Suffolk
Safeguarding Adults Board

Multi-Agency Safeguarding Policy

Policy Version History

Date	Version	Amendments	Lead
31 December 2018	V 0.1	Draft new policy	SAB Working Party
3 January 2019	V 0.2	Minor changes to sections and format. Additional information added.	SAB Working Party
18 January 2019	V 0.3	Formatted by SAB central team	SAB Team
3 February 2019	V 0.4	Minor Updates	SAB Team
7 February 2019	V 0.5	Flow Chart Added	SAB Team
12 February 2019	V 0.6	Addition of section Five	SAB Team
18 March 2019	V 0.7	Updates Post Consultation (1)	SAB Team
28 March 2019	V 0.8	Updates Post Consultation (2)	SAB Team
28 March 2019	V1	Approved at SAB Board Meeting	SAB Team

Contents

1.0 Introduction

This multi-agency policy aims to ensure that for each adult with care and support needs in Suffolk:

- Their chosen outcomes are at the heart of the safeguarding process;
- The safeguarding process is always more focused on the adult than on processes;
- Their dignity and respect are central to all professional practice.

With organisations across Suffolk working together, we aim to:

- Prevent and protect adults with care and support needs from abuse;
- Empower and support adults to make their own choices;
- Make enquiries and take action about actual or suspected abuse and neglect;
- Support adults and provide a service to those who are experiencing, or who are at risk of, abuse, neglect or exploitation;
- Share information in a timely way;
- Co-operate with each other to safeguard adults with care and support needs.

Suffolk's Multi-Agency policy incorporates of all key legislation applicable to safeguarding adults (**see Appendix 1**), predominately the Care Act 2014, which sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

This policy should be used in conjunction with partner organisations' adult safeguarding policies and procedures and related issues, such as domestic violence and abuse, fraud, disciplinary procedures, allegations management and health and safety.

2.0 Making Safeguarding Personal

Suffolk Safeguarding Adults Board will ensure that safeguarding is person-led and outcome-focused.

As far as possible, every safeguarding intervention engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control; as well as improving their quality of life, wellbeing and safety. Where this is not undertaken reasons why need to be recorded. It is an approach that sees people as experts in their own lives. Through using Signs of Safety and solution-focused approaches, we keep the person at the centre of the process and respect them as experts in their own lives.

In discharging their responsibilities, signatories to this policy undertake to:

- Work with adults (and their advocates or representatives if they lack capacity) at the beginning of any safeguarding adult concern to identify the outcomes they want to achieve.
- Review with the adult at the end of the safeguarding activity to what extent their desired outcomes have been achieved.
- Develop a range of clear, well-defined and appropriate responses that focus on supporting the adult to meet their desired outcomes and reduce the risk of recurrence of abuse.
- Record and review the outcomes in a way that will inform practice and provide feedback to the Suffolk Safeguarding Adults Board.

Examples of outcomes people might want to achieve, are:

- Feel safer.
- Maintain a key relationship.
- Make new friends.
- Have help to recover.
- Have access to justice or an apology, or to know that disciplinary or other action has been taken.
- Know that this won't happen to anyone else.
- Maintain control over the situation.
- Be involved in making decisions.
- Have exercised choice.
- Be able to protect themselves in the future.
- Know where to get help.

Making Safeguarding Personal aims to facilitate a shift in emphasis in safeguarding adults from undertaking a **process** to a commitment to ***improving outcomes*** alongside people experiencing abuse or neglect. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, exploring with them (and their representatives or advocates if they

lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which **desired outcomes have been realised.**

To further support improving outcomes and making the safeguarding adult process more personal, a list of other services that can support individuals is available in the Suffolk Safeguarding Adults Framework.

There are four key questions that underpin the Signs of Safety approach and every conversation (especially at the very beginning of any safeguarding adult concern), should include them to ensure that the focus is on the individual and what they want.

The questions are:

What are we worried about

- Who is worried? (the person themselves; carer; family member; professional; wider network).
- What are they worried about?
- What is the impact of the worry on the person's life?
- What will happen if nothing changes?

What is working well?

- Who is doing what that is useful in ensuring safety and wellbeing currently?
- Who is already involved from the naturally connected network (family, friends, neighbours, in the local community?)

What are we hoping to achieve?

- What will the person's life be like when the worry has been sorted?
- How will they, and the people around them, be behaving differently?
- What will the professionals see happening that will tell them that the person is safe and well?

What needs to happen?

- Who will need to do what in order to achieve the goals that have been agreed?
- What will the person themselves do; what will the people in the naturally connected network be doing? What will professionals need to do?
- What will tell us that the goals have been achieved and are sustainable (so that the worry will not return)?

Wellbeing Principle - Practitioners responding to safeguarding concern must also ensure that the persons wellbeing is taken into consideration. The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. The wellbeing principle applies in all cases, whether carrying out any care and support functions, or making a decision around safeguarding. It applies equally to adults with care and support needs and their carers.

Wellbeing is a broad concept, and it is described as relating to the following areas in particular:

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

3.0 Vision, Mission, Values and Pledges

Our Vision: Working together to keep adults safe.

Our Mission: The partnership will work at all levels across organisational and professional boundaries.

Our Values: Respect, Honesty, Trust, Integrity.

Our Pledge: We promise to:

- Be inclusive and supportive.
- Actively listen and understand.
- Be accountable and hold others to account.
- Continually improve how we work together to keep adults safe.

The Suffolk Safeguarding Adults Board's Vision, Mission and Values are underpinned by the six principles of safeguarding adults which should inform and guide the ways in which professionals and other staff work with adults, these are**:**

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

A link to the Suffolk Safeguarding Adults Board's Vision, Mission & Values is included here:

https://www.suffolkas.org/assets/About-Us/Priorities-and-Vision/2019-02-12-Adult-Safeguarding-Vision-Board-5727-V7.pdf

4.0 What is Safeguarding?

The Care Act statutory guidance defines Adult Safeguarding as; '*Protecting an adult's right to live in safety, free from abuse and neglect*."

