

# Standard Operating Procedure

Section 42/47 Safeguarding Enquiries  
Guidance for Health Participation & Partnership Working  
December 2022

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## Document Control

### Review Date

Date	By Whom
March 2022	Adult Safeguarding Board

### Change History

Version	Date	Author(s)	Summary of changes
V0.1	03/02/2021	J. Sadler	New Document
V0.2	25/02/2021	J. Sadler	Changes in line with group comments
V0.3	06/05/2021	J. Sadler	Changes from consultation feedback
V0.4	16/06/2021	J. Sadler	Changes from wider consultation
V0.5	14/09/2021	C. Holt and J. Sadler	Updated Flowcharts
V1.0	21/09/2021	J. Sadler	Approval by SAB
V1.1	18/01/2022	N. Bennett, S Markham, P Youell, C Hodby & S Burgess	Changes in line with mental health transformation
V1.2	07/12/2022	Caroline Holt	Updated following discussion and comments from SSP CYP Board June 22
V1.3	07/12/2022	Jane Hatchard	Changes in line with group comments
V1.4	08/12/2022	Jane Hatchard	Changes from wider consultation.
V1.5	08/12/2022	Jane Hatchard and Tabitha Griffin	Updated following discussion and comments.

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## 1. PURPOSE

The information contained in this standard operating procedure (SOP) is to assist partners in their engagement with section 42 (s42) and section 47 (s47) enquiries initiated following a Multi Agency Safeguarding Hub (MASH) strategy outcome decision. A health provider/s is required to participate in the s42/47 safeguarding enquiry; in relation to the Care Act 2014, Children Act 2004, Working Together 2018 and in accordance with the NHS Safeguarding Accountability and Assurance Framework 2022.

Regarding s42 the local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this part or otherwise) and, if so, what and by whom (Care Act 2014).

This SOP will guide the local authority to how and when health can be engaged purposefully and appropriately in safeguarding enquiries.

Health engagement in enquiries should always be a product of good communication leading to agreement and understanding of the scope of practice that guide how best health can engage.

Regarding s47 the local authority will lead the enquiry with engagement from other partners as required, with health police and social care being three equitable partners.

## 2. INTRODUCTION

This SOP has been developed by health, social care, MASH and police partners to support health partners to engage in partnership working in safeguarding enquiries.

The way we use language can shape the way we think about things. The language we use may have different connotations for others which can create barriers that we did not intend. Clarity of language and effective communication will support the multi-agency response to safeguarding enquiries and prevent confusion and misunderstandings that do not aid safeguarding work, keeping the person at the centre of what we do.

'It remains the responsibility of every NHS-funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children, young people and adults is at the heart of what we do'. Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2019.

This SOP: -

- is intended to build on the work undertaken by the MASH ensuring s42 and s47 enquiries are carried out by all partners as appropriate to their roles and contractual responsibilities in a timely and consistent way, creating streamlined person-centred processes.
- will extend to all partners across the Suffolk safeguarding system (including Waveney), it is focused on enquiries that require contributions from healthcare provider services and the Designated Safeguarding teams across both ICB's.
- will give clarity to the language used across the different organisations.

### 3. SCOPE

This SOP is to ensure that Suffolk safeguarding teams, inclusive of social care area teams, across the three statutory partners, Social Care, Health and Police, have a clear procedural process to follow when working in partnership with health to undertake safeguarding enquiries which provide the best outcome for the individual/s at risk.

This SOP only applies to those enquiries that require health engagement, it does not apply to s42 non-health single or joint non-health investigations.

All s47 are led by CYPS in collaboration with multi agency partners and require health engagement. The SOP does not in any way replace the Suffolk Safeguarding Partnership Child Protection Medical Assessments Guidance 2020 (updated 2021) and where there is a criminal investigation, police will lead on this aspect of the case.

