



Citizen-Led:

Leeds Multi-Agency Safeguarding Adults Policy & Procedures

Citizen Foreword

Welcome to the Leeds multi-agency safeguarding adults policy and procedures.

Our input is based on all of our real-life lived experiences, both good and bad.

When using these policy and procedures, these are some of the key things that we would like you to consider:

- Think about me
- Talk to me, hear my voice

Put yourself in my shoes and think about what it feels like for me to have someone else making decisions about me, and my life, and not listening to what I want to happen.

Then think about what a difference it would make to me:

- to have someone work properly alongside me – working with me, not doing to me
- to really listen to what I want to happen
- to focus on my needs and not the needs of the organisation.

Please think about what it feels like for me to have assumptions and judgements made about me, by people I don't know, based on my situation, what has happened to me or what's written in my file.

Then think about what a difference it makes to me:

- to be treated as an individual; recognising my strengths and diversity
- as someone special
- as someone worth your respect, and
- without judgements and assumptions being made about me.

Please think about what it feels like for me to have had to shout all of my life to be listened to.

Then think about what a difference it makes to me:

- if you take the time to stop and listen
- if you treat me gently
- if I don't have to shout.

Put yourself in my shoes and think about what it feels like for me to have my views and lived experience dismissed by someone who thinks they know better.

Then think about what a difference it would make to me:

- if my lived experience, both good and bad, was valued
- my views were acknowledged and respected, and
- were not dismissed in a "doctor knows best type of way".

Thank you for taking the time to read this foreword. We have really enjoyed contributing to this policy and procedures. We believe that working in this way will really make a difference to people in Leeds.

Produced by the:

❖ **Touchstone Service User Safeguarding Group**

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Citizen-led Multi-agency safeguarding adults policy

Citizen-Led Multi-Agency Safeguarding Adults Policy

1. What is safeguarding adults?

Safeguarding means protecting an adult's right to live in safety, free from abuse, neglect and self-neglect. It is everyone's responsibility.

Safeguarding includes people and organisations working together to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Address what has caused the abuse or neglect.¹

2. Citizen-led multi-agency safeguarding adults policy and procedures

These Leeds multi-agency safeguarding adults policy and procedures provide the framework by which all organisations are required to work together, and with citizens, to safeguard them from abuse, neglect and self-neglect, or the risk of it occurring.

As these policy and procedures are there to safeguard people in Leeds, they have been produced with input from Leeds citizens about how they would wish to be supported by practitioners and services. This is the start of Leeds Safeguarding Adults Board journey towards being citizen-led. By this, the Board means:

- Learning from citizen experiences
- Involving citizens in the development of procedures
- Being focused on the experience of citizens
- Measuring our success by citizen expectations

Life experiences, advice and guidance from each of the following citizen groups have been used throughout to inform practice:

- Touchstone Service User Safeguarding Group
- Leeds Survivor-Led Crisis Service
- St. George's Crypt
- Barca Leeds
- Pennington Court
- Carers Leeds
- Osmonthorpe Hub
- Oakwood Hall
- Leep1

Referred to as Citizen Voices and Expectations, their contributions should be considered practice guidance for everyone using these policies and procedures.

¹ Care and Support Statutory Guidance 2020, Section 14.11

3. Who could be supported with these multi-agency safeguarding policy and procedures?

These multi-agency safeguarding adults policy and procedures apply in circumstances described by the Care Act 2014 and Care and Support Statutory Guidance 2020.

Section 42 of the Care Act states:

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

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 and, if so, what and by whom.

These procedures may therefore be relevant to:

- a person with age related frailty
- a person with a physical disability, a learning disability or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

The above list is not exhaustive.

It should also be noted that the definition of abuse and neglect, includes self-neglect.

When deciding whether or not these policy and procedures apply, it is not relevant whether the person is ordinarily resident in the area or not; nor is it relevant whether the person meets the eligibility criteria for local authority services.

Other circumstances, where these procedures may apply:

Local authorities may choose to undertake safeguarding enquiries for people where there is not a Section 42 enquiry duty, 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 agenda². For example, where an unpaid carer is experiencing abuse or neglect from the person they are caring for or by professionals/organisations.³

In such situations the local authority may decide to use these procedures to provide support, where it is considered to be an appropriate and proportionate response to the concerns.

² Care and Support Statutory Guidance 2020, Section 14.44

³ Care and Support Statutory Guidance 2020, Section 14.45

Circumstances, where these procedures do not apply:

These multi-agency policy and procedures do not apply to those living within prisons and approved premises. In these premises Her Majesty's Prison and Probation Service have responsibility for any arrangements required to support detainees to be safe. This responsibility is set out separately in the document [Adults Safeguarding in Prisons](#).

Prison and probation staff may approach the local authority for advice and assistance in individual cases, however prisons and approved premises retain responsibility for the safety of their detainees.

4. Other relevant legal frameworks

4.1 Human Rights Act 1998

Public authorities must not act in a way that is incompatible with Human Rights; and wherever possible, existing laws have to be interpreted and applied in a way that fits with these rights. Refer to Equality and Human Rights Commission www.equalityhumanrights.com for a full description and explanation of the articles.

Article 8: Right to respect for private and family life, is outlined in [Section 10.2](#).

4.2 Care Act 2014

The Care Act 2014 sets out in one place, local authorities' duties in relation to assessment, support and safeguarding of adults with care and support needs. The following provisions in particular may need to be considered alongside the local authority Section 42 duty as set out in [Section 3](#).

4.2.1 Section 1 - Wellbeing principle

The Care Act 2014 introduced a general duty on local authorities to promote an individual's 'wellbeing'. 'Wellbeing' is a broad concept. It is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- **protection from abuse and neglect**
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which 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

There is no hierarchy in the areas of wellbeing listed above – all are equally important. There is also no single definition of wellbeing, as how this is interpreted will depend on the individual, their circumstances and their priorities.

Protection from abuse, neglect and self-neglect is an element of wellbeing; and therefore arrangements for safeguarding the person should promote not just their safety, but their overall wellbeing.

4.2.2 Assessment of an adult's needs for care and support

The local authority must undertake a needs assessment where it appears that the adult may have needs for care and support. In the event of their refusal, the duty to assess still applies if they are experiencing, or at risk of, abuse, neglect or self-neglect or if they lack capacity to decide and the assessment is in their best interests ([Care Act 2014, Section 9](#) and [Section 11](#)).

4.2.3 Assessment of a carer's needs for support

Carers are entitled to an assessment of their need for support as set out in Section 10 of the Care Act 2014. This entitlement would apply even where the person at risk is declining an assessment or support from the local authority or other agencies ([Care Act 2014, Section 10](#)).

4.2.4 Representation and advocacy

If an adult has a substantial difficulty in understanding or engaging with an assessment or safeguarding enquiry, the local authority must ensure that there is a friend or family member to facilitate their involvement; and if there is not, it must arrange for an independent advocate⁴ ([Care Act 2014, Section 67](#) and [Section 68](#)).

Representation and advocacy are important elements of Talk to me, hear my voice principles, and further guidance in relation to this is included in [Section 7.2.4](#).

4.2.5 Duty to cooperate

General Duty ([Care Act 2014, Section 6](#))

The local authority must cooperate with each of its relevant partners, and each relevant partner must cooperate with the authority, in the exercise of its respective functions relating to adults with needs for care and support and carers.

Section 6(3) sets out examples of persons with whom a local authority may consider it appropriate to cooperate:

- a person who provides services to meet adults' needs for care and support, services to meet carers' needs for support or services, facilities or resources;
- a person who provides primary medical services, primary dental services, primary ophthalmic services, pharmaceutical services or local pharmaceutical services under the National Health Service Act 2006;
- a person in whom a hospital in England is vested which is not a health service hospital as defined by that Act;
- a private registered provider of social housing.

Cooperating in specific cases ([Care Act 2014, Section 7](#))

Where cooperation between parties set out in Section 6 is sought from the other in relation to an individual with needs for care and support or in the case of a carer, a carer of a child or a young carer, each party must comply with the request unless it considers that doing so:

- (a) would be incompatible with its own duties, or
- (b) would otherwise have an adverse effect on the exercise of its functions.

⁴ SCIE: [Independent advocacy under the Care Act](#)

4.3 Mental Capacity Act 2005

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. All professionals have an obligation and duty to comply with the law and the Code of Practice.

Mental capacity considerations are a key aspect of practice around supporting people who experience abuse, neglect and self-neglect. A summary of key issues is included below, however the [Act](#) and the [Code of Practice](#) should be referred to for further guidance in relation to these and wider provisions.

4.3.1 Mental Capacity Act Principles

All safeguarding practice must be undertaken with due regard to the Mental Capacity Act 2005⁵, which is underpinned by five clear principles. It can be helpful to consider the principles in order. The first three principles support the process before or at the point of determining whether someone lacks capacity. If it is decided that someone lacks capacity in relation to a specific decision, then the last two principles inform the decision-making process.

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

4.3.2 Assessing mental capacity

The Act sets out a two stage test mental capacity for whether someone lacks mental capacity to make a specific decision, at the time it needs to be made.

Section 2 of the Act states that:

A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain⁶

Section 3 of the Act clarifies that:

For the purposes of section 2, a person is unable to make a decision for himself if he is unable:—

- to understand the information relevant to the decision
- to retain that information (for as long as required to make the decision)
- to use or weigh that information as part of the process of making the decision, or

⁵ [Mental Capacity Act 2005, Section 1](#)

⁶ [Mental Capacity Act 2005, Section 2](#)

- to communicate their decision (whether by talking, using sign language or any other means)⁷

Therefore it is important to assess whether any inability in understanding, retaining, using or weighing relevant information, or in communicating the decisions, results from an impairment or disturbance in the functioning of the mind or brain.

Furthermore mental capacity is time- and decision- specific. This means that a person may be able to make some decisions but not others. A person's mental capacity to make a decision may also fluctuate over time.

It is also important to be aware that when assessing mental capacity people can be initially articulate and superficially convincing regarding their decision making but as issues are explored, may actually be unable to identify risks or understand how these could be addressed. Sometimes, where tasks involve several steps or decisions a person may have difficulties carrying these out if the person's mental processes involved are affected. This is commonly called Executive Dysfunction. Further explanation of this is provided in the [LSAB Self-neglect policy](#).

4.3.3 Determining best interests

Because every case – and every decision – is different, the law cannot set out all the factors that will need to be taken into account in working out someone's best interests. However, Section 4 of the [Mental Capacity Act, Code of Practice](#) should be referred to for further guidance.

It is important not to take shortcuts in working out best interests, and a proper and objective assessment must be carried out on every occasion. If the decision is urgent, there may not however be time to examine all possible factors, but the decision must still be made in the best interests of the person who lacks capacity⁸.

⁷ [Mental Capacity Act 2005, Section 3](#)

⁸ Section 5.1.3 [Mental Capacity Act: Code of Practice](#)

5. What is abuse, neglect and self-neglect?

The Care and Support Statutory Guidance 2020 states that local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual should always be considered.⁹

Incidents may be:

- one-off incidents,
- something that happens repeatedly,
- something that affects one person or many people,
- intentional or non-intentional.

The Care and Support Statutory Guidance 2020 however provides the following examples:¹⁰

Physical abuse including:

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

Sexual abuse including:

- rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse including:

- emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse including:

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

Modern slavery encompasses:

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

Discriminatory abuse including forms of:

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

⁹ Care and Support, Statutory Guidance 2020: Section 14.17

¹⁰ Care and Support, Statutory Guidance 2020: Section 14.17

Neglect and acts of omission including:

- ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Organisational abuse including:

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

Refer to [Appendix D](#) for additional guidance.

Domestic abuse

The Domestic Abuse Act 2021, [Section 1](#) introduces a new definition of domestic abuse: The behaviour of a person towards another is domestic abuse, if both people are aged 16 or over and are personally connected to each another; and the behaviour is abusive. Abusive behaviour consists of any of the following—

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse
- (e) psychological, emotional or other abuse;

Furthermore it does not matter whether the behaviour consists of a single incident or a course of conduct.

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

The [LSAB Self-neglect policy](#) provides additional information and guidance about self-neglect, legal frameworks, and best practice principles.

6. Safeguarding Principles

The Care and Support Statutory Guidance 2020 identifies six safeguarding principles that apply to all sectors and settings. The following principles should be used to inform all safeguarding adults practice:

- Empowerment
- Protection
- Partnership
- Proportionality
- Prevention
- Accountability

Leeds Citizens have used their words to shape and explain these principles in the following sections of the policy. These words and advice, together with wider relevant information aims to promote practice that enables people to be supported in the way that they would wish to be supported.

7. Empowerment:

The Care and Support Statutory Guidance 2020 states that Empowerment should be a key principle that underlies all safeguarding practice¹¹. Empowerment involves seeking out the views and wishes of the person at risk; and ensuring these views and wishes inform decisions about what then happens. It consists of the person being involved and included wherever possible throughout the safeguarding procedures.

7.1 What this means to citizens in Leeds...

Leeds Citizens have proposed that empowerment is better described as '**Talk to me, hear my voice**'. For them, this better explains how they wish to be supported, and so this is the term used throughout the rest of these policy and procedures.

In real and practical terms, Leeds Citizens describe this as:

- "For someone to talk to me about the concerns for my safety"
- "For someone to always ask me what help I want, if any"
- "For someone to explain what the choices or options are"
- "For someone to stop and listen to what I am saying - do not underestimate the value of listening"
- "Work with me - be someone I can trust"
- "To have everything explained to me, in a way I can understand"
- "To always look at the person and what problems they have and treat them as individuals"
- "To receive the help I need to make decisions, for myself"
- "To not make assumptions about what I want or need"
- "Be honest with me - don't make out everything is okay if it's not"
- "To be in control of decisions about my safety - don't take over"
- "Be invited to meetings about me - involve me in decisions"
- "Don't make judgements about me"
- "To be treated with respect at all times"
- "Talk to me, not to my carer, or my mother, I am not a child"
- "To be kept informed, even if there is nothing new to report"
- "Take time to understand what is important to me"

Leeds Citizen Voices and Expectations

7.2 Working together, with the person at risk

Talk to me, hear my voice as described above is the citizen-led term for working alongside someone to understand the person's views, wishes, circumstances and desired outcomes. The following are key elements of this approach:

7.2.1 Conversations

At all times, all reasonable effort should be made to ensure that people supported within the procedures, know and understand the process and their wishes and views shape what happens.