Safeguarding Adults is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The six Care Act Principles for adult safeguarding must be applied within all health and care settings. Suffolk has these principles fully embedded into its Vision, Mission and Values (see previous section).

4.1 Meeting the Safeguarding Criteria

Where concerns are received, a local authority must act when it has 'reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

An adult who meets the above criteria is known as an "***adult at risk***".

In addition, safeguarding duties also apply to ***family carers*** experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations they are in contact with. As well as ***victims of domestic abuse or modern slavery*** who are not in receipt of care and support.

Where adults are at risk of abuse, who do not meet the safeguarding criteria, there are agencies that can help, even if a formal safeguarding response is not triggered. (A list of Support Services/Referral Agencies are included within the Suffolk Safeguarding Adults Framework, to which a link is included on Page 10 below).

Practitioners need to be mindful that a local authority safeguarding response is not the only, or always the most appropriate, response to keeping people safe. Therefore, practitioners need to identify the most appropriate agency to respond.

A local authority has duties to promote an individual's wellbeing, to prevent or delay care needs from developing, and to assess someone if there are safeguarding concerns and it appears that the person may have care and support needs.

4.2 Safeguarding Enquiries

Safeguarding Enquiries are the mechanism by which local authorities respond when adults with care and support needs in their area are harmed or are at risk of harm.

Where it is appropriate to do so, the Care Act encourages local authorities to ask provider organisations to lead on Safeguarding Enquiries if abuse is alleged to have occurred, for example, in one of their care homes or hospitals. Health and social care providers should be clear with local authorities if they do not feel it is appropriate for them to lead an enquiry.

4.3 Types of Abuse

The Care Act's statutory guidance lists 10 types of abuse but states that abuse or neglect should not be limited to these types, or the different circumstances in which they can take place. These are:

- Discriminatory Abuse or Hate Crime.
- Domestic Abuse.
- Financial or Material Abuse.
- Modern Day Slavery.
- Neglect and Acts of Omission.
- Organisational Abuse.
- Physical Abuse.
- Psychological Abuse.
- Self-Neglect & Hoarding.
- Sexual Abuse.

Abuse can consist of a single or repeated act(s); it can be intentional or unintentional or result from a lack of knowledge. It can affect one person, or multiple individuals. Professionals and others should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

Details on each abuse type, including definitions, actions to take and support agencies, are included within Suffolk Safeguarding Adults Framework:

https://www.suffolkas.org/assets/Working-with-Adults/Policies-and-Procedures/Policy-Updates/2019-02-12-Adults-Safeguarding-Framework-5727-V5.pdf

4.4 Who might abuse?

Anybody can abuse, this may also include incidences when one adult is abused by another person, as well as mutually abusive relationships that involve two or more adults. The abuser is frequently, but not always, known to the adult they abuse and can include spouses/partners, other family members, neighbours or friends, acquaintances, paid staff or professionals, volunteers and strangers, or people who deliberately exploit adults at risk.

4.5 Why might abuse occur?

Abuse can occur for many reasons, but the risk is known to be greater when:

- The person is socially isolated.
- A pattern of family violence exists or has existed in the past.
- Drugs or alcohol are being misused.
- Relationships are placed under stress.
- The abuser or victim is dependent on the other (for finance, accommodation, or emotional support).

Where services are provided, abuse is more likely to occur where staff are:

- Inadequately trained.
- Poorly supervised and managed.
- Lacking support.
- Working in isolation.

Other factors increasing the likelihood of abuse and neglect occurring are:

- Where the person has an illness, which causes unpredictable behaviour.
- Where the person has communication difficulties.
- Where the person exhibits challenging behaviour or major changes in personality, disorientation, aggression or sexual disinhibition.
- Where the person concerned needs or requests more than the carer can give.
- Where the family undergoes an unforeseen change in circumstances, e.g. sudden illness, unemployment, bereavement or divorce.
- Where a carer has been forced to change his or her lifestyle unexpectedly as a result of caring.
- Where a carer is isolated and can see no end to, or relief from, caring.
- Where a carer experiences regularly disturbed nights.
- Where the carer has their own health-related difficulties.
- Where the carer is dependent on the victim.
- Where the carer is physically, emotionally or practically unable to care for the individual.

- Where there has been a reversal of role and responsibilities.
- Where there are persistent financial problems.
- Where other relationships are unstable or placed under pressure by caring.

4.6 Prevent

Prevent is safeguarding, it is about safeguarding people and communities from the threat of terrorism, including supporting people who are at risk of being drawn into terrorist or extremist activity.

Does someone have an ideology or set of beliefs?

What is an ideology: an ideology is a set of extreme beliefs that an individual or group can hold in order to influence the government or to intimidate the public in the purpose of advancing their cause. This can include:

- **Islamist terrorists**: establishing caliphate, implementing sharia law and strict Wahhabism.
- **Extreme right wing**: anti-communism, neo-fascism, neo-nazism, racism, anti-semitism, xenophobia and opposition to immigration.
- **Extreme left wing:** animal rights, anti-government, environmental, anarchist, socialism and Marxism.
- **Others:** these can include lone actors, school shooter threats or those who may have a variety of grievances, which may not fit into a particular ideology or belief.