- Child protection guidance points out that a young person is still a child until they reach their 18<sup>th</sup> birthday, even if they are:
- living independently
- in further education
- a member of the armed forces
- in hospital; or
- in custody in the secure estate

They are still legally children and should be given the same protection and entitlements as any other child.

#### Adult – Section 42 Enquiries

In the case of S42s the Local Authority can give cause to undertake a new enquiry to another partner. It will be clearly identified (and especially in cases where multiple partners contribute) in MASH communications, which partner can and therefore should undertake which part of the enquiry. This is to ensure clear instructions are received and responsibilities and expectations of other organisations are well managed. This approach aims to ensure a consistent understanding of multi-agency terminology used between partners, e.g., 'joint enquiries' and 'lead enquiry'.

All processes set out in this SOP are aligned to legal duties under The Care Act 2014 and the NHS Safeguarding Accountability and Assurance Framework.

This extract from the Care Act illustrates the need for multi-agency support in a number of S42 enquiries:

#### 14.100 - Who can carry out an enquiry?

*Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person is to begin an enquiry. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.*

All health partners agree 'Making Safeguarding Personal' (MSP) for adults at risk, as set out in the Care Act 2014, is at the core of all decision making. This is evidenced in the process flowcharts referenced page 10.

'The individual will always be at the centre of an enquiry, and their wishes, views, and consent will be integral throughout the process' (1.1 MSP).

Agreement should be sought from the individual / representative and multi-agency colleagues working with them, as to the most appropriate organisation/s practitioner/s to engage with them and lead on the enquiry process (Care and Support Statutory Guidance, DHSC, 2020). Importance must be given, when identifying who can work alongside the individual, what is their scope of practice, their roles and responsibilities, and what is their current role in working with the individual. Consideration must be given to establishing if the professional who is currently working most closely with the individual in a supportive or care and treatment role, is the most appropriate person with the necessary seniority, work capacity, skills and expertise to take a lead role in this level of enquiry.

## Children's – Section 47 Enquiries

The child will always remain at the heart of all S47 enquiries within a Think Family approach. This ensures a child is not considered in isolation from their family situation.

A S47 is led by Children & Young People Services (CYPS) but require the input from every service involved with the child and family. These enquiries rely on effective, holistic, and timely sharing of information and effective multiagency working. During the assessment process, it is key to capture the voice of the child and discover what life is like for the child. This empowers accurately determining the child's needs, levels of risk, and the actual impact on the child. Working Together to Safeguard Children (2018) makes this process clear and ensures consistency across all services.

The Suffolk Safeguarding Partnership has shared the Suffolk Threshold Matrix 2022 for practitioners to use: <https://suffolksp.org.uk/assets/Suffolk-Threshold-Matrix-Updated-V2-June-2022.pdf>

## All Enquiries

Effective outcomes are supported by collective endeavours across sectors and organisations. There is mutual understanding of roles, i.e., the role of Practitioner is used to identify different staff within organisations. These staff may vary in level of skill and experience but working collectively will bring experience in finding the right response in individual situations.

Joint responsibility and working alongside the individual must be at the heart of a partnership approach.

Fundamental to any safeguarding enquiry is a spirit of professional curiosity whereby there must be a genuine inquisitive interest in the narratives and facts that are presented, with the ability to question information and objectively evaluate it rather than optimistically accept accounts at face value.

## 4. HEALTH ORGANISATIONS

The NHS is made up of various bodies that work both as independent organisations offering specialist services and integrated care as part of the whole NHS healthcare economy. This can create the need to engage with a variety of healthcare providers to ensure an individual's complete health journey relevant to the s42/s47 enquiry is fully understood.

One health organisation may not have access to all the information held within the healthcare system by different services; or the right knowledge and skillset to interpret the impact a health problem may have for the individual, in relation to the safeguarding enquiry for an area of health outside their own/their organisations expertise.