¹¹ Care and Support Statutory Guidance 2020, Section 14.13

Talk to me, hear my voice involves good conversations with the person at risk (and / or their representative). The following guidance is based upon feedback from citizen groups and should be considered practice guidance to be achieved wherever possible and appropriate.

Wherever possible:

- 'Talk to me about the concern'
- 'Ask me what I want to happen'
- 'Ask me what changes I would like to achieve (my desired outcomes)'
- 'Talk to me about reporting of concerns'
- 'Talk to me about what is happening at this stage and why'
- 'Talk to me about what actions are taken and why'
- 'Talk to be about findings and learning'
- 'Talk to me about risks'
- 'Talk to me about plans to manage those risks'
- 'Talk to me about whether changes I want have been made'
- 'Talk to me about whether life is now better for me'
- 'Talk to me about whether any further actions are needed'
- 'Talk to me about who I can speak to if I am unhappy with decisions made or progress'

[Leeds Citizen Voices and Expectations](#)

7.2.2 Desired outcomes

Desired outcomes are the things that the person wants to achieve with the support of safeguarding. These may be things such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system¹².

In this context, Talk to me, hear my voice means:

- "To not make assumptions about what I want or need"
- "Take time to understand what is important to me"

[Leeds Citizen Voices and Expectations](#)

To achieve this it is important to talk to the person at risk right from the beginning about what support they want and what they hope can be achieved; and continue this conversation throughout the period in which support is provided. It is also important to be realistic with people about what can and cannot be achieved through the safeguarding procedures.

7.2.3 Facilitating people's involvement

Whether people are being spoken to individually or they are attending a meeting, there is a need to consider how to support the person to be involved and to actively participate within discussions and decisions.

¹² Care and Support Statutory Guidance 2020, Section 14.103

Some people may need access to translation services, other people may need particular aids or adaptations, the support of friends/family or an independent advocate. Practitioners need to communicate in a way that people can understand; taking time to ensure issues are understood and the person is able and confident enough to tell people their wishes and views.

"Put yourself in my shoes..."

Think about how it would feel and what help you would need"

"Explain things in a way I will understand – check that I did"

Leeds Citizen Voices and Expectations

Leeds citizens have produced a Citizen Guidance: [Planning Safeguarding Meetings](#) that should be considered when meetings are planned and arranged. Where domestic abuse is a presenting concern, the [Safe Enquiries Practice Guidance](#) will need to be taken into consideration to ensure arrangements for facilitating the person's involvement do not place them at greater risk.

7.2.4 Working with people, who need representation

"Make sure my voice is heard"

Leeds Citizen Voices and Expectations

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions¹³.

If it appears to the local authority that a person has care and support needs, then a judgement must be made as to:

- a. whether that person has **substantial difficulty** in being involved, and
- b. if there is an **appropriate individual** to support them.

A person has a substantial difficulty if they experience one or more of the following difficulties:

- understanding relevant information;
- retaining that information;
- using or weighing that information as part of the process of being involved;
- communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means).

In these situations the local authority will need to find an appropriate person to support and represent them for the purpose of facilitating their involvement.

An appropriate person must be independent and able to fulfil the role, and so they cannot be:

- someone already providing care or treatment to the person in a professional capacity or on a paid basis
- someone the person does not want to support them
- someone who is unlikely to be able to, or available to, adequately support the person's involvement
- someone implicated in an enquiry into abuse or neglect.¹⁴

¹³ <https://www.scie.org.uk/advocacy/commissioning/duties>

¹⁴ <https://www.scie.org.uk/advocacy/commissioning/duties>

Representation: Friends and Family

Where there is an appropriate family member or friend who is willing and able to facilitate the person's involvement then an independent advocate will not be needed.

Where this is the case, it should be made clear to family members or friends that they have a role in facilitating the person's involvement, in addition to offering their own views as a friend or relative; and this role should be understood by all those involved within these procedures.

Representation: Independent Advocacy

Where a person has a substantial difficulty and has no friend or family member able to represent them, then there is a duty to appoint an Independent Advocate to facilitate their involvement.

Further guidance on the role of Advocacy is available from the Social Care Institute of Excellence (Scie) [Independent Advocacy under the Care Act, SCIE](#)

It should be noted however, that even where there is not a duty to provide an advocate, there may sometimes still be a benefit in doing so. In these cases, a discussion should be held with the person at risk and advocacy services as to whether this is desired and can be provided for.

7.3 Working with people, from all communities

Leeds is a hugely diverse city and practice needs to be culturally sensitive. Practitioners and services need to recognise that cultural differences may make it more difficult for some people to see their circumstances as abusive, and that some people may experience additional barriers to seeking or accessing support.

Throughout parts of these multi-agency policy and procedures, due regard must be given to individual differences, including age, disability, gender, race, religion or belief, sexual orientation, marital or civil partnership status. All practice must be compliant with the [Equality Act 2010](#).

8. Protection:

The Care and Support Statutory Guidance 2020 states the first priority should always be to ensure the safety and well-being of the adult¹⁵ and that protection should be a key principle that underlies all safeguarding practice¹⁶.

8.1 What this means to citizens in Leeds...

The Leeds Citizens ask of agencies is to '**Work with me, to support me to be safe**' and have explained in their own words what this feels like:

- "Getting the help I need"
- "Having people on my side"
- "Knowing people will help me"
- "Not feeling scared all the time"
- "Being able to go out again"
- "Letting me live my life the way I want"

Leeds Citizen Voices and Expectations

8.2 Specific issues involving abuse, neglect and self-neglect

8.2.1 Whistleblowing

Members of staff working within an organisation may become aware of safeguarding concerns but be concerned about the impact on their employment if they were to report them. Where people have these concerns, they should refer to their employer's Public Interest Disclosure Policy, sometimes called the "Whistleblowing" Policy.

The policy is so named, because it provides advice in relation to those circumstances when an employee is protected for reporting concerns. For further information and advice, members of staff in such situations may wish to seek independent advice. They may wish to consider contacting: www.protect-advice.org.uk/

8.2.2 Abuse by other service users

Concerns about abuse between people who use a service should not be considered less serious than other forms of abuse. Where such an incident occurs within a service, for example, where both people are living in a care setting the risk of harm may be compounded by the emotional distress of living with an abusive person.

The safety of the person at risk will be of primary importance. However, where the person causing harm is also someone with care and support needs, the concerns may indicate unmet needs and the need for assessment and support.

8.2.3 'Was not brought'

There may be many reasons why someone does not attend an appointment relating to their care, health or welfare. However, if the person is reliant on someone else to arrange or take them to appointments, then recording the person's non-attendance as 'Was Not Brought' is often a more accurate than 'Did Not Attend'.

¹⁵ Care and Support Statutory Guidance 2020, Section 14.95

¹⁶ Care and Support Statutory Guidance 2020, Section 14.13

This approach encourages consideration of why a child or adult has not been brought to a meeting or appointment, the implications for them not having been brought, and the potential risks. Where someone is not brought to appointments, this could indicate potential safeguarding concerns, especially if there is a repeated pattern. For more information about this approach click [here](#):

8.2.3 Concerns about children and young people

The welfare of children is everyone's one responsibility. Concerns about the safety and wellbeing of children and young people under the age of 18 will need to be reported to [Leeds City Council: Children Services](#).

The [Leeds Safeguarding Children Partnership](#) provide extensive information which should be used as the primary source of guidance for practitioners and members of the public if they have concerns about a child or young person.

8.2.4 Working across safeguarding children/safeguarding adults procedures

If the young person at risk is approaching the age of 18 at the time when concerns are raised for their safety, the safeguarding children procedures will need to be followed. It may however be appropriate to involve adult services at this time, so that the person's safety planning continues to support them after the age of 18.

In the event that child protection procedures are already being followed at the time the person turns 18 years of age, the investigation, once started, should be completed under those procedures. It may however again be appropriate to involve adults services in relation to the protection planning arrangements.

If the concerns are in relation to a person at risk who has turned 18 years of age, a safeguarding concern should be raised with the local authority as detailed in this Policy and Procedure. If children services have previously been involved then it may be appropriate to involve them in assessments of risk and the development of risk management plans.

8.2.5 Abuse by children

Parents experiencing abuse from their children may be reluctant to seek help, fearing judgement from agencies or negative consequences for their child. It is important to note that young people using violence against parents may sometimes have safeguarding needs themselves.

Alongside raising a safeguarding adults concern for the parent/person at risk, there may also be a need to make a referral to the Children Services to assess the young person's needs, or to assess the immediate risk to other family members such as other siblings in the home. For further information/guidance: [Resources: Home Office: Information guide: adolescent to parent violence and abuse \(APVA\)](#)

8.3 Whole system approaches

The 'Work with me, to support me to be safe' principle, requires all agencies to work together to support the person at risk. Whilst the local authority has a lead role, responses may involve a whole range of actions and interventions, and draw upon the various support systems within the city that enable people to be safe from abuse, neglect or self-neglect.

The list below highlights a wide range of key organisations and support mechanisms in the city that may need to be included within coordinated responses to safeguard a person or people at risk. This list will not be exhaustive.

Criminal Investigations

Includes assault, theft, fraud, hate crime, domestic abuse and wilful neglect.

Responsible agencies / Useful information / Advice: [West Yorkshire Police](#)

Domestic Abuse

Where a person is experiencing domestic abuse, the police and domestic violence services may need to be involved within these multi-agency policy and procedures, to respond to the person's safety, their needs, wishes and desired outcomes. Responsible agencies / advice / Useful information:

- [West Yorkshire Police](#)
- [Leeds Domestic Violence Services](#)
- Local authorities
- [The LGA/ADASS \(2015\) Adults Safeguarding and Domestic Abuse: A guide to support practitioners and managers](#)
- www.safelives.org.uk

Misuse of Appointeeship or Agency

This concerns possible misuse of an individual benefits by someone who has been appointed to manage these in the person's best interests. Responsible agencies / Useful information / Advice:

- [Department of Work and Pensions](#)

Misuse of Lasting or Enduring Power of Attorney or misconduct of a court appointed deputy

This concerns possible misuse of legal safeguards for people who lack mental capacity in relation to certain financial or health and welfare decisions. Responsible agencies / Useful information / Advice:

- [Office of the Public Guardian \(OPG\)](#)
- [West Yorkshire Police](#)

Decision making not in the person's best interests

This concerns situation where a person is not acting in the best interests of a person they care for, who lacks mental capacity to make these decisions for themselves. The court of protection can make decisions or nominate deputies to do so in the future. Responsible agencies / Useful information / Advice:

- [Court of protection](#)

Forced Marriage

Forced marriage is against the law and occurs when one or both spouses do not consent to a marriage and some element of duress is involved. The Police should always be contacted in relation to suspicions or concerns about forced marriage. Relevant agencies / Useful information / Advice:

- [West Yorkshire Police](#)
- [Forced Marriage Unit](#)
- [Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage \(June 2014\)](#)
- [Forced marriage and learning disabilities: Multi-agency practice guidelines](#)

Hate Crime

Hate crime is taken to mean any crime motivated by prejudice. Hate crime is a form of discriminatory abuse. Relevant agencies / Useful Information / Advice:

- [Safer Leeds](#)
- [Stop Hate UK](#)

Anti-social behaviour

Anti-social behaviour teams bring together experienced staff from the local authority, Police, housing and other organisations to prevent and resolve anti-social behaviour. Relevant agencies / Useful information / Advice:

- [Safer Leeds](#)
- [West Yorkshire Police](#)

Essential standards of quality and safety

Fundamental standards of quality and safety are produced by the Care Quality Commission and apply to their regulated services. In the event that these are not maintained, the Care Quality Commission have powers to enforce compliance, they also may evaluate the fitness of the registered service provider. Relevant agencies / Useful information / Advice:

- [Care Quality Commission \(CQC\)](#)
- [CQC Fundamental Standards](#)

Bogus callers, rogue traders, fraud and scams

Responsible agencies / Useful information / Advice:

- [West Yorkshire Trading Standards](#)
- [West Yorkshire Police](#)

Misconduct of an employee

Organisation's incident/disciplinary investigation processes may be relevant when the concerns relate to the conduct of an employee. Such processes may form part of the response to safeguarding concern(s) within these procedures.

Risk posed by a Person in a Position of Trust

See [Section 11.4](#) for summary explanation. For the full guidance: [LSAB People in positions of trust guidance](#)

Serious Incident (SI) processes

The Serious Incident Framework describes the process and procedures to help ensure Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again. Relevant agencies / Useful information / Advice:

- NHS service providers, including hospital and health services
- [NHS Serious Incident Framework](#)

Breach of professional code of conduct

A professional body has a range of options where appropriate, these usually include suspending the person from practice, de-registering them or imposing conditions of practice that the person must work under.

Modern Slavery and Human Trafficking

Modern slavery and human trafficking must be reported to the Police. The National Referral Mechanism (NRM) is the framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. Relevant agencies / Useful information / Advice:

- [West Yorkshire Police](#)
- [Home office guidance](#)

Exploitation by Radicalisers who Promote Violence

Channel is a key element of government's counter-terrorism strategy. It is about early intervention to protect and divert people away from the risk they face before illegality occurs. Relevant agencies / Useful information / Advice:

- Refer to the [LSAB Safeguarding Adults from the Threat of Violent Extremism](#) guidance. This includes referral pathway information.

