be used to support people to change or modify their behaviour. The person/organisation that is alleged to be responsible for abuse and/or neglect should be provided with sufficient information to enable them to understand what it is that they are alleged to have done or threatened to do that is wrong and to allow their view to be heard and considered. Whilst the safety of the adult remains paramount the right of reply should be offered where it is safe to do so.

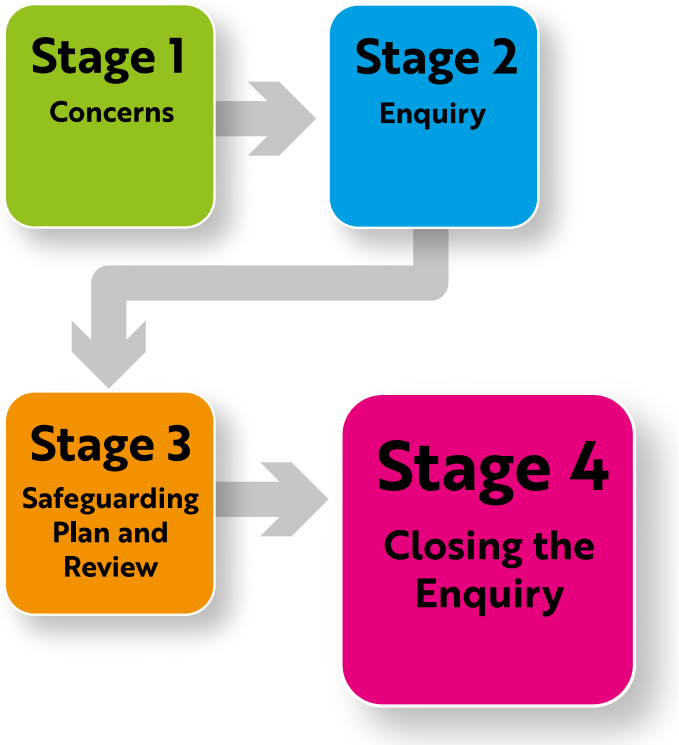
Decision making should take into consideration:

- The possibility that the referral may be malicious
- The right to challenge and natural justice
- Whether there are underlying issues for example employment disputes
- Family conflict
- Relationship dynamics
- Whether it is safe to disclose particularly where there is domestic abuse
- Compliance with the Mental Capacity Act 2005

Feedback should be provided in a way that will not exacerbate the situation or breach the GDPR. If the matter is subject to police involvement, the police should always be consulted so criminal investigations are not compromised. The Local Government Ombudsman and the Parliamentary and Health Ombudsman are both useful sources to explore case examples. The Information Commissioner provides advice on sharing information.

Stage 4: Closing the Enquiry

Liverpool Adult Safeguarding Pathway [1]



12. A Safeguarding Concern/Enquiry can be closed at any of the previous three stages of the procedure.

However, the following points should be used as a checklist to ensure the procedure has been closed effectively and appropriately:

- Anyone involved in the Safeguarding Concern/Enquiry should be advised on how and who to contact if there are further concerns about the adult at risk.
- There should be agreement on how any further concerns will be followed up.
- 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 relevant manager responsible should ensure that all actions have been taken, building in any personalised actions:

- 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 (this is very important).
- Action taken with the person alleged to have caused harm.
- Action taken to support other adults .
- Referral to children and young people made (if necessary).
- Outcomes noted and evaluated by adult at risk.
- Consideration for a Safeguarding Adults Review (SAR).
- Any lessons to be learnt.

The relevant team manager (or the person they have delegated to) may decide to convene a final multi-agency safeguarding meeting at the closure stage so that the Safeguarding Enquiry process can be reviewed, to ensure that the “risk to the adult has been sufficiently reduced, or removed” (although it may also be appropriate for

this to 'remain' in some circumstances), before being closed. The guidance above in relation to Safeguarding Meetings remains relevant when calling a final multi-agency safeguarding meeting.

This will not always be required, but may be useful in the following circumstances:

1. To ensure that in the most complex cases the risk management arrangements that have been put in place are being effective.
2. Where multiple agencies (including providers) have been involved in offering support and or protection, and ongoing co-ordination is required.
3. In organisational or institutional cases where other adults may also have also been at risk of abuse or neglect. This may include where issues have affected residents of other Local Authorities.
4. Where the abuse involved a member of staff/volunteer (position of trust), and this brought into question the safety of other adults, and or the service.
5. Where there may have been multiple ongoing enquiries by different organisations or other processes, including by Police and the Pressure Ulcer Panels.
6. To consider if other legal or statutory actions or redress are needed. This may include a referral for a Safeguarding Adults Review (SAR - s.44 Care Act 2014).

12.1 Prevention

We can all help to prevent adult abuse and neglect by supporting the delivery of these key objectives:

1. Improve public awareness

This can be achieved by helping to support awareness building campaigns and by signposting adults to appropriate sources of information. One easy way to do this is by

2. Identify adults who may be at increased risk

There are many factors which might increase the risks of adult abuse and neglect including: older age; physical, mental, sensory, learning or cognitive illness or disability; and having to rely on others for health and social care support.

3. Identifying and responding effectively to abuse

Organisations and individuals working to improve their understanding and early identification of the different types of adult abuse, so that an effective response can be achieved in conjunction with the adults views and wishes.

4. Consistent and widespread application of policies and procedures

It is important for organisations delivering services to adults to have appropriate policies and procedures which are developed in line with guidance from the Lewisham Safeguarding Adults Board and embedded into the practice of all professionals. See: Pathway Resources

5. Focus on equality and narrowing inequality

Adults from financially deprived backgrounds are more likely to become an 'identified' victim of adult abuse and neglect, and it is less likely that an adult from some ethnic minority communities will be engaged with statutory services in Lewisham. All professionals can help to improve reporting and equal access to protective services.

This Government Guidance provides some excellent information and resources to help reduce inequality: Inclusion Health: Applying All Our Health (May 2021)

6. Help adults to protect themselves

Every organisation delivering services to adults at risk of abuse and neglect can identify ways in which they can help to inform, and support adults in protecting themselves from abuse.

7. Provide information, advice and advocacy

Individual organisations will know the communication needs of their client groups, and as such are best placed to provide bespoke adult safeguarding information in the most appropriate formats, methods and languages. See: Pathway Resources

More information on the Statutory Advocacy Provider in Lewisham can be found here: *https://www.pohwer.net/lewisham*

8. Provide access to training and education

Organisations have a responsibility to provide access to up to date and relevant adult safeguarding training for their staff and volunteers, and additional support for the person (s) responsible for leading on this subject within that agency.

9. Support broader wellbeing strategies

There is a clearly established link between the prevention of adult abuse and broader health and wellbeing strategies, including the reduction of social isolation and loneliness. Organisations can help to engage adults in these types of strategies, which will also indirectly help to prevent adult abuse.

Please let us know if you have any thoughts or ideas in relation to prevention.