The safeguarding health professional will be able to sign post to other health organisations/ practitioners who should be engaged with the investigation.

e.g., Main Health Organisations across Suffolk: -

- Acute and Community Trusts- Ipswich Hospital, West Suffolk Hospital and James Paget Hospital
- Mental Health Trust- NSFT
- GP Practices- 64 Practices Ipswich & East and West Suffolk
- GP Practices- 13 Practices in Waveney
- Primary Care Networks- 14 across Suffolk
- Primary Care Networks- 2 across Waveney
- GP Fed- Community Services, GP Out of Hours
- East of England Ambulance NHS Trust
- Community Paediatric Services
- East Coast Community healthcare
- Care UK – Out of hours and 111 services
- IC24 – Out of hours and 111 services
- ICASH
- EPUT
- Mountain Health Care

This list is not exhaustive.

As the planned adoption and implementation of 'My Care Record' process rolls out across Suffolk the ability for health and social care professionals to access information about individuals will increase for those people who have given consent. The aim of the 'My Care Record' process is to increase access to patient records across East of England unless the patient opted out of sharing their own information.

The 'My Care Record' process will not negate the need to have the right professionals with the right skill to share and/or interpret the health data and identify any safeguarding risks associated with that data as part of a s42 & s47 enquiry.



## 5. RESPONSIBILITIES

<p>MASH strategy outcome decision meeting</p>	<p>MASH Health/Children’s social care/ACS/Police partners to engage with relevant healthcare partners / organisations in decision making when these healthcare partners will be required to engage in the S42/S47 enquiry and agreement on the scope of their involvement.</p> <p>MASH to maintain aspirations to ensure Health Organisations Safeguarding Teams are integral to the MASH Strategy discussions, where concerns have been raised in relation to their organisation’s healthcare provision. The Organisation’s Safeguarding team can coordinate the gathering of information and expert guidance that will support these strategy discussions in determining if further Sec42/Sec47 enquiry is necessary into potential abuse having occurred.</p> <p>MASH Health Team to share outcomes of decision making and details of lead progressing the enquiry with relevant health partner safeguarding leads. The Partner Safeguarding Leads will coordinate information being shared with their internal practitioners providing care and treatment for the individual.</p>
<p>Social Care Staff</p>	<p>To have lead responsibility for S47 enquiries and work in collaboration with healthcare providers in accordance with this SOP.</p> <p>To have overall responsibility for S42 and the right in accordance with the Care Act to cause others to make enquiries in line with their scope of practice and skill set.</p> <p>To share outcomes of S42 / S47 enquiries with healthcare professionals who are involved in the individuals care but were not part of the decision making.</p>
<p>Health Provider Organisations Safeguarding Team</p>	<p>To facilitate provision of health information and expertise that is proportionate and necessary, in line with Caldicott Principles, to inform the S42/S47 enquiries and support decision making in accordance with this SOP.</p> <p>To lead own internal health enquiries when appropriate, share relevant information from patient safety and internal review processes that are pertinent, appropriate and proportionate to the specific S42 enquiry, in line with Caldicott Principles.</p>

	Continue to meet the healthcare needs of the individual during the enquiry process.  Engage and lead in sections of the enquiry pertinent to their scope of practice and role and responsibilities.
Norfolk and Waveney ICB	To support safeguarding enquiries in line with their roles and responsibilities.
Suffolk and North East Essex ICB	To sign off this SOP.
MASH Strategic Board	To sign off this SOP.
Suffolk Safeguarding Partnership	To ratify this SOP (three statutory partners and provider services).
Suffolk Police	To have awareness on how health can engage in joint enquiries with police and how to initiate health contribution to police led enquiries.  To communicate effectively with health during and following completion of police led/joint safeguarding enquiries. This is to enable healthcare providers to appropriately and proportionately reassess, review and update their health care and treatment.
All	Make all staff aware of this standard operating procedure through local organisational processes.