There is a separate process for referrals for Prevent, please follow the link below for more information.

https://www.suffolkas.org/safeguarding-topics/prevent-and-vulnerable-to-radicalisation/

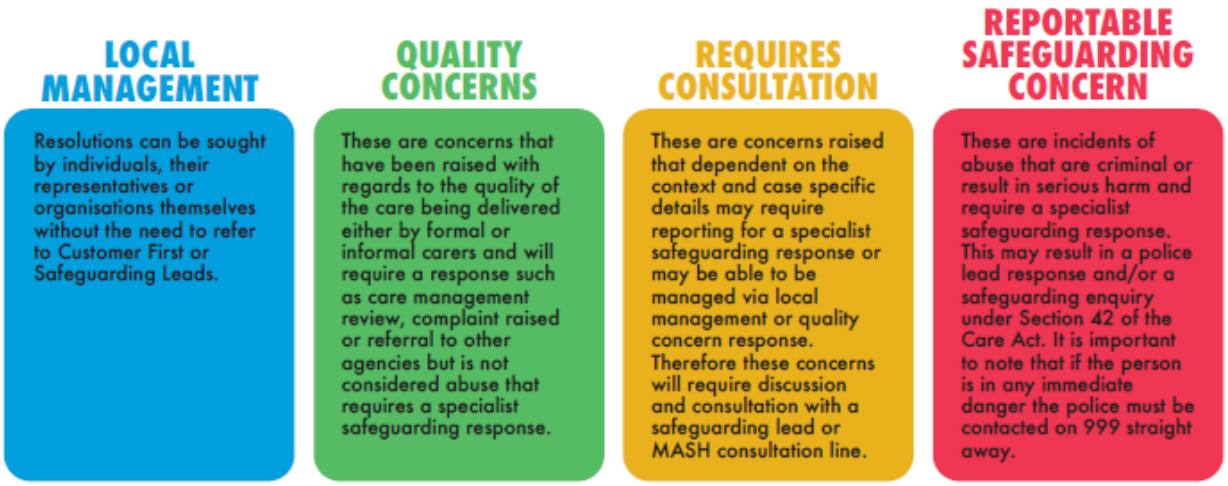
5.0 How to Respond – Stages of the Safeguarding Adults Process

Suffolk Safeguarding Adults Board will ensure that safeguarding is person-led and outcome-focused. As far as possible, every safeguarding intervention engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving their quality of life, wellbeing and safety.

How to respond:

Each safeguarding concern is individual:

1. A safeguarding concern is identified or is suspected.
2. The practitioner will discuss the concern with the adult at risk and gather their views of what they would like to happen. We recommend using Signs of Safety and a solution-focused approached, as this keeps the adult at the centre of the process and respects them as experts in their own lives. Where it is not possible to seek the adult's views, the reasons why, need to be recorded in the adult's records.
3. The Practitioner should consult the Suffolk Safeguarding Adults Framework. The Framework will help identify the abuse type and what, if any, interventions are required. However, practitioners should always use their knowledge, skills and professional judgement in deciding what actions to take. The decision-making process must always be recorded in the adult's notes or records, even if no intervention has occurred. Individual cases may not sit within one specific abuse type, or one category, and practitioners will need to ensure that they have a full understanding of the situation to inform their decision-making process and identify the support or interventions required.
4. Practitioners should use the Framework and Safeguarding Journey to guide their management of the individual case.
5. There are four possible ways in which professionals may respond to concerns as detailed below.
6. Advice and support can always be sought from your organisations safeguarding lead or the MASH consultation line **03456 061 499**. Doing nothing is not an option.



Non Section 42 Enquiries

In some circumstances the local authority may undertake a safeguarding enquiry if the local authority believes it is proportionate to do so and will enable the local authority to promote the person's wellbeing and support a preventative agenda in relation to non-section 42. This is in line with Section 14.44 of the Care Act. These enquiries may relate to examples where concerns have been raised about the conduct of a professional, and therefore relates to their role in a position of trust or an adult who has support needs but no obvious care needs.

6.0 Mental Capacity, Consent and Deprivation of Liberty

The Mental Capacity Act 2005 provides a statutory framework for people who lack the mental capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future.

The Act is supported by a Code of Practice, which provides guidance to anyone working with adults who may lack capacity and describes their responsibilities when acting on behalf of adults who lack the capacity to make decisions for themselves. A copy of the Code can be accessed here: MCA Code of Practice

Whenever the term 'a person who lacks capacity' is used, it means a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken.

This reflects that some people:

a) may lack capacity to make some decisions for themselves, but will have capacity to make other decisions;

b) may lack capacity to make a decision for themselves at a certain time but may be able to make that decision at a later date;

c) who usually lack capacity to make most decisions may learn new skills that enable them to gain capacity and make decisions for themselves.

The Act is underpinned by five statutory principles which are summarised as follows:

- **A presumption of capacity.** Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

- **Help with decision-making**. People have the right to be supported to make their own decisions. People must be given all appropriate help before anyone concludes that they cannot make their own decisions.

- **Unwise decisions.** That individuals must retain the right to make what might be seen by others as eccentric or unwise decisions **and** that making what is perceived by others as an unwise or eccentric decision does not mean on its own, that a person does not have the mental capacity to make that particular decision.

- **Best interests**. Any act done or action taken for or on behalf of people without the capacity to consent must be in their best interests.

- **Least restrictive intervention.** Any act done or action taken for or on behalf of people without the capacity to consent, made in their best interests, should be the least restrictive of their basic rights and freedoms.

The Act requires that **all practicable steps** be taken to help a person make their own decisions, before they can be regarded as lacking capacity. All relevant information that will assist them should be provided, in a way that the person understands, enabling them where possible to make the decision. The most appropriate method of communication must be used to assist the service user to make their own decision.

The starting point must always be that a person has the capacity to make a specific decision at the time that it is required to be made, however it is important that an assessment of capacity is carried out where doubt exists about a person's ability to make a particular decision, this is because:

- a person who is assessed as lacking capacity may be denied their right to make a specific decision, particularly if others think that the decision would not be in their best interests or could cause harm; and
- if a person lacks capacity to make specific decisions, that person might make decisions they do not really understand. Again, this could cause harm or put the person at risk.