Honour Based Violence

So-called 'honour-based violence' is a crime which has or may have been, committed to protect or defend the perceived honour of the family and/or community. Honour-based violence is a crime. Relevant agencies / Useful information / Advice:

- [West Yorkshire Police](#)
- www.karmanirvana.org.uk

Multi-agency public protection arrangements (MAPPA)

The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. Relevant agencies / Useful information / Advice: [MAPPA Statutory Guidance](#)

LSAB Exceptional Risk Forum

The [LSAB Exceptional Risk Forum](#) provides an advisory function for services in respect to circumstances involving:

- An adult aged 18 years or over, who requires assistance with aspects of their day to day living as a result of a physical or mental impairment or illness (including a mental health condition or substance misuse), and;
- Who lives in circumstances of exceptional risk to themselves despite the best efforts of individual agencies and multi-agency approaches to mitigate those risks

The Forum is an additional resource and should not be seen as a replacement for good professional practice, multi-agency working, risk assessment and planning.

9. Partnership:

The Care and Support Statutory Guidance 2020 states that safeguarding means protecting an adult's right to live in safety, free from abuse, neglect and self-neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse, neglect and self-neglect¹⁷. It involves local solutions through services working with their communities. Partnership should therefore be a key principle that underlies all safeguarding practice¹⁸.

9.1 What this means to citizens in Leeds...

Leeds Citizens have described partnership as '**Work together, with me**' and have explained this in their own words as:

- "One plan everyone is working to"
- "A whole team approach"
- "Everyone working together to help me"
- "Everyone here is here for you, not for their organisation"
- "Knowing you will get the support you need from different people"

Leeds Citizen Voices and Expectations

9.2 What partnership means for practitioners and services

"For partnerships to work, partners need to understand each other, work out what makes each other tick and acknowledge that there may be imbalances within the group – of power, of access to resources, of knowledge and understanding of the issues. It is crucial to negotiate relationships and keep positive and be clear about what is possible for each partner".¹⁹

'Working together, for me' requires practitioners of all agencies to:

- Work towards the common goal of the person's interests
- Recognise each another as an essential part of the safeguarding system
- Make the best use of skills and resources across the partnership to support the person
- Work with each other with mutual respect
- Work from shared values
- Act with equal commitment
- Seek to understand each another's perspective
- Recognise mutual responsibilities and accountabilities
- Understanding each other's role, their priorities and constraints
- Be honest with each other
- Be solution focused
- Be inclusive
- Communicate and share information effectively

9.3 Working together: Duty to cooperate

Underlying partnership working is the duty to cooperate as set out in the Care Act 2014. This requires the local authority to cooperate with each of its relevant partners, and each

¹⁷ Care and Support Statutory Guidance 2020, Section 14.17

¹⁸ Care and Support Statutory Guidance 2020, Section 14.13

¹⁹ <http://changesuk.net/themes/partnership-working/>

relevant partner must cooperate with the authority, in the exercise of its respective functions relating to adults with needs for care and support and carers. For more information, refer to [Section 4.2.5](#)

9.4 Working together: Information Sharing

Whilst information sharing can be essential to enable the person's voice to be heard and for people to receive the support they need, it is also necessary to do this in way that ensures their rights are protected.

Within organisations, information provided to practitioners in the course of their role can be shared without consent with relevant managers and colleagues. This is part of providing a safe and appropriate service.

The [LSAB Information Sharing Policy](#) sets out when and how information can be shared between agencies in relation to safeguarding an adult at risk, and in relation to a person in a position of trust. Practitioners should however also seek advice from managers and agency information sharing leads in relation to individual situations as required, to ensure information is appropriately shared.

9.5 Working together, across local authority areas

Sometimes local authorities will need to work together to respond to safeguarding concerns. This is most common when abuse or neglect occurs in one local authority area, but the person receives services funded/commissioned by another.

The '[ADASS: Out of area safeguarding arrangements](#)' highlights the need for authorities to work together and outlines respective responsibilities.

Key general principles are summarised below:

The safeguarding adults procedures of the host authority (i.e. the local authority in the area where the abuse, neglect or self-neglect occurred) will be followed.

This means that, the host authority:

- will fulfil the role of the Safeguarding Coordinator
- will maintain effective communication with the placing authority
- may need to undertake immediate make safe arrangements, but wherever possible this should be in consultation with the placing authority

Placing authorities (the local authority or NHS body responsible for commissioning care and support services for that person):

- will contribute to the safeguarding response as required
- have overall responsibility for assessing and providing for the care and support needs of the person at risk
- will ensure, through contracting arrangements and in-service specifications, that the provider has arrangements in place for supporting and protecting adults at risk of harm.

If the person is a self-funder and there is no placing authority involved in commissioning care and support services, the host authority has the duty to act under the multi-agency policy and procedures regardless of the area from which the person originated.

If a person experiences abuse whilst in another local authority area from where they live, for a very short period, for example whilst on holiday, the statutory duty lies with

the host authority. However, there may need to be agreement between the host and placing agency as to who is the most appropriate to undertake enquiries in relation to the concerns. Refer to the full guidance for further information.

9.6 Working together, to resolve disagreements in Leeds

It is the responsibility of all agencies to be proactive in resolving disagreements in an effective and timely manner. Resolving disagreements should be seen as a constructive process of working together to:

- find the best response for a person at risk,
- improve shared understanding of issues, and
- improve how practitioners work together across agencies.

In all cases, the safety and wellbeing of any person at risk of abuse, neglect or self-neglect should be the primary focus of how issues or concerns are resolved. The following steps outline how organisations should work together to resolve disagreements:

Step 1: If practitioners have concerns about safeguarding practice across agencies they should:

- reflect on the nature of the concerns and the risk, as well as the wishes and desired outcomes of the person at risk
- discuss with colleagues to clarify good practice
- seek to understand the alternative view, review any relevant policies, procedures or practice guidance
- consult with their line manager or organisation's named/designated Safeguarding Adults Lead as appropriate.

Having considered these issues and sought advice where needed, they should try to resolve any disagreements, focusing on the needs of the person at risk.

Step 2: If concerns remain unresolved and a person remains at risk, or there are important practice issues to resolve, practitioners should refer this to their line manager.

The line manager should consult with their organisation's named/designated Safeguarding Adults Lead as appropriate. Having considered the issues, and sought advice where appropriate, the line manager should seek to resolve the concerns in discussion with the line manager of the other service.

Step 3: If agreement cannot be reached following discussions between first line managers, the issue must be referred without delay through the line management structure to the operational Safeguarding Adults Lead for each organisation, who should seek to resolve the concerns with their counterparts. Where organisations are Board members, their representatives should be the final point of escalation.

Step 4: In the unlikely event that the steps outlined above do not resolve the concerns, policy/practice issues of concern should be referred to the chair of Leeds Safeguarding Adults Board to determine the appropriate process for resolution:

LSAB.Chair@leeds.gov.uk

Clear written records should be kept by everyone at all stages, which must include records of agreed resolutions and the proposed follow-up of any outstanding issues.

9.7 Working together, with relatives and unpaid carers

Working closely with relatives / unpaid carers can be an important element of providing support for the person at risk. Where there are safeguarding concerns, relatives / unpaid carers should be involved with the person at risk's consent or in their best interests under the Mental Capacity Act 2005. There may also be occasions where involving a person's relatives / unpaid carers without consent is a proportionate act taking into account Article 8 of the Human Rights Act (See [Section 10.2](#)).

Relatives and unpaid carers may contribute in a range of ways depending on the circumstances and wishes of the person at risk. This might include:

- reporting the concern
- supporting the person through meetings or conversations about distressing experiences
- being a source of knowledge about the risks and the person's support needs
- contributing to the plan to support them to be safe
- supporting an assessment of needs, which may include their needs as a carer
- acting as their representative to facilitate their involvement in the support provided.

However, a safeguarding enquiry may be required in circumstances involving relatives and unpaid carers, such as where:

- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others²⁰
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with²¹.

In such circumstances, the Care and Support Statutory Guidance 2020 advises²²:

- Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both people.
- A needs or carer's assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring.
- Examples of support include: Training to the carer about the condition that the adult they care for has or to support them to care more safely; the provision of training or information or other support that minimises the stress experienced by the carer. In some circumstances the carer may need to have independent representation or advocacy.
- A change in circumstance should also trigger the review of the care and support plan and, or, support plan.

These factors should be taken into consideration as part of a safeguarding enquiry undertaken in [Section 16](#) of these policy and procedures. Furthermore, safeguarding interventions should take into account a person human right to maintain a private and family life (Article 8 Human Rights Act).

Further information about consideration for working with carers can be found in the [ADASS: Carers and Safeguarding guidance](#)

²⁰ Care and Support Statutory Guidance 2020, Section 14.45

²¹ Care and Support Statutory Guidance 2020, Section 14.45

²² Care and Support Statutory Guidance 2020, Section 14.50

10. Proportionality:

Proportionality involves making timely and appropriate responses that seek to achieve the person's safety in a way that promotes their wellbeing. It is about providing support at the time people need it, ending these procedures when they are no longer required, and providing the least intrusive response appropriate to the presenting risk. The Care and Support Statutory Guidance 2020 states that proportionality should be a key principle that underlies all safeguarding practice²³.

10.1 What this means to citizens in Leeds...

Leeds Citizens have described the principles as '**Work with me, to resolve my concerns and let me move on with my life**' and have explained this in their own words as:

- "Listen to what I want to happen"
- "I don't want the process hanging over me"
- "I need to be able to put it behind me and move on"
- "Look into my concerns properly... but don't take longer than needed"
- "Put yourself in my shoes... think about how you would feel"

Leeds Citizen Voices and Expectations

10.2 Proportionality: Human Rights Act 1998

Public authorities must not act in a way that is incompatible with Human Rights; and wherever possible existing laws have to be interpreted and applied in a way that fits with these rights. For a summary of key articles of the European Convention on Human Rights refer to Equality and Human Rights Commission www.equalityhumanrights.com for a full description and explanation of each article. Article 8 however is outlined below:

Article 8: Right to respect for private and family life

1. Everyone has the right for his private and family life, his home and his correspondence
2. There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

For a public body to interfere with these rights, the actions would need to be lawful, necessary and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned. Where a person lacks mental capacity, decisions should be made in accordance with the Mental Capacity Act 2005.

10.3 Proportionality: Consent to safeguarding actions

Practitioners should always try to work alongside people, seeking their explicit consent wherever possible before taking action. However, whilst consent is an important consideration, it is not the only consideration.

²³ Care and Support Statutory Guidance 2020, Section 14.13

The local authority has a duty under Section 42 of the Care Act to undertake enquiries. Such enquiries however, should be proportionate to the concern taking into consideration the nature of risks, the person's wishes and [Article 8 of the Human Rights Act 1998](#). There can be no definitive list of occasions, where taking action is appropriate without consent but the following examples should inform decision making.

Actions, such as reporting a concern and the undertaking of safeguarding enquiries will usually be appropriate providing that they are **proportionate** to the concerns and be for a lawful purpose, such as it being necessary:

- To assess the risk of harm to the person.
- To assess the risk of harm to any other person.
- To ensure the person is aware of the risks.
- To ensure the person is aware of the options to reduce those risks.

Actions without the person's consent will also be indicated by particular circumstances, such as where:

- There are safeguarding concerns about employees, volunteers or practicing students.
- There are safeguarding concerns about possible abuse or neglect within a care or support service.
- To fulfil public interest duties to ensure that other people are also afforded their rights to safety and protection.
- To establish whether the person has mental capacity to make decisions about their safety and wellbeing.
- Where a person does not have mental capacity, to take actions in the person's best interests as set out in the Mental Capacity Act 2005.
- To protect the vital interests of the person, or some other person e.g. to prevent serious harm or distress or in life threatening situations.

Wider local authority statutory duties will however also be relevant. In particular, [Care Act 2014, Section 9](#) and [Section 11](#) state that where it appears to the local authority that an adult may have needs for care and support they have a duty to undertake an assessment. In the event of their refusal, the duty to assess still applies if they are experiencing, or at risk of, abuse, neglect or self-neglect or if they lack capacity to decide and the assessment is in their best interests. Principles of proportionality and Human Rights will also be relevant to how these assessments are undertaken.

Also refer to [Section 16.10](#): Limited engagement and / or refusals of support

10.4 Proportionality: Risk and wellbeing

The aim of the multi-agency safeguarding adults policy and procedure is to support people to be safe, in a way that promotes their overall wellbeing.

'The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the

elderly or vulnerable person's happiness. **What good is it making someone safer if it merely makes them miserable?**²⁴

Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being²⁵.

Supporting someone to be safe must therefore always start with the individual's needs and wishes, to ensure people are safeguarded in a way that promotes their well-being.

10.5 Strength-Based Risk Assessment

Risk assessment and safeguarding plans should recognise the person's strengths, and wherever possible, be co-produced with the person at risk.

A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in-charge of their own lives²⁶

Key to the co-production of risk assessment / safeguarding plans:

- The recognition of the person as the expert in their own life.
- The recognition that people will have their own view on risks, and how they would want these to be managed in their life.

Benefits of this approach is to:

- Enable people's voices to be heard
- Develop a shared understanding of the risk
- Support people to make informed decisions based on risk and the options available to manage that risk
- Help people to have choice and control over their lives
- Build upon people's strengths and resources, the support of family and other informal networks
- Help people to understand why other actions may be needed to keep other people safe
- Help people understand their responsibilities and the implications of their choices, including any risks
- Better understand the impact of the plan on the person's quality of life.

Please note the Leeds Citizen Practice Guidance in [Appendix B](#)

10.6 Think Family, Work Family

The [Leeds Think Family, Work Family](#) approach recognises that people often live as part of a family, whose members provide support for each another. This approach is important in helping to understand the unique circumstances of an adult or child, and the strengths and resources within the family to provide for their needs. As part of this, all practitioners have responsibilities to recognise the wider needs of families and to enable or sign-post those in need of support, to required services.