## 6. SPECIFIC PROCEDURE

### Section 42 Enquiries (Adult)

The aim of this SOP is to set out the roles and responsibilities of Health organisations in S42 safeguarding enquiries, in compliance with the Care Act 2014 and the NHS Safeguarding Accountability and Assurance Framework 2022.

The purpose of a S42 safeguarding enquiry is to establish if any abuse is or has been occurring and decide what action is needed to help and protect the adult; taking into account the adult's views and wishes on what they want as an outcome from the enquiry.

The decision making to progress a S42 enquiry is not based on the Suffolk Safeguarding Framework, but on the MASH safeguarding expertise and relevant additional health knowledge and expertise that can determine if concerns raised in line with the framework determine further enquiry is necessary.

It is important practitioners consider if the allegation should be discussed with other services who could provide the individual with specialist support i.e., SARC, MARAC, Position of Trust.

#### In all s42 enquiries the allocated health professionals involved in the s42 will:

- have the appropriate professional skills and level of authority to engage with the adult and any other parties involved to establish the facts and to obtain their account as appropriate
- be competent to identify and respond to new concerns as they arise and to action protection measures if necessary

- be able to undertake the tasks identified during the joint discussion for the investigation. “Safeguarding children and adults at risk of abuse and neglect is a collective responsibility. All employees who are registrants are reminded of their professional duty of care regardless of which NHS contact is used to deploy the functions they work to.” (4.page 13 Safeguarding accountability and assurance Framework 2022).
- liaise and co-operate with other agencies and professionals as required in the investigation
- be able to risk assess and safety plan within health care and treatment where required
- to think family and consider others within the household or wider community
- report the relevant, necessary and proportionate health detail and outcome of the health aspects of the investigation in accordance with the section 42 requirements and in line with Caldicott Principles, although not necessarily in local authority specified formats especially if the information is already documented in the health organisations own template.

\*There is a report template Appendix 4 available to use as appropriate\*.

### Escalation of Professional Disputes

Problem resolution is an integral part of professional co-operation and joint working and in most circumstances, there is mutual agreement between professionals working together to safeguard adults in Suffolk. However, it is inevitable that from time to time there will be professional disagreement between practitioners within and between agencies about the assessment of risk and the most effective safeguarding action to take. Whilst this is understandable, it is vital that such disputes do not affect the outcomes for adults with care and support needs.

If an agreement cannot be secured in relation to a S42 enquiry refer to the Suffolk Safeguarding Partnership. Multi-Agency Policy and Procedure in Relation to Adult Safeguarding: Managing Professional Disputes Policy<sup>2</sup>.

### Section 47 Enquiries (CYPS)

CYPS will lead investigation under S47 of the Children Act 1989 revised 2004. In collaboration, police, health practitioners, teachers and school staff and other relevant practitioners will contribute in undertaking enquiries and to identify whether any specialist assessments should be undertaken to assist in outcome decision-making on the nature of any services or actions required.

If the allegation is related to perplexing presentations, induced or fabricated illness, follow the specific pathway<sup>3</sup>

<sup>2</sup> <https://suffolksp.org.uk/assets/Working-with-Children-Adults/Policies-Adults/Man-Prof-Disputes/2018-09-21-SAB-Managing-Professional-Disputes-Policy.pdf>

<sup>3</sup> [Perplexing-Presentations-FII-Guidance-2021.pdf \(suffolksp.org.uk\)](#)

The health role and responsibilities in CYPS medical assessments are set out in the *Suffolk Safeguarding Partnership Child Protection Medical Assessments Guidance 2020*. See below

Where there is a requirement for a child protection medical, the SSP Child Protection Medical Assessments Guidance, should be followed.