Staff responsible for undertaking the capacity assessment will be the professional who is proposing the specific action and will be the 'decision maker' responsible for making the final decision about a person's capacity.

The autonomy of an adult with capacity should be respected including their right to make what others might consider to be an "unwise decision." Staff should be mindful that this does not always mean that no further action is required, and efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated.

When assessing mental capacity, it is good practice to consider whether the person has the ability to act on a decision that they have made – this is known as "executive capacity." In some situations, an individual may have the mental capacity to make the decision but may lack the ability to execute their decision, hence the requirement to assess both their decisional and executive capacity.

If the person is assessed as not having capacity, then any decisions should be made following the best interests process, which includes taking into account the person's views and taking the least restrictive action. An Independent Mental Capacity Advocate (IMCA) should be instructed where the statutory conditions are met, and the inclusion of an informal advocate should be considered where appropriate to do so.

The best interest's principle applies to any decision made on behalf of someone where there is reasonable belief that the person lacks capacity under the Act. This includes day-to-day decisions and actions as well as more serious decisions that are made by the courts. It is therefore important that members of staff record why they think a specific decision is in the person's best interests. This is particularly important if the decision that is made is contrary to the views of somebody who has been consulted while working out the decision to be made in the person's best interests.

In many situations, the best interest's decision will be made reasonably informally. However, where the risks are great, the decision that is required to be made is complex, there are many people involved or where significant disagreement is anticipated, then it

may be more appropriate for the decision to be made within the framework of a best interests meeting.

Within day-to-day decision making and more complex situations, the adoption of the "balance sheet" approach for recording the context of best interests' decisions is highly recommended as it provides a coherent format for considering the available options including the pros and cons within a framework which is both robust and transparent.

6.1 Consent and choice

The Oxford English Dictionary defines Consent as *'to express willingness, give permission, agree'.*

Where an adult has mental capacity in relation to relevant decisions, any proposed intervention or action must be with the person's consent, except in the public interest, where other people are affected or circumstances where a local authority or agency exercises their statutory duties or powers.

Any action should not be taken on behalf of an adult who has the capacity to make the decision unless a legal framework exists to do so on their behalf or where the parameters are met within an emergency situation.

For consent to be valid, the person must:

- Have the mental capacity to give consent.
- Be acting voluntarily – they must not be under any undue pressure from anyone else to make a decision.
- Have sufficient, balanced information to allow them to make an informed decision. This includes making sure the person receiving care knows about any risks involved in making the decision and any reasonable alternatives.
- Be capable of using and weighing up the information provided to make the decision.

Staff should be mindful that obtaining consent is an ongoing process and that it cannot be presumed just because it was given on a previous occasion. Staff must get a person's consent on each occasion that it is needed and recognised that people with capacity are entitled to withdraw their consent at any time.

6.2 The Deprivation of Liberty Safeguards - DoLS

The Mental Capacity Act allows restrictions and restraint to be used, but only if they are in the best interests of a person who lacks the capacity to make the decision themselves, and they are proportionate and necessary to the harm that exists.

Where the restraint or restriction exceeds the permission provided by the Mental Capacity Act and equates to a deprivation of liberty, additional authority is required.

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'.

The Deprivation of Liberty Safeguards (DoLS) provides the lawful permission for restraint and restrictions that amount to a deprivation of liberty to be used in hospitals and care homes – where the person lacks the capacity to consent and the arrangements are in their best interests.

The Deprivation of Liberty Safeguards can only be used if a person is in hospital or a care home. If a person is living in another setting, including supported living or their own home, and they lack capacity to consent and the arrangements deprive the person of their liberty in their best interests, authorisation is required via an application to the Court of Protection.

Where a person is deprived of their liberty in hospital and meets the threshold for detention under the Mental Health Act this legislation provides the necessary authority and process to be followed where the arrangements equate to a deprivation of liberty.

The Supreme Court judgment known as P v Cheshire West and Chester 19 March 2014 provided guidance within the 'acid test' to determine whether a person is being deprived of their liberty, which consisted of two questions:

> ***Is the person subject to continuous supervision and control***?
> and ***Is the person free to leave***?

The focus of "*free to leave*" should be not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.

If a person is subject to that level of supervision, and is not free to leave, then it is expected that they are being deprived of their liberty, however each situation needs to be considered on its own merits to ensure that the appropriate permission is provided.

In addition to providing the lawful authority to deprive a person of their liberty where the parameters to do so are met, the Deprivation of Liberty Safeguards clarify the statutory processes that are required to be followed and by whom, the timescales for doing so and the requirements for representation, review and challenge.

Staff need to know when a person who does not have the capacity to consent to their care is being deprived of their liberty, the processes required to seek permission and the actions they need to take within their role.

In Suffolk the route for making a DoLS Referral is through the DoLS Adult Care Portal which can be accessed here.

Staff need to be mindful;

- when a deprivation of liberty may occur and whether the arrangements could be introduced in such a way that is the least restrictive on the person's rights or freedoms.
- that interventions which equate to a deprivation of liberty and which have not received authorisation through the DoLS, Court of Protection or another appropriate arrangement e.g. Mental Health Act; could be unlawful and may result in criticism, complaint or compensation.

7.0 Advocacy

The Care Act 2014 requires that each local authority must arrange, where appropriate, for an independent advocate (or appropriate person) to represent and support an adult who is the subject of a Safeguarding Enquiry or Safeguarding Adults Review (SAR), where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

A person who is engaged to provide care or treatment for the adult in question in a professional capacity or on a paid basis cannot be an advocate. This includes a GP, nurse, key worker or care and support worker involved in the adult's care and support.