²⁴ ([Lord Justice Munby; CC v KK and STCC](#))

²⁵ Care and Support Statutory Guidance 2020, Section 14.8,

²⁶ Alex Fox, chief executive of the charity of Shared Lives: www.scie.org.uk/strengths-based-approaches/guidance

11. Prevention:

The Care and Support Statutory Guidance 2020 sets out that the aims of safeguarding include the prevention of harm and reduction of risk of abuse, neglect and self-neglect²⁷. It further states that Prevention should be a key principle that underlies all safeguarding practice²⁸. The aim for practitioners and services must therefore be to prevent abuse, neglect or self-neglect from occurring; and from reoccurring where it has.

11.1 What this means to Citizens in Leeds...

Leeds Citizens have described the principles as '**Support me to be safe now and in the future**' and have explained this in their own words as:

- "It shouldn't be allowed to happen"
- "These things shouldn't happen to start with"
- "You can't keep saying it's alright that these things happen if it's not alright, and its not"
- "I want to know this won't happen to anyone else"
- "I want to feel safe - and know this won't happen again"
- "I hope they have learnt from what happened"

Leeds Citizen Voices and Expectations

11.2 Taking action to prevent abuse, neglect and self-neglect

Prevention of abuse, neglect and self-neglect should be a primary objective of all agencies that provide support to people in need of care and support. The nature of preventative work will depend on the nature of the organisation and the services it provides. It may include a whole range of actions, including:

- Promoting awareness, of rights, support and safeguarding services
- Developing a culture of openness and transparency
- Developing responsive, person-centred services
- Identifying risks in assessments and within the provision of support
- Providing effective training and education throughout its services
- Developing a culture of continuing improvement
- Supporting unpaid carers and the person's support networks
- Helping the person link with and access community services
- Developing policies and procedures that recognise and respond to risks
- Safe recruitment practices

All agencies should seek to assure themselves that they have arrangements in place that minimise the risk of abuse, neglect or self-neglect from occurring.

11.3 Taking actions to identify causes of abuse and to learn from experience

It is the responsibility of every organisation to ensure that they provide safe and effective services and each organisation learns continually how to do this. Whenever safeguarding concerns occur, alongside supporting the person to be safe now, there should be a process of identifying learning that could prevent those or similar concerns from occurring in the future.

²⁷ Care and Support Statutory Guidance 2020, Section 14.11

²⁸ Care and Support Statutory Guidance 2020, Section 14.13

- "If it's not alright, and it's not [why do these things keep happening?]"

[Leeds Citizen Voices and Expectations](#)

The Care and Support Statutory Guidance 2020 advises that "Professionals and others should look beyond single incidents or individuals to identify patterns of harm"²⁹. In this way causes of abuse can be identified and addressed.

The following 'steps' described by the Department of Health³⁰ are illustrative of the approach needed:

- Prevention through high quality care
- Provide effective response where abuse occurs
- Learning – use learning to improve prevention & improve services

It is therefore important that organisations approach safeguarding concerns with an openness to assessing and reviewing incidents or concerns in-line with their duty of candour; and with a view to identifying its underlying causes. In this way, learning can change practice as needed to prevent such concerns from occurring and reoccurring.

11.4 Taking actions in relation to people in positions of trust

A person in a position of trust is an employee, volunteer or student who works with adults with care and support needs. This work may be paid or unpaid.

The nature of the concerns about a person in a position of trust or the risk they may pose to adults with care and support needs, may be varied and far ranging. The Care and Support Statutory Guidance 2020 offers examples, such as concerns that they have:

- behaved in a way that has harmed, or may have harmed an adult or child
- possibly committed a criminal offence against, or related to, an adult or child
- behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs.³¹

Where there is a concern for the safety of an individual with care and support needs, there should be consideration as to whether these multi-agency safeguarding adults policy and procedures should be followed.

In some circumstances however, the risk relates more specifically to the person in a position of trust and their potential risk to adults with care and support needs more generally. In these situations there should be consideration to sharing information with other employers, volunteer managers or student bodies to enable them to take actions that prevent abuse or neglect from occurring.

In both cases however, an employer, volunteer manager or student body has a responsibility to ensure safe working arrangements are in place, and that safe services are provided. The [LSAB: People in Position of Trust: Practice Guidance](#) should be referred to for more information and guidance in relation to these matters.

²⁹ Care and Support Statutory Guidance 2020, Section 14.18

³⁰ Safeguarding Adults: The Role of Health Service Managers and their Boards

³¹ Care and Support Statutory Guidance 2020, Section 14.123

12. Accountability:

The Care and Support Statutory Guidance 2020 states that a key principle in safeguarding practice is accountability, which includes transparency in delivering safeguarding³². Accountability includes:

- Being able to explain how something has been approached
- Accounting for actions
- Accepting responsibility for actions and outcomes and understanding mutual roles
- Having transparency and openness about the process/approach and understanding and recording why a particular approach was taken³³

Hence there is a need for agencies to work together and with the person at risk in this way.

12.1 What this means to citizens in Leeds...

Leeds Citizens have described the principle as '**Work with me, knowing you have done all you should**' and have explained this in their own words as:

- "It is important to have confidence that services will act on concerns properly"
- "It is about knowing everyone is doing their best to help"
- "It is important to have support from someone who you know will listen to you and act on what you tell them"
- "If something is not possible or it's going to take longer, update us so we know why and that we are not being ignored"
- "It is important that concerns are looked into properly"
- "People listen to me if I disagree"
- "Keep me informed of progress, even if nothing is happening so that I am not worrying about it"
- "If you say you are going to do something, mean it, don't say it for the sake of saying it"
- "Make sure I know who I can talk to, if I am unhappy with what is happening"

Leeds Citizen Voices and Expectations

12.2 Citizen-led expectations of services

Citizen groups highlight that the experience of safeguarding will not just depend on what support is received, but also how it is provided:

"It is about knowing everyone is doing their best to help"

Citizen consultation identified what a good experience of support would look and feel like. These expectations of service are set out below. These may sometimes be aspirational, depending on the particular circumstances, but should be considered practice guidance and sought to be achieved wherever possible.

- 'Concerns about my safety and wellbeing have been taken seriously'

³² Care and Support Statutory Guidance 2020, Section 14.13

³³ ADASS Making decisions on the duty to carry our safeguarding adults enquiries:

- 'I was asked for my views about the concerns'
- 'I was asked what I want to happen, and changes I want to achieve'
- 'I received the support I needed to express my views'
- 'I had the support I need to be involved'
- 'My wishes and views have been taken into consideration'
- 'Actions have been taken that support me to be safe'
- 'I have been involved in decisions to the extent that I can be'
- 'I have been kept informed of what is happening'
- 'I have had a conversation about what is happening at each stage and why'
- 'I know how my concerns were looked into'
- 'I know what was found out'
- 'I know what was learnt'
- 'Plans about my safety have been developed with me'
- 'I have been involved in assessments'
- 'My desired outcomes have been met or someone has explained to me what this has not been possible'
- 'If there are changes to my care and support arrangements, these have been discussed with me'
- 'I know who I can speak to, if I am concerned about decisions'
- 'I know who I can speak to in the future about concerns'

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12.3 The role of the Safeguarding Coordinator

The Safeguarding Coordinator is a role adopted by an officer of the local authority, who has responsibility for ensuring there is an appropriate response to the concerns raised. This involves coordinating the actions of other agencies in relation to the concerns, so as to achieve the aims and objectives of these multi-agency policy and procedures.

All agencies are expected to support the role of the Safeguarding Coordinator, working in partnership to achieve the aims of these multi-agency policy and procedures.

12.4 Target Timescales

Actions taken within this policy and procedures should be timely and without undue delay, ensuring risks are quickly managed to enable the person is able to achieve resolution and recovery.

The Care and Support Statutory Guidance 2020 states that *"The scope of [the] enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances"*³⁴

Hence target timescales listed within this policy and procedures are not performance indicators. The time needed to respond to concerns will depend upon the nature of the

³⁴ Care and Support Statutory Guidance 2020, Section 14.93

concerns and the specific circumstances. The timescales provided however provide useful targets for practice that are achievable in many cases.

12.5 Resolving concerns of the person at risk (and/or their representative)

Working together, explaining decisions and good communication can help in developing agreed, shared approaches to concerns. However, inevitably there will sometimes be disagreements about appropriate actions and responses.

Where the person at risk or their representative is worried about or unhappy with the response or support provided within these procedures, they may wish to contact the Safeguarding Coordinator to discuss their concerns.

Where concerns cannot be resolved and the person at risk (and/or their representative) on their behalf, is dissatisfied with the response within this policy and procedures they may sometimes wish to make a formal complaint. For information about how to do this, refer to the Leeds City Council website: [Compliments and complaints](#)

Citizen-led Multi-agency safeguarding adults procedures

Citizen-led multi-agency safeguarding procedures

These procedures provide a framework for organisations to work together and with people at risk to respond to abuse, neglect and self-neglect. They should be applied with common sense and judgement in the spirit of what is being sought to be achieved for people at risk and in accordance with the values, principles and legal duties as set out within the policy.

13 Overview of the safeguarding adults procedures

13.1 Tell us your concern

Tell the local authority your safeguarding concerns, so that they can advise, support and help. Key Responsibilities of practitioners and services reporting concerns:

a. **Listen and involve:**

- *'Talk to me, hear my voice'*
- *'Talk to me about the concerns'*
- *'Find out what support I want'*
- *'Ask me about my desired outcomes'*
- *'Assess risks to my safety (and the safety of others)'*
- *'Take actions to support me (and others) to be safe'*

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b. **Assess:**

- If these safeguarding policy and procedures apply to the person's particular circumstances about whom you are concerned
- Assess immediate safety issues and if there are any actions required
- Consider issues of consent

c. **Report** concerns to the local authority in-line with this procedure (or take other actions to safeguard the person, where these procedures do not apply)

Consider if you need to report a matter to the police.

Consider the need to inform other people or organisations such as CQC.

Target Timescale: Safeguarding concerns should be reported to the local authority on the same day they are identified; or immediately where urgent.

13.2 We will advise if this is the best way to help

The local authority will gather information to decide if this is the most appropriate way of providing the person with the support they need. This will involve considering its legal duties under Section 42.1 of the Care Act 2014 and the Care and Support Statutory Guidance 2020.

Key Responsibilities:

- a. The local authority will gather information to decide if these procedures should be followed
- 'Talk to me, hear my voice'
 - 'Talk to me about the concern and what my views are about it'
 - 'Ask me what I want to happen'
 - 'Find out what support I want'
 - 'Ask me about my desired outcomes'

Safeguarding Procedures: Overview

- 'Assess risks to my safety (and the safety of others)'
Leeds Citizen Voices and Expectations
- b. If the safeguarding procedures are not to be followed, there remains a need for the local authority to consider the risks and advise on or offer alternative forms of support.

Target Timescales:

- Assess risk and ensure safety within 24 hours
- Notify the person raising the concern of decisions: next working day
- Ensure the person at risk is aware of relevant decisions: next working day

12.3 We will work with you to achieve the changes you want

Where it is decided that the safeguarding adults procedures are to be followed. The local authority will undertake an enquiry, or cause others to undertake an enquiry, in accordance with [Section 42.2](#) of the Care Act 2014.

Key Responsibilities:

- a. Undertake an enquiry, to determine whether any action should be taken in the adults case:
 - *'Talk to me, hear my voice'*
 - *'Talk to me about what changes I want to achieve'*
 - *'Work towards achieving the changes I want where possible'*
 - *'Plan with me and other agencies - what actions are required and by whom'*
 - *'Involve me in risk assessments'*
 - *'Work with me and my support networks'*
 - *'Develop safeguarding plans with me'*

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Target Timescales:

- Planning discussion/meeting held within 5 working days of the concern raised

12.4 We will check if we have addressed your concern

Whether the local authority has undertaken the enquiry or asked another organisation to do this. The local authority will need to review enquiries undertaken and safeguarding arrangements in place, and consider if any further actions are required.

Key Responsibilities:

- a. Review, what if any further actions are needed.
 - *'Talk to me, hear my voice'*
 - *'Review with me the actions taken'*
 - *'Review with me identified risks and how these are being managed'*
 - *'Review with me whether the changes I wanted have been achieved'*
 - *'Talk with me about whether further actions are needed'*

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Target Timescales:

- Enquiry review/outcome discussion/meeting held within 8 weeks of the concern being raised (earlier wherever possible)

14. Tell us your concern

Everyone working to support people with care and support needs has a responsibility within these multi-agency safeguarding adults procedures to identify and respond to concerns about possible abuse, neglect and self-neglect.

The purpose of these safeguarding adults procedures is to support and protect people living within specific circumstances as set out in the Care Act 2014 and Care and Support Statutory Guidance 2020. When deciding whether to raise a safeguarding concern, due consideration should be given to the criteria that local authorities are required to consider:

Is there reasonable cause to suspect that an adult (aged 18 or over):

- a) has needs for care and support (even if someone is not receiving help with this), and
- b) is experiencing, or is at risk of, abuse or neglect [including self-neglect], and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect [or self-neglect] or the risk of it

Or if an unpaid carer is experiencing intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with.³⁵

For assistance in understanding key terms, refer to [Section 15.4](#)

When deciding whether to raise a safeguarding concern, and to understand wider considerations and actions needed, the following guidance should be followed (Sections 14.1 – 14.7).