### Health practitioners should:

- advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment
- provide and co-ordinate any specific information from relevant practitioners regarding family health, maternity health, school health, mental health, domestic abuse and violence and substance misuse to assist strategy discussion and decision making
- secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions
- undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired

<https://suffolksp.org.uk/assets/Working-with-Children-Adults/Child-Protection/Child-Protection-Medical-Assessments-Guidance-2020.pdf>

### In all s47 enquiries the allocated health professionals involved in the s47 will:

- be able to understand the purpose and function of the enquiry its statutory nature and their own accountability
- have the professional skills to engage in the process and with any other parties involved to establish the facts
- be competent to identify and respond to new concerns as they arise and to invoke protection measures if necessary
- be able to undertake the actions identified in the enquiry investigation and to liaise and co-operate with other agencies and professionals as required
- report the details and outcome of the investigation in accordance with the Local Authority's requirements although not necessarily in specified formats.
- think family and consider siblings, adults and/or others in the household who may be at risk

## 7.FLOW CHARTS

### Health engagement in S42 enquiries

Apply the SAB framework and obtain customer's views where appropriate, for example when on the phone to a customer directly or information available from a referrer.

A Safeguarding referral received by MASH via Customer First and following research it is decided to hold a Threshold (statutory) criteria discussion, Health MASH and relevant external health partners should be invited to the Threshold (statutory) criteria discussion as required to be part of the outcome decision making process.

When the decision is to progress with a S42 enquiry, consider the need for an advocate to support the individual if required as per the Care Act Statutory Guidance

#### Multi-Agency s42 requiring requiring health engagement

**MASH will** identify the social care team so they can allocate a lead. They will also identify the relevant health organisational safeguarding professional / police safeguarding professional, who will be required to identify the person who will work collaboratively on the enquiry.

**The social care allocated lead will:** contact the health safeguarding lead/s from the relevant organisation/s to agree:-

- Information required
- Allocation of who is doing what
- Time frames
- Identify any support required-
- Format for sharing information / findings
- Identify if anyone else could add value to the enquiry

Request an advocate if required  
Liaise with appointed advocate

**The social care allocated lead will:** Follow up the discussion with the agreed plan in a secure email to all enquiry participants

Contact will be maintained during the enquiry with all parties to discuss findings and to monitor the that MSP remains at the central to the enquiry.

Finding from health participants will be shared with the social care allocated lead using the agreed format

#### Single Agency allegation against a health organisation

**The relevant health organisational lead will** lead their own enquiry in line with their policies and procedures and their governing bodies & NHS reporting structures, while work in partnership with LA.

Health internal investigations, including PSII outcomes and actions to be shared with the named allocated social care lead in addition to their own reporting structures. The health organisations can either share their own investigation report or use the template provided, Information shared must be appropriate and proportionate to the s42 enquiry.

**Social care allocated lead working in collaboration with a care provider (care home, domiciliary care) where the S42 involved a health funded care package: -**

To request information from the relevant ICB Continuing healthcare team (CHC) &/or ICB Care Home Team Care Home for health funded residents living in a care home.

**The social care allocated lead:-**

- to share the final outcome decision and actions with the enquiry health participants.
- to consider what information needs to be shared with other agencies.