The role of the advocate is ***to actively support*** the adult's participation in the safeguarding process. In some situations, it is unlikely that an appropriate person (family member or friend) will be able to do this, for example:

- Where there is a conflict of interest.
- Where they live at distance or only have occasional contact with the individual.
- Where they find it difficult to understand the local authority's processes themselves.
- Where they express their own opinions rather than those of the individual concerned.

Where a person does not want support from family or friends, their wishes should be respected, and an independent advocate should be provided. It is important that advocacy is arranged where appropriate, as the safeguarding process can feel daunting and may lead to some difficult decisions needing to be made or situations being discussed by the person who has been abused or neglected.

The adult must consent to being represented and supported by the advocate. If the adult lacks capacity, the local authority must follow the Mental Capacity Act guidance in relation to determining that it is in the adult's best interests to be represented and supported by the advocate.

The local authority has a separate duty under the Mental Capacity Act to provide an Independent Mental Capacity Advocate (IMCA) in safeguarding enquiries in situations where:

- the person lacks the mental capacity to make the specific decision and they are un-befriended; and/or
- where significant concerns exist regarding the person befriended.

It is important to note that the role of the Independent Mental Capacity Advocate is to support and represent the adult at risk of abuse and neglect within the decision-making process and to ensure that the Mental Capacity Act is being followed appropriately - but they are not the decision-maker.

8.0 Information Sharing and Confidentiality

Early sharing of information is the key to providing an effective response where there are emerging safeguarding concerns. Reluctance about sharing information must not stand in the way of promoting and protecting the well-being of adults at risk of abuse and neglect.

To ensure effective safeguarding arrangements, all organisations that are subject to this policy must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the SAB.

Section 45 of the Care Act 2014 covers information sharing in Adult Safeguarding. The guidance stipulates that whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken.

The key principles of information sharing and confidentiality are laid out in the Care Act 2014 Guidance (Care and Support Statutory Guidance) section (14.150).

The principles set out in the Caldicott Review 2013 require that:

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

8.1 Record keeping

Each agency is responsible for maintaining their own records on work with safeguarding adults' cases. Each agency should have a policy stating the purpose and format for keeping the records and for their destruction. It is suggested that it is good practice for records to be kept for 25 years to enable future scrutiny.

Advice and information regarding records, maintenance and retention must be obtained from those responsible for Data Compliance within each agency.

9.0 Safeguarding Children and Young People

Safeguarding Children is everyone's responsibility.

Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all of those at risk.

Working Together to Safeguard Children statutory guidance (2018) states that when staff are providing services to adults, they should ask whether there are children in the family and consider whether the children need help or protection from harm.

If you have a concern about a child or a young person, you will need to complete and submit a Multi-Agency Referral Form (MARF) using the new secure Suffolk Children and Young People's Portal:

https://earlyhelpportal.suffolk.gov.uk/web/portal/pages/marf

The Children and Young People's Portal is an easy to use, secure space where you can complete and send forms directly to the right children's services team.

If you have an immediate safeguarding concern you should contact Customer First on **0808 800 4005**. This line is open 24 hours a day.

Staff in Children's Services who are monitoring a child at risk of abuse, who is in the transitional period between childhood and adulthood (17-18 years), should make a referral to Adult Community Services via Customer First for a needs assessment, with an alert raised about the need to initiate the safeguarding process.

Where there are ongoing safeguarding issues for a young person, and it is anticipated that on reaching 18 years of age (21 for Children in Care) they are likely to require adult safeguarding. Safeguarding arrangements should be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

- What information/advice the young person has received about adult safeguarding.
- The need for advocacy and support.
- Whether a mental capacity assessment is needed and who will undertake it.
- If Best Interest decisions need to be made.
- Whether any application needs to be made to the Court of Protection.

The Young Carers' (Needs Assessment) Regulations 2015, require local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment. Young carers' assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

10.0 Cross-Boundary and Inter-Authority Adult Safeguarding Enquiries

Many people at risk live in residential settings outside their own placing area. 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.

It is recognised that there is an increased risk to adults who are experiencing or at risk of abuse or neglect, when they are in placements outside their local authority area. Risks may be increased by complicated cross-boundary arrangements, and it would be dangerous and unproductive for authorities, whether local authorities or NHS Bodies, to argue over whose responsibility it is to manage responses to cross-boundary safeguarding concerns and enquiries.

The respective roles of the placing authority (responsible for commissioning and funding the placement) and the host authority (the authority in the area the abuse occurred, whether or not the authority commissions services from the provider involved) are laid out in the ADASS Guidance on Out-of-Area Safeguarding Adults Arrangements (Add link).

The host local authority will be the initial lead in response to the safeguarding concern. They will take immediate action to ensure the safety of the person or arrange an early discussion with the police when a criminal offence is suspected. In summary the host local authority will:

- receive the concern;
- gather initial information;
- take immediate steps to protect the individual;
- notify the placing local authority and gather information from that authority.

11.0 Roles and Responsibilities

This section covers the roles and responsibilities of statutory partners of the Suffolk Safeguarding Adults Board and other key services/individuals involved in adult safeguarding in Suffolk.

11. 1 The adult with care and support needs

Adults with care and support needs who are at risk of or are experiencing abuse or neglect must always be involved in their safeguarding activity unless there are exceptional circumstances that would increase the risk of abuse. This includes knowing a concern is being raised, being central to all decisions including how they view the risk, and their opinions and desired outcomes from the enquiry must be sought. They must be included throughout the process, invited to meetings wherever appropriate, and should be asked at the conclusion if their desired outcomes from the enquiry have been met.