14.1 Managing disclosures:

If a person discloses abuse to you directly, use the Listen, Respect, Reassure principles to respond to them:

Listen to me:

- *Talk to me in a suitable environment, free of distractions.*
- *Be calm and patient with me - allow me to speak at my own pace and be heard.*
- *Let me explain in my own way - avoid asking leading questions.*
- *Do not "quiz" me about details of the abuse or neglect.*
- *Don't be afraid of saying the "wrong" thing. Listening supportively is more important to me than what you say.*

Respect me:

- *Respect that I want to or only feel able to share some of what happened.*
- *Respect and acknowledge how difficult it may have been to talk to you about what has happened.*
- *Don't make promises you cannot keep — however good your intentions.*
- *Explain that you will need to report what I have said to a manager.*

Reassure me:

- *Reassure me that abuse and neglect is wrong, and you are here to help.*

³⁵ Care and Support Statutory Guidance 2020, Section 14.45

- *Reassure me that I am not at fault.*
- *Reassure me how I will be involved in decisions about what happens.*
- *Reassure me about my safety, respond to my concerns. Speak to your manager.*

14.2 Guidance for managers and safeguarding leads

Each organisations safeguarding policy and procedures should clearly set out roles and responsibilities of members of staff/volunteers, how and to whom safeguarding concerns should be reported within an organisation. There will however, need to be an appropriate manager with responsibility for ensuring that:

- Concerns are appropriately reported to the local authority;
- Immediate actions are taken to ensure the person is safe
- Support and advice is provided to staff and volunteers

Whether this is the responsibility of a nominated person or a group of people is for each organisation to decide. The following guidance is for managers with oversight and responsibility for the management of safeguarding concerns.

14.3 General principles: Responding to safeguarding concerns

The purpose of safeguarding adults is to support and protect people living within specific circumstances as outlined above in Section 14. When deciding how to respond to a safeguarding concern, the following factors should be considered: **Listen; Assess; Report.**

14.3.1 Listen: Talk to me, hear my voice

Have you discussed the concerns with the adult at risk?

If you are considering reporting a safeguarding concern, remember the Talk to me, hear my voice principles. The following prompts should be considered a useful starting base for such conversations:

- *'Talk to me about the concern'*
- *'Talk to me about what I want to happen now'*
- *'Talk to me about what changes I would like to achieve'*
- *'Talk to me about what safeguarding adults is'*
- *'Talk to me about reporting the concern'*
- *'Explain if you have a duty to report the concern'*
- *'Talk to me about what might happen next'*
- *'Talk to me about who I want to be informed, such as my friends and relatives'*

[Leeds Citizen Voices and Expectations](#)

It may not always be possible and/or safe to have this conversation with the person at risk. It may depend on a number of factors, such as:

- The urgency of the risk.
- The nature of your role or relationship.
- The person's engagement with you.
- The possibility of increasing the risk, or placing others at risk.
- The possibility of prejudicing a police enquiry.

However, the citizen-led, Talk to me, hear my voice principle requires practitioners and services to seek to involve the person at risk, wherever it is possible and safe to do so.

14.3.2 Assess: Immediate safety concerns

Consider:

- Are there immediate actions needed in order to keep the person or others safe? Are there actions you could reasonable and safely undertake?
- Is any person in need of medical attention? Do they need you to seek assistance for them?
- Is there an immediate risk to someone's safety? Are the police needed to maintain anyone's safety?

14.3.3 Report: Safeguarding concerns

Do you have enough information about the concern to decide whether to report a safeguarding concern? You do not need to establish that someone is experiencing abuse, neglect or self-neglect, but rather if there is reasonable cause to suspect that they are experiencing or a risk of it.

To make your decision, managers may need to obtain more information such as by clarifying the concerns, checking records, speaking to colleagues to understand the concerns. This is not an enquiry or investigation, at this stage you are trying to ascertain if there is reasonable cause for one to take place.

When deciding whether to raise a safeguarding concern the following additional guidance should be taken into account:

- Guidance for services: Understanding key terms ([Section 15.4](#))
- Guidance for services: Do I need consent to report concerns? ([Section 14.6](#)).

If you remain unsure whether you ought to be raising a safeguarding concern:

- Consider who else you can talk to within your organisation
- Consider seeking advice from the Adult Social Care

To report a safeguarding concern, contact [Adult Social Care](#) for details of the ways in which concerns can be reported. Consider if the person at risk wishes to raise the concern themselves and if they need support to do that.

14.3.3.1 Target timescales

Target Timescale: Safeguarding concerns should be reported to the local authority on the same day they are identified; or immediately where urgent.

14.4 Report a crime

Issues of abuse or neglect may also be a crime. If you believe a crime has been committed you should consider reporting the concerns to the police. If you are unsure whether a crime should be reported, consider the following guidance:

- SCIE: Adult Safeguarding Practice Questions: Question 11: <https://www.scie.org.uk/safeguarding/adults/practice/questions>

To report a crime:

- In an emergency: Telephone 999
- If it is not an emergency: Telephone 101

When reporting a crime:

- Preserve evidence that may be important for a police investigation, seeking their advice as needed. In particular, seek advice from police about preserving evidence in cases of sexual assault
- Seek advice from the police if you are concerned you need to take actions that may prejudice a subsequent police investigation. This might include taking actions that forewarn someone of a police investigation, giving them the chance to remove evidence.

14.5 Consider who else needs to be informed of the concerns

This will depend on individual circumstances. It may include:

- Relatives. This would usually be with the person's consent, or in their 'best interests' under the Mental Capacity Act.
- Commissioners / Care Quality Commission / Charities Commission in line with their reporting requirements.
- Senior managers / HR managers in line with organisational procedures
- Staff delivering a service on a need-to-know basis so that they can provide appropriate support and maintain a safe environment.

14.6 Additional Guidance: Do I need consent to report a concern?

Wherever practicable, seek the person's consent to report a safeguarding concern.

Where it is not possible to seek consent or even if the person has declined consent, it may still be appropriate to report the safeguarding concern. Consent is an important consideration, but it is not the only consideration as illustrated in these examples:

- Concerns about people, employees and volunteers

If you have reasonable cause to suspect the risk of abuse or neglect by an employee or volunteer providing care and support, you should report your concerns. It is in the public interest for any such concern to be reported regardless of the wishes of the person at risk. It would be good practice however for the person at risk to know the concerns are being reported, unless it might prejudice an organisation's subsequent investigation by doing so.

- Concerns about possible abuse or neglect within a care or support service

If you have reasonable cause to suspect abuse or neglect is occurring within or by a care or support service, then you should report your concerns. It is in the public interest for such organisations to provide safe services. This would include for example, care homes, supported living services, hostels, day services, a hospital or domiciliary care services amongst others. It would again, be good practice for the person at risk to know the concerns are being reported, unless it might prejudice an organisation's subsequent investigation by doing so.

- Concerns about a person who lacks mental capacity in relation to the decision to seek support

Decisions should be made in the person's best interests in line with the Mental Capacity Act 2005. Seeking support for someone who is unable to protect themselves, will almost certainly be in the person's best interests.

- Concerns about someone who has mental capacity, and the abuse, neglect or self-neglect is taking place in their home or in their community (including occasions, where the person may be experiencing coercive control or undue influence).

Raising a safeguarding concern without a person's consent will be appropriate if it is **proportionate** to the concerns and be for a lawful purpose such as it being necessary:

- To assess the risk of harm to the person.
- To assess the risk of harm to any other person.
- To ensure the person is aware of the risks.
- To ensure the person is aware of the options to reduce those risks.
- To establish whether the person has mental capacity to make decisions about their safety and wellbeing.
- To protect the vital interests of the person, or some other person e.g. to prevent serious harm or distress or in life threatening situations.
- To fulfil public interest duties to ensure that other people are also afforded their rights to safety and protection.

See [Section 10.3](#) for further guidance.

14.7 Alternative responses to safeguarding

If it is decided that the concern is not one that is appropriate to be addressed through the safeguarding policy and procedures, it remains essential to ensure the person receives appropriate support in relation to the risks they experience. As such, consideration must be given as to what further support, advice, information or signposting can be offered to the person you are concerned for.

It is not possible to list all the alternative forms of support, however these could include changes to service provision by a care provider, new/amended risk management or care plans, domestic violence services, GP services, trading standards or contacting Adult Social Care in relation to an assessment of care and support needs. The list of support systems in [Section 8.3](#) is not exhaustive but will often be a useful reference.

When deciding on alternative forms of support, an important starting point is an assessment of the risks, the person's own views about the outcomes they want to achieve, the kinds of support they want and the agencies they would like to be involved.

15. We will advise if this is the best way to help

The purpose of multi-agency safeguarding adults policy and procedures is to support and protect people living within specific circumstances. When concerns are reported to the local authority, it will need to undertake a process of information gathering to determine whether the safeguarding adults procedures should be followed, and if not, to provide or advise on alternative, more appropriate responses.

15.1 Key messages from Leeds citizens

Working with the local authority to decide if actions are needed within these procedures:

- *'Talk to me, hear my voice'*
- *'Talk to me about the concern and what my views are about it'*
- *'Ask me what I want to happen'*
- *'Find out what support I want'*
- *'Ask me about my desired outcomes'*
- *'Assess risks to my safety (and the safety of others)'*

[Conversations I would like to have](#)
[Citizen expectations of Service](#)

15.2 Information Gathering

When receiving a safeguarding concern, the local authority must first consider if these policy and procedures should be followed. Information gathering is a proportional fact finding process, used to establish:

1. Whether Section 42(1) of the Care Act is met

This criteria will be met where the local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- a) has needs for care and support (whether or not the authority is meeting any of those needs),
- b) is experiencing, or is at risk of, abuse or neglect [or self-neglect], and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

For further guidance on the meaning of key terms refer to [Section 15.4](#)

In circumstances where the person would meet this criteria but has since died, [Section 15.5](#) should be considered in deciding whether to undertake a safeguarding enquiry.

2. Whether it is appropriate to follow the multi-agency safeguarding adults policy and procedures even if not all of these Section 42(1) criteria above are met:

Local authorities may choose to undertake safeguarding enquiries for people where there is not a Section 42 enquiry duty, 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 agenda³⁶

³⁶ Care and Support Statutory Guidance 2020, Section 14,44

We will advise if this is the best way to help

For example, an unpaid carer is experiencing abuse or neglect from the person they are caring for or by professionals/organisations³⁷

In circumstances such as these, the decision to follow these procedures would need to be made on a case by case basis taking into account the particular circumstances, the outcomes being sought to be achieved and the principles of proportionality.

15.3 What does information gathering involve?

The Care and Support Statutory Guidance 2020 gives examples of information gathering activities that may enable the local authority to establish whether there is reasonable cause to suspect that the criteria above is met:

- Discussion with the individual or representative confirms cause for concern and agrees outcomes wanted and action to be taken
- Conversations with local authority or voluntary organisations for advice
- Discussion with / report to the police
- Conversations with organisation commissioning or giving care and support e.g. NHS, care home, housing provider
- Contact Office of the Public Guardian or Department for Work and Pensions
- Use of a helpline or internet support
- Conversations with GP or other health professional
- Talk to Care Quality Commission or other regulator
- Contact the local authority or voluntary organisation for advice³⁸

The local authority will need to decide whether it can gather the required information itself, or whether another agency needs to assist with this. Referrers from all organisations should work with the individual and the local authority offering as much support and information as is available to assist understanding of whether criteria is met³⁹

In cases of domestic abuse, the [Safe Enquiries](#) guidance in Appendix C should be considered.

15.4 Understanding key terms

Assessment of whether the Section 42 Care Act duty applies will require professional judgements. This guidance in relation to key terms is intended to support decision making.

"Abuse and neglect "

[Section 5](#) outlines examples of abuse, neglect and self-neglect.

Often a professional judgement will be needed as to whether concerns amount to abuse or neglect. Such a decision should take into consideration the following ADASS/LGA guidance:

"Decisions should be based on personal circumstances and take into consideration the actual or potential impact on the adults' wellbeing and the adult's views on the impact the abuse or neglect has had on them"⁴⁰

³⁷ Care and Support Statutory Guidance 2020, Section 14.45

³⁸ As reported in ADASS Making decisions on the duty to carry out safeguarding adults enquiries:

³⁹ [ADASS: Understanding what constitutes a safeguarding concern and how to support effective outcomes](#)

⁴⁰ [ADASS: Understanding what constitutes a safeguarding concern and how to support effective outcomes](#)

"Self-neglect"

The Care and Support Statutory states: "A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support"⁴¹

It should also be noted that self-neglect may occur alongside abuse and neglect caused by another party, for example, where self-neglect occurs alongside neglect by a carer; or the person is experiencing coercion and control or other forms of domestic abuse, that prevent the person from accessing support and services they would otherwise wish to accept. These situations would further indicate the need to follow the multi-agency safeguarding adults procedures as opposed to other multi-agency responses.

Please refer to the [LSAB Self-neglect policy](#) for best practice principles, approaches and procedures in relation to self-neglect.

"Needs for care and support"

Adults who have care and support needs in the context of this policy and procedures, are those people over 18 years of age, who requires assistance with aspects of their day to day living as a result of a physical or mental impairment or illness (including a mental health condition or substance misuse).

Someone who requires assistance with aspects of their day to day living could therefore be someone with:

- a person with age related frailty
- a person with a physical disability, a learning disability or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

It is important to note that a person's needs for care and support, should not be confused with eligibility criteria. A person does not need to be eligible for local authority services in order for a safeguarding concern to be reported or for the local authority duty to undertake a safeguarding enquiry to apply.

'Unable to protect oneself'

This will often include a conversation with the adult about how able they are to protect themselves and what their wishes are.⁴² Referrers from all organisations should work with the individual and the local authority offering as much support and information as is available to assist understanding of whether this criteria is met.

The following ADASS/LGA examples may assist in decision making. The list is not exhaustive.

Potential barriers to an adult's ability to protect themselves might include:

- they do not have the skills, means or opportunity to self-protect
- they may have disabilities which impair their capacity to make decisions about protecting themselves or need support to enact decisions
- they live in a group setting where they lack control over the way they are treated or the environment; there is a power imbalance

⁴¹ Care and Support Statutory Guidance 2020, Section 14.17

⁴² ADASS/LGA: Understanding what constitutes a safeguarding concern and how to support effective outcomes

We will advise if this is the best way to help

- they may not understand an intention to harm them
- they may be trapped in a domestic situation which they are unable to leave or where coercion and control means they cannot make a decision about making change
- their resilience and resourcefulness to protect themselves from harm is eroded by for example, coercive control and/or a high risk environment⁴³.