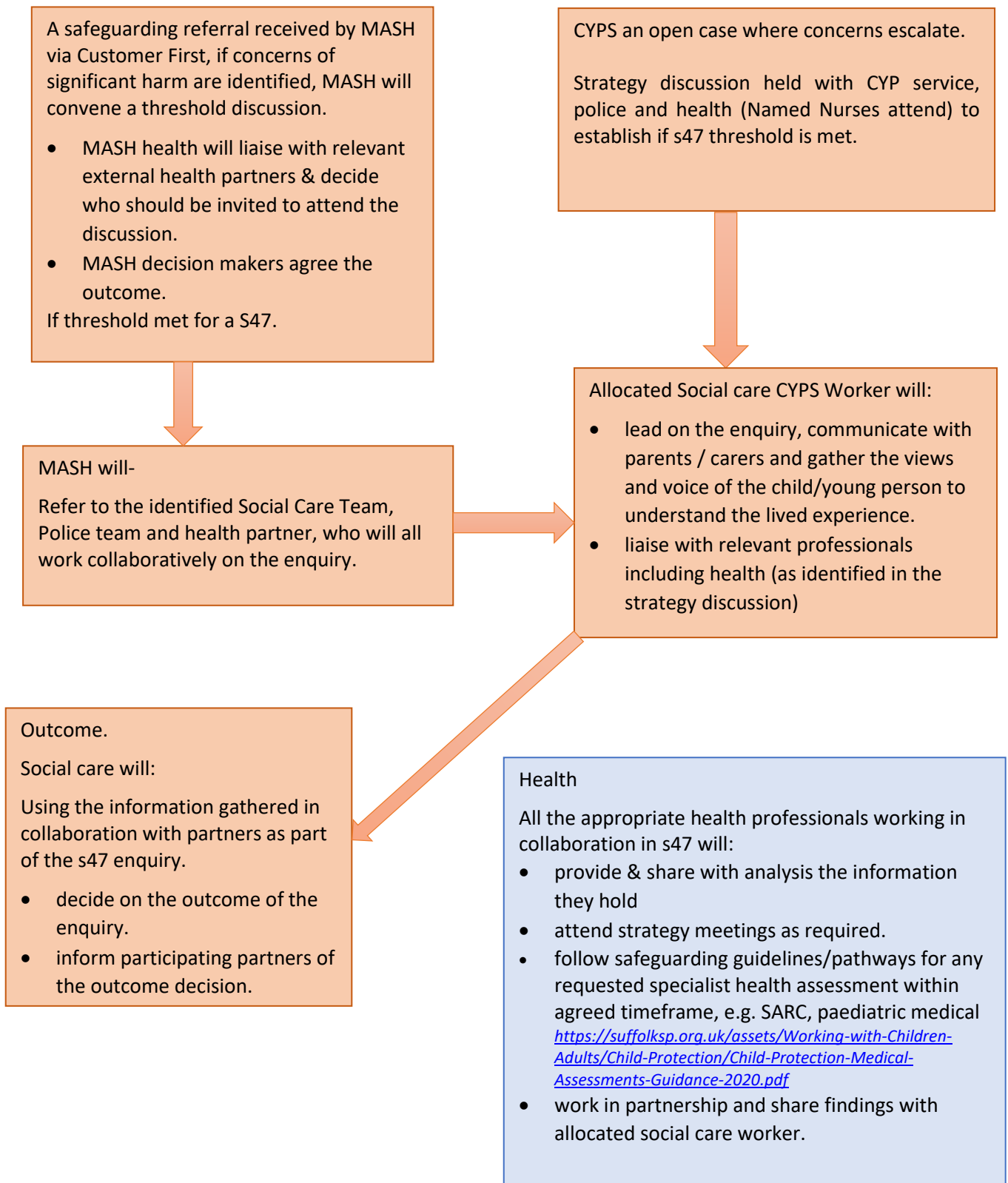
General sharing information principles apply

The Norfolk & Waveney ICB to be informed of all S42 enquiries related to health

IESWS ICB only to be notified for serious/ complex S42

## S47 flow chart 2

### Health Engagement in S47 Enquiries



## 8. Appendices

### Appendix 1: Legislation and Guidance

1. NHS Safeguarding Accountability and Assurance Framework 2022
2. The Care Act 2014
3. Making Safeguarding Personal December 2019
4. Safeguarding Adults: Roles and responsibilities in health and care services
5. Mental Capacity Act
6. SCIE: Adult Safeguarding Practice
7. Working Together to Safeguard Children 2018
8. The Children's Act 2004
9. Care and Support statutory Guidance, DHSC, 2020
10. NHS Safeguarding Accountability and Assurance Framework 2022

### Appendix 2: Glossary

Allocated Health person This will be the health representative selected by the organisational safeguarding lead