11.2 Carers and Family and Friends

The Care Act recognises the key role of carers in relation to safeguarding. Carers may witness or report abuse or neglect; experience intentional or unintentional harm from the adult they are trying to support, or a carer may (unintentionally or intentionally) harm or neglect the adult they support.

Carers, relatives and friends are frequently helpful in supporting an adult with care and support needs to participate in the adult safeguarding process when dealing with difficult and distressing issues. They may have a range of roles depending on the circumstances and the wishes of the adult with care and support needs, such as.

- Supporting the adult to tell us what their wishes are and to make sure they are heard or speak on their behalf in their best interest if they do not have mental capacity.
- Supporting them through difficult meetings and interviews about distressing experiences.
- Sharing information and knowledge about the risks their relative/friend is experiencing and their support needs supporting an assessment of needs, sometimes this may include their needs as a carer contributing to the Safeguarding Plan to prevent the abuse or reduce the possibility for further abuse.

11.3 Suffolk Safeguarding Adults Board

S43 of the Care Act requires each local authority to set up a Safeguarding Adults Board and also requires that the Clinical Commissioning Groups and the Police are represented on the Board.

The main objective of the Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who have needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the

experience of abuse or neglect.

It oversees and leads adult safeguarding across the County and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. The Safeguarding Board needs intelligence on safeguarding in all providers of health and social care in the county, not just those with whom its members commission or contract. It is important that partners of the Board feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse and neglect.

11.4 The Local Authority – Suffolk County Council

In Suffolk the Local Authority is Suffolk County Council. The Care Act sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect. Local Authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.

The Local Authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The Local Authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under Section 42 of the Care Act to decide what action (if any) is necessary to help and protect the adult and by whom, and to ensure that such action is taken when necessary. In this role if the Local Authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

11.5 Director of Adult Social Services (DASS)

As the chief officer for the lead adult safeguarding agency, the Director of Adult Social Services has a particularly important leadership and challenge role to play in adult safeguarding. They are also responsible for promoting prevention, early intervention and partnership working.

11.6 Suffolk County Council Neighbourhood Teams

The Integrated Neighbourhood Teams bring together Social Care and Health practitioners into one joined up team that will work with General Practices within a locality (the Connect Area) to provide a single coordinated care response for people, underpinned by prevention, self-care, early intervention, reablement and rehabilitation.

11.7 Suffolk County Council Adult Protection Team

The Adult Protection Teams are responsible for undertaking safeguarding enquiries where there is reasonable cause to suspect abuse has occurred. Enquires are undertaken in line with the 6 Safeguarding Principles and a commitment to Making Safeguarding Personal. They work with adults to develop their safeguarding plans when needed.

The Adult Protection Team also has responsibility for supporting other teams and organisations with undertaking safeguarding enquiries, implementing safeguarding plans, and advising on risk assessments.

The Teams are trained to undertake Achieving Best Evidence interviews with the police when a criminal act is investigated. They are committed to ensuring best practice is met in line with legislation and research through continued professional development.

11.8 Suffolk County Council Customer First

Customer First is the first point of contact for social services in Suffolk. They deal with enquiries and referrals about adults, children and mental health assessments. All adult safeguarding concerns must be reported to Customer First who are responsible for recording the concern and redirecting them to the appropriate team or service.

11.9 Suffolk County Council Emergency Duty Service

The Emergency Duty Service will:

- Respond to Safeguarding Adults concerns out of hours and make a decision whether the concern requires an immediate response or whether they will transfer to the Customer First contact centre the next working day.
- Respond to the immediate support and protection needs of adults out of hours.
- Report suspected criminal offences to the Police without delay.

11. 10 Multi-Agency Safeguarding Hub (MASH)

Suffolk MASH has the following key functions:

- To receive, via Customer First, all child referrals and adult safeguarding contacts.
- To contact the person at risk or their representative to establish risks and desired outcomes, contact other relevant parties such as referrer.
- To make a decision as to what information is appropriate and proportionate to share with professionals and request relevant information from partners. Gather information, risk assess and prioritise contact to determine appropriate course of action.
- To convene a multi-agency strategy discussion to establish threshold for further enquiries to be made (sec 42 Care Act). Discuss immediate protection plan delivery and agree appropriate and proportionate actions going forward.
- To provide a professional consultation line for professionals to speak to a MASH worker about the most appropriate course of action where they are uncertain as to whether they should submit a referral to for a Safeguarding referral to Adult Services or Children and Young People’s Services.

11.11 Suffolk Constabulary

The role of the Constabulary, as highlighted in its vision document, is “Making Suffolk a safer place to live, work, travel and invest”. There are two key pillars in achieving this vision, which are the protection of the Vulnerable and the prevention of crime and anti-social behaviour. The aim of the Constabulary is to respond to those in need in an efficient and effective manner using appropriately trained and experienced resources to assist and support victims whilst actively pursuing perpetrators.

The Constabulary will maintain a strong victim focus listening to those that are vulnerable and in need of support and will then work in partnership to provide the appropriate support at the appropriate level. This will be done within a culture of continuous learning and development to improve service, support making safeguarding personal and reduce or prevent further incidents.

11.12 Clinical Commissioning Group (CCG)

Suffolk’s Clinical Commissioning Groups (Ipswich and East Suffolk, West Suffolk and Great Yarmouth and Waveney) are committed to ensure that safe and effective Health Services are commissioned for all service users in Suffolk. There are robust commissioning standards in place which are reviewed through individual Provider Clinical Quality Review meetings.

There is a clear line of accountability set out in the management structure, with a Lead GP for Adult Safeguarding identified at Board Level. The Executive Nurse is responsible for Adult Safeguarding supported by the Safeguarding Lead Nurse.

The CCGs work closely with the local authority and Care Quality Commission to ensure that any safeguarding concern raised in relation to care homes in Suffolk is robustly investigated in a timely way, and the welfare of the residents remains paramount.