15.5 Where the person concerned has since died

The objectives of safeguarding involve putting in place arrangements that support a person to be safe and promotes their wellbeing. Obviously in cases where a person has since died, this is not possible. However, enquiries under these multi-agency safeguarding adults policy and procedures may still be appropriate.

The Care and Support Statutory Guidance 2020 states that:

"...action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred"⁴⁴

Hence where there remains a risk to others, for example where the abuse or neglect is caused by a care provider, or by care or health professionals working with others who are at risk, a safeguarding enquiry may continue to be appropriate.

Where the local authority follows these procedures with regard to someone who has since died, the focus of the multi-agency policy and procedures will be on learning from the person's experience, identifying safety issues and risks and taking appropriate actions to safeguard others in the future.

Information from relatives and unpaid carers will often be important in understanding the issues experienced by their relative. Actions and decisions will however need to be made in the interests of the ongoing safety of others.

It should be noted, that the multi-agency policy and procedures cannot be used to determine the cause of someone's death, this will be a consideration for other processes, such as those followed by a coroner or court processes. Where the identified risks of abuse or neglect have been addressed, such processes may sometimes continue after the safeguarding procedures have been concluded.

15.6 Safeguarding enquiries

Information gathering is the process undertaken by a local authority as to whether these procedures should be followed as set out in [Section 14.1](#).

Where there is a decision that these procedures should be followed, the local authority will undertake an enquiry or cause one to be made to determine what actions are needed. This is described in detail in [Section 16: We will work with you to achieve the changes you want](#).

In practice this means that:

- Once it is established that the criteria in Section 15.2 is met, any form of conversation or enquiry that agrees what action is needed or not needed, to keep the person safe and promote their wellbeing is a safeguarding enquiry.
- It is possible that a single conversation with a care provider could both establish the cause for concern and the actions to be taken in response. If this is the case,

⁴³ ADASS/LGA: Understanding what constitutes a safeguarding concern and how to support effective outcomes

⁴⁴ Care and Support Statutory Guidance 2020, Section 14.95

We will advise if this is the best way to help

that conversation may fulfil both the information gathering and safeguarding enquiry responsibilities as set out in these policy and procedures.

- The experience of a person at risk may not be of separate stages but rather a more seamless process as practitioners seek to understand and respond to the concerns raised.

15.7 Alternative responses: When the safeguarding procedures do not apply

Where the local authority decides that these multi-agency safeguarding policy and procedures do not apply, the local authority will still need to consider what further support, advice, information or signposting can be offered in relation to the risks identified for the persons concerned.

It is not possible to list all the alternative forms of support, however these could include changes to service provision by a care provider, new/amended risk management or care plans, domestic violence services, GP services, trading standards or contacting Adult Social Care in relation to an assessment of care and support needs. The list of support systems in [Section 8.3](#) may often be a useful reference.

When deciding on alternative forms of support, an important starting point is an assessment of the risks, the person's own views about the outcomes they want to achieve, the kinds of support they want and the agencies they would like to be involved.

15.8 Providing feedback

- Keeping the person at risk informed.

The local authority should seek to ensure the person at risk (and/or representative) is aware of decisions reached in relation to the concerns; and should either inform the person at risk directly, or consider if there is another more appropriate person or agency who could ensure this discussion is held.

- Referrer

How much information is provided to the person raising a concern, will depend on the nature of the relationship with the person at risk. However, in general terms the person raising a concern should be in a position to know whether the concerns are being responded to, and/or whether they need to take other or alternative actions in relation to the concerns.

Where the person raising the concern is a member of the public with no established relationship, then any information about subsequent actions would usually only be shared with the consent of the person at risk, or in their best interest, if they lack mental capacity to give consent.

15.9 Target Timescales:

- Assess risk and ensure safety within 24 hours
- Notify person raising the concern of decisions: next working day
- Ensure the person at risk is aware of relevant decisions: next working day

Refer to [Section 12.4](#) for explanation of target timescales

16. We will work with you to achieve the changes you want

Where it has been determined within the Information Gathering process described in Section 15, that these procedures are to be followed, 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 and, if so, what and by whom⁴⁵.

The local authority will therefore undertake an enquiry, or ask another agency to undertake an enquiry to determine what actions and support is provided. Key to this approach will be the consideration of the person at risk's wishes and desired outcomes.

16.1 Key messages from Leeds citizens

- *'Talk to me, hear my voice'*
- *'Talk to me about what changes I want to achieve'*
- *'Work towards achieving the changes I want where possible'*
- *'Plan responses with me'*
- *'Decide with me and other agencies, what actions are required, and by whom'*
- *'Involve me in risk assessments'*
- *'Work with me and my support networks'*
- *'Develop safeguarding plans with me'*

Conversations I would like to have
Citizen expectations of Service

16.2 Key responsibilities of the local authority and other agencies

The Care Act 2014 provides a framework for how the local authority and other agencies should work together to respond to safeguarding concerns. As such all responses should be within this framework.

In summary, the responsibilities of the local authority are set out here:

- Lead and coordinate the enquiry
- Decide who is best placed to take actions
- Either take actions or ask partners to take actions
- Assure itself of the actions taken
- Review what has been done and decide if any further actions are required

The responsibilities of partner organisations is to:

- Undertake actions as requested, within the context of the organisations' role and function
- Report findings to the local authority

16.3 Objectives of an enquiry

The objectives of an enquiry are set out in the Care and Support Statutory Guidance : 2020

- Establish facts
- Ascertain the adult's views and wishes

⁴⁵ [Care Act 2014: Section 42.2](#)

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- Assess the needs of the adult for protection
- Support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recovery⁴⁶.

It will also be necessary to assess the risk to others, and to take actions that safeguard others who may also be at risk: "action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred."⁴⁷

16.4 Forms of safeguarding enquiry

A safeguarding enquiry can take many forms:

"An enquiry can take many forms `from a conversation... right through to a much more formal multi-agency or course of action"⁴⁸.

"The scope of [the] enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances"⁴⁹

There is a duty to promote wellbeing and to adopt a flexible approach, focusing on what matters most to the individual⁵⁰. No one form of safeguarding enquiry is therefore more important than another, what is important is that there is a proportional responses that reflects the nature of the risk and the person's desired outcomes.

As such, practitioners should feel free to work creatively and with innovation to work with those at risk and to respond to concerns about their safety and that of others, however in each case it will be necessary to consider the objectives of an enquiry as set out in [Section 16.3](#).

16.5 Approaches required

The Care and Support Statutory Guidance 2020 states that:

It is important, when considering the management of any intervention or enquiry, to approach reports of incidents or allegations with an open mind. In considering how to respond the following factors need to be considered:

- the adult's needs for care and support
- the adult's risk of abuse or neglect
- the adult's ability to protect themselves or the ability of their networks to increase the support they offer
- the impact on the adult, their wishes
- the possible impact on important relationships
- potential of action and increasing risk to the adult
- the risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect
- the responsibility of the person or organisation that has caused the abuse or neglect

⁴⁶ Care and Support Statutory Guidance 2020, Section 14.94

⁴⁷ Care and Support Statutory Guidance 2020, Section 14.95

⁴⁸ Care and Support Statutory Guidance 2020, Section 14.77

⁴⁹ Care and Support Statutory Guidance 2020, Section 14.93

⁵⁰ Care and Support Statutory Guidance 2020, para 1.1, DHSC, 2018

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- research evidence to support any intervention⁵¹

16.6 Early resolution of concerns

In practice, a safeguarding enquiry may be a continuation of activity that flows out from the information gathering process ([See Section 15.6](#)).

People often live within supportive families, communities and networks and hence whilst concerns about abuse, neglect or self-neglect still occur, sometimes the actions already being taken by the individual and members of their support network are sufficient to manage the risk.

Where initial conversations and enquiries on the part of the local authority immediately establish the facts, and that the risks of abuse, neglect or self-neglect are already being appropriately responded to and managed then the Safeguarding Coordinator may decide to record these arrangements on the Enquiry Section of the Information Gathering Form.

When considering whether this is an appropriate and proportional response; the following factors should be considered:

- The facts are clear
- The risk has been assessed
- The person is safe and the risks to others has been addressed
- The safeguarding plan involves confirming arrangements already put in place, or making minor changes to care plans and support arrangements
- The person's views have been heard in relation to the concerns and plans in place
- The person's wishes have already been considered and acted upon where possible

However, where initial conversations and enquiries indicate that the objectives set out in [Section 16.3](#) are not already being met, and further fact finding, risk assessment and management is required for example, then further actions will be needed as set out below.

16.7 Planning further actions to be taken

All further enquiries within these multi-agency procedures need to be planned by the Safeguarding Coordinator. However, the nature and degree of planning will depend on the unique circumstances of the concerns. The approach should be one of partnership working together to achieve the best outcomes for the person at risk.

On many occasions this may be achieved through a conversation with the person at risk and a particular organisation as to the actions required. This is referred to here as a planning discussion.

On other occasions however, where the circumstances are more complex there may need to be a specific planning meeting with relevant parties to better understand the concerns and coordinate a range of responses. This is referred to here as a planning meeting.

The Safeguarding Coordinator will need to decide whether a specific planning meeting is required, taking into consideration:

- The needs and wishes of the person at risk
- The nature of the concerns
- The urgency of required actions
- Issues of proportionality
- The number of agencies that need to be involved.

⁵¹ Care and Support Statutory Guidance 2020, Section 14.99

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In complex situations, there may be a need to hold a Planning Review Meeting, as may occur when due to new information arising, there is a need to review the approach being taken.

The level of recording of these discussions/meetings should be proportionate. They may vary from a short set of notes on the local authority Client Information System (CIS) about desired outcomes and agreed actions, to a more formal set of minutes using the LSAB Planning Meeting template.

16.7.1 Who to include in planning discussions/meetings

The Safeguarding Coordinator will need to decide who to involve in a Planning Discussion/Meeting. Where the person at risk has expressed a view as to who or what agencies should be involved, this should be given due consideration.

Attendance/involvement should generally be limited to those who need to know and who can contribute to the decision-making process. As such it may include a range of statutory, independent or third sectors organisations who can contribute to the understanding of concerns, assessments of risk or responses needed.

In each case due consideration should be given to the views, wishes and desired outcomes of the adult at risk. If the person has a substantial difficulty being involved, they should be supported by a friend, family member or independent advocate to facilitate their involvement.

Where a specific planning meeting is held, the person at risk should be enabled to attend if they wish to contribute their views and wishes. Planning responses to concerns may however involve discussions about confidential information, such as personal or sensitive information about the person alleged to be responsible for the abuse or neglect, or the individual circumstances of other service users. Where this is the case, it may mean that the person at risk is only able to attend part of the meeting and if this is likely to be the case, they should be advised in advance so that they can decide whether they wish to attend or wish to provide their views in another way.

Family members / unpaid carers could be involved with the person at risk's consent or in their best interests under the Mental Capacity Act 2005. There may also be occasions where involving a person's family members / unpaid carers without consent is a proportionate act taking into account Article 8 of the Human Rights Act (See: [Section 10.2](#))

If the abuse, neglect or self-neglect occurs in one local authority area, but the person receives services funded/commissioned by another the '[ADASS Out of area safeguarding arrangements](#)' should also be followed.

Where the concern involves concerns within a regulated or contracted service, the Safeguarding Coordinator should consider involving, as appropriate:

- Care Quality Commission
- Relevant Contracting/Commissioning Departments

Participants should be of sufficient seniority to make decisions concerning their agency's involvement.

16.7.2 Deciding upon actions

In planning enquiries consideration should be given to how much is already known and what further information is needed.

Key considerations in deciding which agencies need to be involved include:

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- The objectives of a safeguarding enquiry (refer to [Section 16.3](#))
- The person's wishes and desired outcomes
- The nature and source of risk
- How to make the best use of skills and expertise within the partnership
- Whether a crime has been committed
- The roles and functions of particular organisations and teams
- How services can work together effectively, ensuring everyone's statutory duties have been met.

A whole range of statutory, independent or third sectors organisations could be asked to undertake enquiries, so as to contribute to the understanding of concerns, the assessment of risk and interventions needed. This may often be organisations that provide services for people with care and support needs. However, it may also include involving wider support systems that protect people under their own legal/statutory frameworks as set out in [Section 8.3](#).

16.7.3 Criminal Justice Concerns

Criminal investigations by the police may need to take priority over all other forms of investigations⁵². Where a criminal investigation is being held, the police will need to be consulted about the commencement of any other investigatory process, to ensure the appropriate coordination of actions.

Actions needed to keep a person safe should still be taken. These may need to be temporary arrangements until the investigation is complete, but a person should not be left at risk pending the findings of an investigation.

If there is a concern however that the actions needed to keep a person safe could impede a police investigation, then the police should be contacted for advice. This could occur for example, where suspending a member of staff provides forewarning of a police investigation and provides an opportunity for them to remove evidence.

16.7.4 Concerns within a regulated care setting

Where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college. The first responsibility to act must be with the employing organisation as provider of the service.⁵³

When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner⁵⁴.

The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example,

- this could be a serious conflict of interest on the part of the employer,
- concerns having been raised about non-effective past enquiries or
- serious, multiple concerns, or
- a matter that requires investigation by the police⁵⁵.

⁵² Care and Support Statutory Guidance 2020, Section 14.91

⁵³ Care and Support Statutory Guidance 2020, Section 14.68

⁵⁴ Care and Support Statutory Guidance 2020, Section 14.69

⁵⁵ Care and Support Statutory Guidance 2020, Section 14.70

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An example of a conflict of interest where it is better for an external person to be appointed to investigate may be the case of a family-run business where institutional abuse is alleged, or where the manager or owner of the service is implicated.⁵⁶

A Provider Enquiry Report will therefore be completed by a relevant manager of the provider service who is well placed to explore the concerns, assess risk and implement the changes needed to ensure the safety of the person concerned and others.