ACS	Adult Community Services
CYPS	Children and Young People Services
DSCT	Norfolk and Waveney ICB Designated Safeguarding Children Team
ICB	Integrated Care Board
LA	Local Authority
LADO	Local Authority Designated Officer
MASH	Multi Agency Safeguarding Hub
MARAC	Multi-Agency Risk Assessment Conference
PSII	Patient Safety Incident Investigation
SARC	Sexual assault referral centre
S0I	Serious incident (NHS Patient Safety Processes to investigate)
SSC	Suffolk Social Care
SSP	Suffolk Safeguarding Partnership
SOP	Standard Operating Procedure
S42	Section 42 safeguarding enquiry (Adult)
S47	Section 47 safeguarding enquiry (CYPS)

Child a child is defined as anyone who has not yet reached their 18th birthday.

## Appendix 3 Health Enquiry Information Report

### Section 42 (s42) Safeguarding Joint Enquiry with Health

Please complete all relevant boxes

Date informed of joint s42

Investigators			
Name	Role	Organisation	Contact details
	Allocated Worker Social Care		
	Safeguarding Lead		
	Police		

Incident date/s / time	
Safeguarding abuse category/s	
Where incident occurred	
Name of Individual	
Source/s of support for individual	
Name of Advocate if appropriate	
What does the individual or their representative want as an outcome	
Detail any support provided to individual &/or their support person	





**7. Discussion with Joint Investigation partners on finding, outcome and actions**  
 (Include date and details of discussion and actions taken/required)

Figure 1

**8. Who has discussed the outcome decision with the individual concerned?**

**9. Recommendations and organisational and/or shared actions, if appropriate include how the learning will be shared**

**Appendix 4 - Roles and Responsibilities Table**

The table below illustrates some ways in which Partners may be asked to contribute to an enquiry

Example	MASH	Agency S/G Team*	Local Authority	Police	ICB	NSFT	Hospital	Primary Care
To lead enquiries when a crime is suspected to have taken place (14.1010)				●				
To liaise and work jointly with any colleagues who are supporting the adult at risk (for NSFT if the person is open to Mental Health Team)		●	●	●	●	●	●	●
To support an adult at risk when a crime is suspected to have been committed that is abuse, to support them with risk assessments and safety plans, also Mental capacity assessments when required			●			●	●	●

To lead enquiries when appropriate (if allegation is about member of health staff or hospital/ward setting including historical allegations up to 6 months)			●	●	●	●	●	●
To support with enquires that are being led by another organisation but the person receives services from mental health						●		
To feedback all section 42 enquiries to the local authority		●	●	●	●	●	●	●
To offer support and guidance to any staff member across organisations with safeguarding enquiries		●	●		●	●	●	●
To challenge and ensure any organisation they have caused to make an enquiry that the enquiry is satisfactory (14.100)			●					
To complete a handover to the practitioner completing the enquiry to ensure they understand their roles and responsibilities	●	●						

\*AGENCY S/G (SAFEGUARDING) TEAM WOULD BE THE SAFEGUARDING TEAM/CHAMPIONS IN THE LOCAL ORGANISATION

## Appendix 5 - Scenarios to illustrate SOP

The scenarios below help to illustrate how an enquiry should be supported.