11.13 Voluntary and Community Sector (VCS)

The county’s voluntary and community sector (VCS) has a vital role to play in relation to safeguarding and is in a unique position of working closely with some of the most vulnerable people in Suffolk.

Organisations such as Community Action Suffolk (CAS) provide links to a wide range of other organisations as well as offering training and providing advice and guidance on policies and procedures for VCS partners. CAS and VCS representation on Safeguarding Boards is vital to ensure consistency and quality assurance across the sector.

11.14 Commissioners

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

Commissioners have a responsibility to:

- Ensure that people who commission their own care are given the right information and support to do so from providers who engage with Adult Safeguarding principles and protocols.
- Ensure that agencies from whom services are commissioned know about and adhere to relevant registration requirements and guidance.
- Ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the Suffolk Adult Safeguarding Policy and Procedures.
- Ensure managers are clear about their leadership role in Adult Safeguarding in ensuring the quality of the service, the supervision and support of staff, and responding to and investigating a concern about an adult with care and support needs.
- Commission a workforce with the right skills to understand and implement Adult Safeguarding principles.
- Ensure staff have received induction and training appropriate to their levels of responsibility.
- Liaise with the local SAB and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users.
- Ensure that services routinely provide service users with information in an accessible format about how to make a complaint and how complaints will be dealt with.
- Ensure that commissioners (and regulators) regularly audit reports of risk of harm and require providers to address any issues identified.

Appendix 1: Legislation

Legal Framework - The Care Act 2014

The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect.

New duties include the local authority's duty to make enquiries or cause them to be made, and to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the Police. Safeguarding Adults Boards must arrange Safeguarding Adult Reviews (SARs) as per defined criteria and publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

Mental Capacity Act (including DoLS) 2005

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live and what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this.

In addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law (the Deprivation of Liberty Safeguards), to protect their rights and ensure that the care or treatment they receive is in their best interests.

Human Rights Act 1998

The Act applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must comply with the Act, and an individual's human rights, when providing a service or making decisions that have a decisive impact upon an individual's rights.

The Care Act extends the scope of the Human Rights Act. This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the Local Authority (including Direct Payment situations (Local Government Association, 2014). It does not incorporate entirely private arrangements concerning care and support.

Although the Act does not apply to private individuals or companies (except where they are performing public functions), public authorities have a positive duty to promote the human rights of individuals and this entails a duty to stop people or companies abusing an individual's human rights.

For example, a public authority that knows an adult is being abused by their privately funded carer has a duty to protect the adult from inhuman or degrading treatment.

The Human Rights Act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions of the Human Rights Act.

Children and Families Act 2014

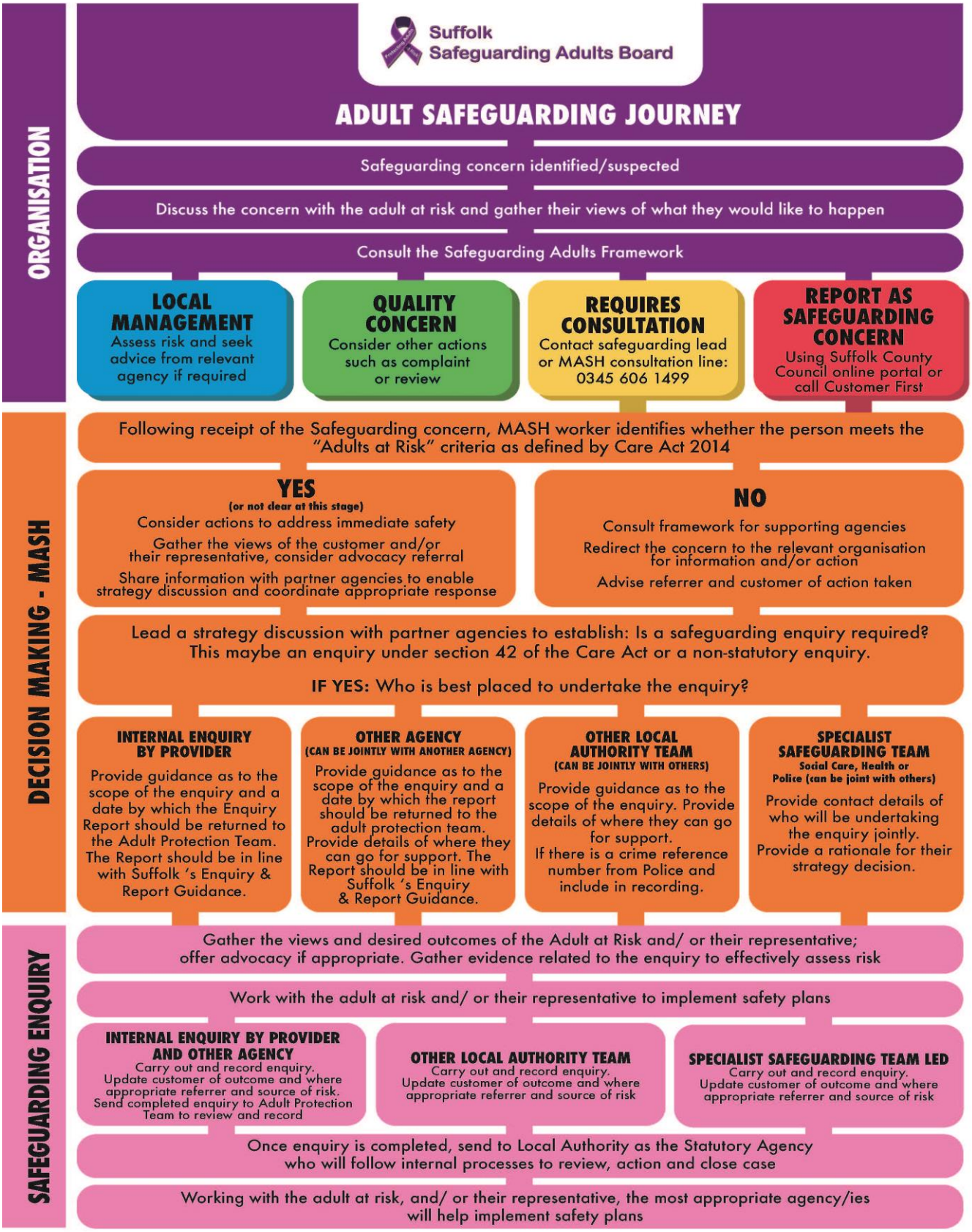
Together the Children and Families Act 2014 and the Care Act 2014 create a new comprehensive legislative framework for transition when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the local authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adults policy and procedures work in conjunction with those for children and young people.