The local authority may well be reassured by the employer's response so that no further action is required. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding issue.⁵⁷

In circumstances where the local authority assesses that it is inappropriate or unsafe for the provider to undertake then enquiry, then it will undertake the enquiry as set out in 16.7.5 below.

16.7.5 Independent Enquiry

The Independent Enquiry Report format is used by the local authority in circumstance where a formal fact finding process is required. This could include concerns within regulated care settings, where it is considered 'inappropriate or unsafe' for this to be undertaken by the care provider. See [Section 16.7.4](#) above for explanation.

The report format is suited to circumstances where there is a need to compile and weigh up information to establish an understanding of events. This could include a variety of situations but would include Large Scale Enquiries (See [Section 16.7.9](#))

16.7.6 Concerns about self-neglect

Self-neglect includes "... a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding" (Section 14.17)

This may include people, either with or without mental capacity, who demonstrate:

- Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)
- Lack of care of one's environment (squalor and hoarding)
- Refusal of services that would mitigate the risk of harm.

Multi-agency risk management meetings will usually be required in relation to safeguarding responses involving self-neglect, alongside sometimes, assessments of care and support needs. See Section 16.7.7 and 16.7.8 below.

The [LSAB Self-neglect policy](#) should be referred to for further information on appropriate responses and interventions. Please note, this policy provides guidance relating to responses that are both within and outside of these multi-agency safeguarding adults policy and procedures.

16.7.7 Assessment and care management interventions

A safeguarding enquiry may involve, in whole or in part, access to health and social care services to reduce the risk of abuse, neglect or self-neglect. As such a safeguarding enquiry may involve local authority assessments and professional interventions. The following are just examples:

⁵⁶ Care and Support Statutory Guidance 2020, Section 14.71

⁵⁷ Care and Support Statutory Guidance 2020, Section 14.69

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- Assessment of care and support needs ([Care Act 2014, Sections 9 and 11](#))
- Carer's assessment ([Care Act 2014, Section 10](#))
- Unscheduled review of care and support
- Risk assessment and management planning
- Social work or other professional practice interventions

16.7.8 Multi-agency risk management meetings

In situations of complex risk an enquiry may take the form of a multi-agency risk management meeting using the Risk Assessment and Management Template (RAMT) format and agenda.

The need for this approach will be indicated by the particular circumstances, providing an opportunity to:

- Develop shared multi-agency assessments of risk
- Develop joint risk management and contingency plans
- Support the understanding of underlying factors that both maintain and protect the person from risk
- Support information sharing
- Develop joint approaches to engagement

16.7.9 Large Scale Enquiries

Large scale enquiries have an important role in understanding and responding to concerns about organisational abuse or neglect. They provide an opportunity to review a number of individual safeguarding enquiries to help identify patterns and underlying causes of abuse and neglect, in order for measures to be put in place to safeguard people who use that service.

This will be relevant to consider when there are repeated or widespread safeguarding concerns within or by a service providing care and support.

Where a Large Scale Enquiry is being undertaken, the [Large Scale Enquiry Practice Guidance](#) should be referred to for further information about managing these enquiries.

16.8 Planning guidance – coordination principles

Where a number of organisations need to undertake enquiries or contribute to safeguarding arrangements, consideration will need to be given to how best to coordinate the work of agencies to safeguard a person at risk. Each situation will be different and will need to be considered on a case-by-case basis.

These principles may be helpful:

- i. Try to avoid the person at risk needing to repeatedly re-tell their accounts of what has happened to them.
- ii. Remember the person, their relatives, unpaid carers and community support networks may also take actions; and it should not be assumed that planning safeguarding arrangements only involves the coordination of actions taken by practitioners/organisations.
- iii. The person at risk may have views about what agencies are involved. This should be taken into consideration, but the circumstances will determine whether the involvement (or non-involvement) of certain agencies is always possible and appropriate.
- iv. Each organisation is responsible for ensuring agreed actions have been taken forward. Sometimes for unexpected reasons, this may take longer than expected

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or may not be achievable. In these circumstances it is vital that the Safeguarding Coordinator be informed and consideration be given to whether the person at risk needs to be advised of delays or changes to plans.

- v. The person at risk should have an agreed contact person who can keep them informed of actions relating to them.
- vi. Criminal investigations may take precedence as set out in [Section 16.7.3](#); but where a range of organisations or processes are involved. There is no set order in which these should be conducted. This will have to be considered on a case-by-case basis in the interests of the person at risk.
- vii. Avoid duplication where possible – if a related process such as a Criminal or Serious Incident Investigation process is being followed, consider if this also addresses the requirements of these procedures either in full or in part. Consider if some additional actions be taken to achieve the aims of these procedures.
- viii. Where a range of actions are needed by different agencies, the findings of each may need to be combined to give an overall understanding of the concerns and required actions.
- ix. Evidence of actions will often be more important than what format it is in. Information will need to be provided to the local authority in a meaningful and accessible format, but the Safeguarding Coordinator may decide on a case-by-case basis that it is not necessary or proportionate for this to always be recorded on the LSAB templates.
- x. Guidance on the involvement of an individual or organisation that is the source of risk is included in [Appendix A](#).
- xi. Once the aims of these procedures have been achieved, they should cease to be followed. Other related processes may however continue after these procedures have ended. Coroners hearings, disciplinary hearings, actions of professional bodies are examples of actions that may sometimes continue after the multi-agency procedures have ended.
- xii. Actions taken within these procedures do not replace the responsibility of any organisations to act within their own legal/statutory frameworks.

16.9 Target Timescales

- Planning discussion/meeting held within 5 working days of the concern raised

The Care and Support Statutory Guidance 2020 recognises that timescales for safeguarding enquiries will need to reflect the specific circumstances of the concerns. The scope of [the] enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances⁵⁸.

It is important however that timescales are agreed with the person at risk and agencies so as to ensure that actions are taken promptly, risks are quickly managed and the person is able to achieve resolution and recovery.

Refer to [Section 12.4](#) for explanation of target timescales

16.10 Limited engagement and / or refusals of support

In Leeds, 'Talk to me, hear my voice' is the expression given to us by citizens – the message is to engage, to get alongside, and seek to understand their views and perspectives. This approach underpins good practice in supporting citizens living in circumstances of abuse, neglect and self-neglect.

⁵⁸ Care and Support Statutory Guidance 2020, Section 14.93

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Sometimes however, that voice will decline support. "If a person declines safeguarding support and/or a Section 42 enquiry that is not the end of the matter. Consideration should be given to ways in which the risk to the adult could be managed or mitigated"⁵⁹.

In such circumstances, it would be necessary to seek to understand the reason for that person declining support, and to seek to provide support in a way the person feels able to accept. The following practice guidance: self-reflection points may be helpful to practitioners:

Ask yourself:

- a. Have I provided the person with all the necessary information they need, in a format they understand?
- b. Does the person understand the options and the consequences of their choices? Can I do something else to help them do so?
- c. Have I assessed risk as best as I can in the circumstances?
- d. Do I understand the reasons for their decision to decline assistance? Am I able to explore this to resolve any concerns they may have?
- e. Is there an opportunity for me to build a relationship with them over time? This may help to build trust and to find ways to offer support in a way they can accept.
- f. Have I spoken to other agencies involved to inform my understanding and share my concerns?
- g. Is there someone I can ask to help? Is there a friend, relative, or other professional who can assist? I may not be the best person to be offering this help.
- h. Whilst I must assume mental capacity, have I considered if there is evidence to indicate that I need to assess mental capacity in relation to this specific decision?
- i. Have I considered the need to seek advice from a line manager?
- j. Have I formally recorded decisions, actions, attempts to engage and people's responses?
- k. Everyone's situation is unique. Have I reflected and considered if there is anything else I could reasonably do?

Further action taken in such circumstances would need to be with consideration of the person's wishes and their Article 8 Human Rights: Respect for private and family life as outlined in [Section 10.2](#). Any actions taken would need to be proportionate as outlined in [Section 10.3](#). This should include consideration of the risks both to the person themselves, as well as to others, including any risks to a child.

16.11 Leeds citizen guidance

The aim of any intervention should be to make the experience for the person at risk empowering and supportive. This means working with people closely, taking into consideration their wishes, views and desired outcomes and wherever possible, co-producing risk assessments and management plans with the person at risk, to help them achieve resolution and recover from their experiences.

The approach should therefore be:

- [Citizen-led]
- Outcome focused
- Engages the person and enhances involvement, choice and control

⁵⁹ [ADASS/LGA: Making decisions on the duty to carry out Safeguarding Adults enquiries](#)

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- Improves quality of life, wellbeing and safety⁶⁰

Citizen Groups in Leeds have produced their own advice for practitioners, as to:

- Developing plans for their safety and wellbeing
[Appendix B1: Citizen Guidance: Planning and Risk Management](#)
- Involving citizens in safeguarding meetings
[Appendix B2: Citizen Guidance: Planning safeguarding meetings](#)
- Qualities they value from practitioners working to support them
[Appendix B3: What I want from people supporting me](#)

16.12 Recording

The level of recording of these discussions/meetings should be proportionate. They may vary from a set of notes on the local authority Client Information System (CIS), to a more formal set of Planning Meeting minutes and use of LSAB enquiry form templates.

Whatever format is agreed in the particular circumstances, it is important that there is a clear record of the views and desired outcomes of the person at risk, actions agreed and rationale for those decisions (or rationale for not taking actions).

⁶⁰ Care and Support Statutory Guidance 2020, Section 14.15

17. Checking we have addressed your concerns

When working in a person-centred way, the process of checking with the person at risk that concerns have been addressed will often occur naturally and so will not always feel like a distinct or separate stage of the safeguarding procedures. However, it is essential within any safeguarding response, that there is a process of ensuring that the risks to the person and others are being appropriately managed, and that practitioners have sought to achieve the person's desired outcomes as far as is possible.

17.1 Key messages from Leeds citizens

- *'Talk to me, hear my voice'*
- *'Review with me the actions taken'*
- *'Review with me risks and how these are being managed'*
- *'Work with me and my support networks to be safe'*
- *'Review with me whether the changes I wanted have been achieved'*
- *'Talk to me about whether further actions are needed'*

[Conversations I would like to have](#)
[Citizen expectations of Service](#)

17.2 Review of enquiry; outcome discussions and meetings

All enquiries within these multi-agency procedures must lead to a review of outcomes by the local authority, to consider what if any further actions are required.

Key considerations:

- Has the enquiry appropriately and proportionately addressed the objectives of the enquiry ([Section 16.3](#))
- Have the facts been established as far is possible and reasonable?
- Has the risk been appropriate assessed?
- Are safeguarding arrangements appropriate to the risk?
- Has the person's views being sought in relation to the concerns and the safeguarding arrangements? Has the enquiry sought to achieve the person's desired outcomes?
- Has there been consideration of learning/actions to prevent a re-occurrence?
- Has the person has had opportunity to provide feedback on their experiences

The person at risk should be provided with feedback about what was learnt within a safeguarding enquiry concerning their safety and wellbeing; and how that learning is being used to improve their safety and support arrangements.

Where a safeguarding enquiry report is completed in relation to the safety of an individual, the general principle is that the individual at risk should have opportunity to review and comment on the report if they wish. However, these policy and procedures do not allow the person at risk access to confidential information about others, and so this information may need to be removed or redacted from a copies shared with the person at risk. See [Section 17.4](#) for further information.

On some occasions, where an organisation has worked closely with the person at risk and included their views and desired outcomes alongside the enquiry findings, assessments of risk and safeguarding arrangements, the safeguarding coordinator may be able to review the enquiry report to determine whether the objectives of the enquiry have been met in full, inclusive of their discussions with the adult at risk about findings, safeguarding arrangements and the achievement of desired outcomes.

Checking we have addressed your concerns

However, there may also be a need to hold an Outcome Discussion – that is, further conversation(s) with the person at risk and a particular organisation for example, as to the outcome of the enquiry and any subsequent or further actions required.

On other occasions however, where the circumstances are more complex there may need to be formal meeting with relevant parties. Outcome meetings are multi-agency meetings involving the person at risk (and/or their representative). The Safeguarding Coordinator will need to decide whether an outcome meeting is a proportionate response. This will often be indicated in situations such as where:

- there are serious risk concerns
- there are concerns about the safety of a service
- large scale enquiries processes have been followed (See the [Large Scale Enquiries: Practice Guidance](#))
- there are complex multi-agency arrangements
- the adult continues to be unsafe, or
- a meeting will help enable the person at risk to achieve resolution or recovery.

If there is a benefit in the particular circumstances, the local authority may arrange for a meeting to be chaired by manager who has not been previously involved; and/or the local authority may wish to invite a person with particular expertise so as to help advise on risk issues and the actions that could be taken.

The level of recording of these discussions/meetings should be proportionate. They may vary from a short set of notes on the local authority Client Information System (CIS) about desired outcomes and agreed actions, to a more formal set of minutes using the LSAB Outcome Meeting template.

17.3 Who to include in outcome meetings/discussions

The Safeguarding Coordinator will need to decide who to involve in an Outcome Discussion/Meeting. Attendance/involvement should generally be limited to those who need to know and who can contribute to the decision-making process.

This may include an appropriate representative of any organisation that has a role in helping to assess the risk or taking actions to respond to the concerns. As such it may include a range of statutory, independent or third sectors organisations who can contribute to the understanding of concerns, assessments of risk or responses needed.

Family members / unpaid carers could be involved with the person at risk's consent or in their best interests under the Mental Capacity Act 2005. There may also be occasions where involving a person's family members / unpaid carers without consent is a proportionate act taking into account Article 8 of the Human Rights Act ([Section 10.2](#))

The 'ADASS: Out of area safeguarding arrangements' sets out respective responsibilities when abuse or neglect occurs in one local authority area, but the person receives services funded/commissioned by another. The protocol is adopted as part of this procedure and should be considered in these circumstances when deciding who to involve in outcome discussions/meetings. For more information: refer to [Section 9.5](#).