Scenario 1	Scenario 2	Scenario 3
<p>Joan has privately funded carers visit her twice per day. She is not open to local authority social care although has regular contact with a Mental Health Practitioner from NSFT.</p> <p>Joan's daughter recently discovered that the Carers have been asking her mum for money claiming to be buying additional equipment to support her care although there is no evidence of this equipment or a need for it, for example toilet raiser and medical bin.</p> <p>She reported her concerns to Customer First who have forwarded this to the MASH for consideration of a section 42 enquiry under the Care Act.</p>	<p>Adam has made an allegation of sexual assault whilst a patient at the local mental health suite. Adam states another patient forced him to have oral sex in a communal area, Adam obliged because he was scared. A member of staff walked into the room, witnessed the incident laughed and walked out.</p> <p>Adam has since left the hospital and living in the community with support from Mental Health Practitioner.</p>	<p>Bill and Jean live in the community, they both have care and support needs which are funded by the local authority. Bill also has an active care-coordinator due to a long-term mental illness. In recent weeks Bill has been noticeably agitated with Jean, raising his voice and rough handling when supporting her. Bill has told carers that he has considered suffocating Jean with a pillow.</p>
<p><b>Potential Outcome</b></p> <ol style="list-style-type: none"> <li>1. MASH agree Police to lead on Enquiry as this is an allegation of a crime, namely theft</li> <li>2. ACS MH social work team if a person has a functional mental health diagnosis or Area SW team if the person has a learning disability or dementia type diagnosis</li> <li>3. NSFT support Joan through the enquiry as this may have an impact on her mental health, to also consider wider protection planning and associated care management</li> </ol>	<p><b>Potential Outcome</b></p> <ol style="list-style-type: none"> <li>1. MASH agree a joint Enquiry with Police and The Specialist Mental Health Support Team with Police leading on the crime, sexual assault.</li> <li>2. The Specialist Mental Health Support Team to support Adam throughout the enquiry with disclosures, mental health and protection planning.</li> <li>3. The Specialist Mental Health Support Team agree who will lead on concerns raised about member of staff. As the allegation is about a person who works with Vulnerable</li> </ol>	<p><b>Potential outcome</b></p> <ol style="list-style-type: none"> <li>1. MASH, Health and Police agree this is likely a case of carer breakdown and disproportionate for Police involvement. In the first instance the enquiry will be Joint ACS and NSFT.</li> <li>2. ACS to support Jean to make any disclosures and explore her desired outcome. Consider wider protection planning and associated care management</li> <li>3. NSFT Care- Coordinator to support Bill with his current mental health and work alongside ACS in wider</li> </ol>

<p>4. The Mental Health practitioner speaks to NSFT Safeguarding Team for advice on how to support Joan through the enquiry and protection planning</p> <p>5. Police complete their investigation and feedback to the Mental Health practitioner who completes the section 42 and sends report to the local authority for quality assurance and recording.</p>	<p>adults the Suffolk Safeguarding PiPOT (Person in Position of Trust) procedures must be followed.</p> <p>4. Police complete their investigation. The Specialist Mental Health Team feedback to NSFT safeguarding Team on completion of the Section 42 with details of the sexual assault investigation and concerns about staff member investigation to the Local Authority MH Team.</p> <p>5. Local Authority MH Team undertakes quality assurance and recording.</p>	<p>protection planning and associated care management.</p> <p>4. ACS to inform the police if further investigations disclose domestic abuse.</p> <p>5. ACS record outcomes on Section 42 enquiry.</p>
<p style="text-align: center;"><b>Scenario 4</b></p> <p><i>Maggie lives in the community. Maggie has a diagnosis of diabetes and is being seen by a district nurse for pressure wound care following loss of mobility and being cared for mainly in bed.</i></p> <p><i>Maggie has a care package that is being funded via Continuing Health Care.</i></p> <p><i>Maggie's son is concerned that she has recently been admitted to hospital with deteriorating pressure wounds.</i></p>		
<p><b>Potential outcome</b></p> <p>1. MASH agree that a multi-agency safeguarding enquiry is required by ACS and Health.</p> <p>2. ACS area social worker team are allocated the section 42 enquiry; the allocated practitioner will support Maggie and her son through the enquiry.</p> <p>3. The safeguarding lead for community health is contacted to arrange a health practitioner to support the enquiry focusing on the DN involvement.</p> <p>4. ICB health lead is contacted to arrange for a CHC practitioner to support the enquiry.</p> <p>5. All information gathered is fed back to the ACS practitioner to complete the enquiry.</p>		