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria set out in Section 2.4.2 of this document. The care needs of the young person should be at the forefront of any support planning and requires a coordinated multi-agency approach. Assessments of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Equality Act 2010

A requirement under the Equality Act 2010 is for provision and adjustments to enable disabled people equal access to information and advice. Ensuring equality may reduce or remove substantial difficulty. Access to other services for example, translators should always be considered to ensure that the adults are afforded every opportunity to participate and be involved.

Appendix 2: Adult Safeguarding Journey Flowchart



Appendix 3: Glossary

When discussing Safeguarding a range of difference phrases may be used. The following provides more information and where necessary a definition, please also see the glossary in the Safeguarding Adults Framework:

Word and/or Phrase	Definition and/or Information
Abuse	Deliberately doing or failing to do something that causes suffering or harm.
Adult at Risk	Is a person aged 18 or over who has care and support needs (whether or not the local authority is meeting any of those care and support needs), and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect
Adult Safeguarding	Means protecting a person's right to live in safety free from abuse and neglect.
Adult Safeguarding Lead	Is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.
Advocate	A person who puts a case forward on someone's behalf.
Advocacy (Care Act 2014)	Taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.
Care Management	A collaborative process which assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual's health, social care, educational and employment needs. Care Management involves as few or as many people in the person's life to meet their needs.
Care Plan	A care plan is a personalised written document that details how someone's assessed care/health/support needs will be met.
Care Setting	Is where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.
Carer	Throughout these policy and procedures refers to unpaid/Family/Friend carers as distinct from paid carers who are referred throughout as Support Workers. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who '*spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'*.

Word and/or Phrase	Definition and/or Information
Care Quality	Care quality is the degree to which health and care services for individuals and groups are delivered in line with current best practice, and therefore increases or decreases the likelihood of positive outcomes for people.
Care Quality Commission (CQC)	The national body responsible for regulating and inspecting registered care providers.
Civil liberties	The freedom of a citizen to exercise customary rights, as of speech or assembly, without unwarranted or arbitrary interference by the government.
Commissioning	Is the cyclical activity, to assess the needs of local populations for care and support services, determining what element of this need to be arranged by the respective organisations, then designing, delivering, monitoring and evaluating those services.
Concern	Is the term used to describe when there is or might be an incident of abuse or neglect. See Stage 1 of the Procedures.
Criminal Act	An act committed in violation of law.
Disclosure and Barring Service (DBS)	Helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).
Enquiry	Enquiry establishes whether any action needs to be taken to stop or prevent abuse or neglect and if so, what action and by whom.
Equality Act (2010)	Equality Act (2010) legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.
Host Authority	Host Authority is the authority where the alleged abuse or neglect occurred.
Independent Mental Capacity Advocate (IMCA)	Independent Mental Capacity Advocate (IMCA) established by the Mental Capacity Act (MCA) 2005. IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Word and/or Phrase	Definition and/or Information
Making Safeguarding Personal (MSP)	Is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them.
Multi-Agency Safeguarding Hub (MASH)	The Multi-Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children, young people and adults more effectively.
Placing Authority	Placing Authority is the local authority or NHS Body that has commissioned a service from a provider (that may be located outside their Authority).
Possessions	Ownership of a material object or property.
Protection	To keep people safe and make them feel safe.
Public Interest Decision	Public Interest is a decision about what is in the public interest. This needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.
Requires Consultation	These are concerns raised that dependent on the context and case specific details may require reporting for a specialist safeguarding response or may be able to be managed via local management or quality concern response. Therefore, these concerns will require discussion and consultation with a safeguarding lead or MASH consultation line.
Reportable Safeguarding Concern	These are incidents of abuse that are criminal or result in serious harm and require a specialist safeguarding response. This may result in a police lead response and/or a Safeguarding Enquiry under Section 42 of the Care Act. It is important to note that if the person is in any immediate danger the police must be contacted on 999 straight away.
Risk	Exposure to the chance of injury or loss.
Risk Assessment	A risk assessment is a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.
Safeguarding	Working together with a person and their family or network, to prevent and/or reduce the risk of harm.
Safeguarding Plan	Safeguarding Plan (and Review) sets out what steps are to be taken to assure the future safety of the adult at risk. An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery-based resolution.

Word and/or Phrase	Definition and/or Information
Serious Incident (SI)	Serious Incident NHS England has produced a Serious Incident Framework which supports the Never Events Policy: https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf
Signs of Safety	A practice approach which uses an assessment framework and solution-focused questioning to engage people and professionals in building solutions to ensure safety and wellbeing for individuals. It comes with principles, disciplines and a range of tools and techniques which promote effective collaboration.
Vital Interest	Vital Interest is a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.
Wellbeing	A person can describe a feeling of being in a good emotional, physical and dignified state.
Welfare	To promote wellbeing.