Where the safeguarding concern involves a regulated or contracted service, the Safeguarding Coordinator should consider involving, as appropriate:

- Care Quality Commission
- Relevant Contracting/Commissioning Department

Participants should be of sufficient seniority to make decisions concerning their agency's involvement

17.3.1 Involvement of the person at risk

It is important that a conversation with the person at risk (and/or their representative) is held about actions taken, risks, safeguarding arrangements and their desired outcomes. In practice, sometimes these conversations will be held as part of a safeguarding enquiry by an agency working with that individual as noted in [Section 17.2](#) above, and reported back to the Safeguarding Coordinator. However, where this has not occurred, a separate outcome discussion will be required with the person at risk and other key agencies as required.

Where an Outcome meeting is held, the person at risk should have the opportunity to attend if they wish and practitioners should consider the Citizen Guidance on [Planning Safeguarding Meetings](#) in Appendix B. The chair of the meeting will be responsible for ensuring that the meeting is managed in a way that enables the person at risk (and/or their representative) to contribute to discussions, and that their views, wishes and concerns are addressed within the meeting. Sometimes however people may not wish to attend, and if this is the case, they are entitled to provide their views in advance and receive feedback afterwards.

17.3.2 Involvement of an employee/volunteer or organisation who may be a source of risk

Where concerns have occurred within a service, it is important that the service itself is able to review the findings of the enquiry and to be represented in outcome discussions/meetings, even if they did not undertake the enquiry themselves (See Sections [16.7.4](#) and [16.7.5](#)). This will enable them to advise on and be responsible for the changes that need to be put in place to resolve the concerns and manage any ongoing or future risks. Consideration should be given however, as to who the most appropriate representative should be given the nature of the concerns raised.

The focus of the meeting is on the welfare and safety of the person at risk. An employee or volunteer who may be a source of risk would not normally be present or have receipt of reports relating to the meeting. See [Appendix A](#) for the more detailed information.

17.4 Managing confidential information

It is important that the person at risk (and/or their representatives) is fully included within the safeguarding procedures. However, whilst it is important to be inclusive the person at risk is not entitled within these procedures to personal or confidential information about another person, including an employee, volunteer, or other service user. Decisions to share personal or confidential information must be made in accordance with UK data protection legislation.

17.5 Circulation of reports

Where an outcome meeting is being held the safeguarding enquiry report should be distributed in advance of the meeting. This will enable participants to consider the issues in advance and to be able to contribute effectively at the meeting itself.

In some exceptional circumstances, due to issues of confidentiality, sensitivity and risk, it may be important for enquiry reports to not be shared ahead of the Outcome Meeting. In such circumstances, the reasons must be clearly recorded and explained, and reports can be shared at the commencement of the meeting, with time scheduled for attendees to read them.

17.6 Outcome meeting minutes

Outcome minutes should be recorded on the LSAB Outcome Meeting template and approved by the chair of the meeting. Meeting minutes will ordinarily be distributed,

according to agreement at the Outcome Meeting, to:

- all attendees and invitees to the meeting
- the person at risk
- contract/commissioning teams (where relevant)
- the Care Quality Commission where the concerns relate to a relevant service
- all other relevant regulatory bodies, as appropriate

Where there is information that cannot be shared, it should be redacted from versions of documents sent out. Data protection principles must be adhered to.

Wherever possible, minutes should be written in a way that is understandable and accessible to the person at risk and/or support provided to enable the person to understand the contents.

17.7 Area specific guidance

Where a Large Scale Enquiry is being undertaken, the [Large Scale Practice Guidance](#) should be referred to for further information about managing these enquiries, including outcome meetings.

Where the safeguarding concern involves self-neglect, the [Self-neglect policy](#) should be referred to for further information about approaches required.

17.8 Target Timescales

The aim should be for the outcome meeting, whether that is a discussion or a multi-agency meeting, to take place within 8 weeks of the concern being received (earlier wherever possible)

Refer to [Section 12.4](#) for explanation of target timescales

17.9 Outcome review meeting

On most occasions, the outcome discussion/meeting will be able to confirm with the person at risk plans in place in relation to the concerns. However, if at the time of the outcome discussion/meeting agreed plans are not in place, there may need to be a further meeting. This may be appropriate where it is needed to check that outstanding actions are put into place and to check that the risk is being managed effectively.

An outcome review could be held as a meeting or a discussion. Meetings should use the LSAB, Outcome Review Meeting template.

17.13 Arrangements for review

Where the safeguarding procedures are no longer to be followed, consideration should still be given to how safeguarding plans will be monitored to ensure they are working effectively to safeguard the person concerned. This could take a range of forms depending on the circumstances, such as a review of safeguarding arrangements, as part of ongoing care reviews, care programme approach meetings (CPA), or monitoring by agencies and practitioners contacts, or monitoring by relatives, or self-reports from the person at risk themselves.

These arrangements will ordinarily continue outside of the safeguarding adults procedures but newly emerging concerns, or problems with existing safeguarding arrangements may require further support within these procedures. It is important that all parties, including and especially the person at risk, knows how to seek further assistance if they should need to do so.

18. Ending the multi-agency procedures

The purpose of the multi-agency safeguarding adults procedure is to safeguard people from abuse, neglect and self-neglect and so where actions are no longer needed within these procedures to achieve this, the procedures should be discontinued.

Other actions and processes may however continue, for example, a criminal investigation, a coroners hearing or the actions of a professional body in relation to its member. These processes may take further time, but where actions have already been taken to safeguard those at risk, these multi-agency procedures may no longer be required.

18.1 Practitioner checklist of considerations

Before deciding to end the use of the multi-agency policy and procedures, the following checklist should be considered:

- No further actions are needed in relation to the objectives of an enquiry set out in [Section 16.3](#)
- The person at risk (and/or their representative) is aware that the multi-agency procedures are no longer being followed
- The person at risk (and/or their representative) is aware of any ongoing actions under other processes
- The person at risk (and/or their representative) are aware of how to raise concerns in the future if they need to
- All agreed actions are now in place and complete
- All records have been maintained in line with organisational requirements
- There is robust recording of decisions and the rationale for them
- Relevant partners know that the multi-agency safeguarding procedures are no longer being followed
- Arrangements for any review have been agreed
- The person at risk (and/or their representative) is aware of how to provide feedback on their experiences (See [Section 18.2](#))

18.2 Learning from citizen experiences

Talk to me, hear my voice principles embedded within this policy and procedures, means that it is essential that the person at risk is provided with an opportunity to give feedback on their experience of support within these procedures.

All practitioners should help to provide the person at risk with information and support to provide feedback, should they wish to do so.

Information about the project for citizens and practitioners/organisation is available here: ['Talk to me, hear my safeguarding story project'](#). The online survey (and information about other ways to provide feedback) is available here: <https://smartsurvey.co.uk/s/lfs2020>

Appendix A: Practice Guidance: Involvement of the source of risk

'Source of risk' is a generic term used here to refer to an employee, volunteer or organisation that is or may be responsible for abuse or neglect. This practice guidance outlines the principles relating to their involvement within these multi-agency procedures

General Principles: Employees, Volunteers and Organisations

To understand the risks and take appropriate actions to safeguard people within these procedures, it will be essential to understand the person's circumstances and events that place them at risk. An important element of the risk assessment is the perspective of the person at risk and other relevant parties, including, often, the person or organisation that may pose a risk abuse or neglect.

The general principle is that the person/organisation that is alleged to be responsible for abuse and/or neglect should be provided with sufficient information to enable them to understand the concerns and enable them to respond with their account of events, so as to inform an assessment of risk and the actions required.

Organisations

Where the concerns have occurred within an organisation and the enquiry is being undertaken by the local authority (See [Section 16.7.5](#)), the organisation will need to be able to contribute to the enquiry and receive a copy of reports in order to be able to comment on its accuracy, consider risks and take appropriate actions.

Similarly the organisation would need to be included in planning/outcome meetings/discussion, so as to be able to advise on and be responsible for the changes that need to be put in place to resolve the concerns and manage any ongoing or future risks. Consideration however should be given as to who the most appropriate representative of the organisation should be in light of the nature of the concerns.

Employees/Volunteers

The general principle is that where concerns involve the actions of an employee/volunteer, they should have an opportunity to contribute to the assessment, and be provided with a written copy of their account if they wish, so that they can be assured that the information they have been provided has been recorded accurately.

The person alleged to have been responsible for the abuse or neglect would not normally be provided with a copy of the enquiry report, nor would they attend a planning/outcome meeting, as the focus of the enquiry will be on the safety and welfare of the person at risk.

Sharing information about the outcome of a risk assessment and the actions required may often be appropriate in the context of prevention. For example, to support people to change their behaviour or take other actions within their practice or their organisation to prevent future concerns arising. Actions concerning employees and volunteers will usually be undertaken and communicated by an employer, who is responsible for decisions concerning the person's practice and any changes to their working arrangements.

The multi-agency policy and procedures are not in any way a replacement for an agency's internal management or disciplinary processes, which may include specific requirements in relation to an employee's employment rights.

Police matters

If the matter of concern is subject to Police involvement, advice should be sought from Police so as to ensure that involving the person or organisation alleged to have been responsible for the abuse or neglect, is not done in a way that may compromise a criminal investigation.

Appendix B: Citizen Practice Guidance:

Citizen Groups in Leeds have produced this advice for practitioners as to the support they value and how they would wish to be included within safeguarding arrangements. It should be considered a guidance for practitioners to inform their practice and approach.

B1: Planning and Risk Management

- "Speak to me about it – hear my voice"
- "Ask me what I would like to happen and why"
- "Don't presume you know what I want"
- "Talk to me about the options – and explain them"
- "Ask me if there are any services I would like to be referred to"
- "Let's agree – what I am going to do"
- "Let's agree – what you are going to do"
- "Don't take over – help me make my own decisions"
- "If you need to make decisions I don't agree with, explain to me why"
- "Enjoy helping people"

B2: Planning Safeguarding Meetings

Attending meetings:

- "Think about how I am feeling. Think about how you would feel in my shoes".
- "If there is a meeting about me that I am not invited to - tell me why. Remember people are making decisions about my life".
- "A few days before the meeting, either call me or send me a letter telling me what will happen".
- "Introduce everyone in the room, tell me your job title, what you do and why you are here".
- "Put me at ease, offer me a cup of tea".
- "I need someone with me who I can trust to support me – make sure this happens".
- "Allow for breaks - Recognise when I have had enough and will agree to anything because I have shut down".
- "Ask me what I want from the meeting. Do not presume you know".
- "Be interested in what I have to say. Ask me what I think".
- "Think about how I am feeling that day. I might be finding this more difficult than I thought I would".
- "It should not be people talking about me. It should be people talking with me, about what I want".
- "Think about how the room is set up. Do not sit together, with me on my own. Do not make it like an interview".
- "Explain things in a way that I can understand. Check that I do".

B3: What I want from people supporting me

Qualities I would hope to find in practitioners supporting me:

- "Openness and honesty"
- "Empathy, kindness, selflessness, patience"
- "To always feel that people are looking out for you"
- "For people to have my back and speak up for you when you can't"
- "To have stickability - be there for the long haul - even the tough stuff"
- "To offer reassurance no matter what"
- "To be knowledgeable about the world"
- "To ask what they can do to help you"
- "To give support and massive encouragement"
- "To take into account what you have been through"
- "To give you confidence and the ability to value myself"
- "When the help is there you want to just pull it in with both arms!"
- "To always feel that people are looking out for you"
- "To be treated with respect"

Appendix C: Practice Guidance: Safe enquiries

When working with victims of domestic abuse, the first practice principle is that of Safe Enquiry. Safe enquiry means ensuring the person causing abuse or neglect does not inadvertently become aware of the enquiry.

Research has shown that incidents of violence and levels of harm increase when the control of a person alleged to be responsible for the abuse is being challenged. It is very important that the person does not learn about any disclosure or plans being made by the person at risk by accident or without the knowledge of the person at risk, unless there are very exceptional circumstances.

For these reasons:

- Always ensure you are alone with the person before enquiring into possible abuse – never ask in front of a partner, friend or child.
- Make sure you cannot be interrupted, and that you – and the person – have sufficient time.
- Only use professional interpreters; in case using family members places the person at risk, or prevents their voice being heard.
- Document the person's response (but not in records the person alleged to have caused abuse or neglect could access).
- Understand that victims of abuse may be reluctant to disclose what is happening to them, but that the conversation may be helping them to understand their situation better and build up trust.
- Explain the limits of confidentiality.
- Whilst victims may be reluctant to disclose what is happening to them, often they are also hoping that someone will ask them if they are suffering even where it does not result in disclosure of abuse.
- Provide opportunities to disclose and ask direct questions. Repeated enquiry on a number of occasions also increases the likelihood of disclosure.

This information is summarised from the LGA/ADASS document:

[Adult Safeguarding and Domestic Abuse:
A guide to support practitioners and managers](#)

This should be referred to for further details and additional information about domestic abuse, risk assessment and legal powers of intervention.

Appendix D: Identifying Organisational Abuse

Identifying organisational abuse

The Care and Support Statutory Guidance 2020 describes Organisational abuse as:

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation⁶¹.

Where a large scale enquiry is being undertaken, many different forms of abuse or neglect may be evidenced within the individual safeguarding enquiries being undertaken. The overarching large scale enquiry will be able to consider these individual enquiries together, to identify underlying factors that maintain the risk of abuse and neglect ([Large Scale Enquiries: Practice Guidance](#)).

The following guidance can inform professional judgements and decision making as to whether organisational abuse is a presenting concern:

As organisational abuse or neglect arises as a result of the structure, policies, processes and practices within an organisation, it may be evidenced by certain characteristics:

- It is **widespread** within the setting (e.g. the abusive/neglectful practice is not confined to the practice of a single staff member)
- It is evidenced by **repeated** instances of abuse or neglect
- It is generally **accepted** that these things happen
- It is **sanctioned** – it is encouraged or condoned by line managers
- The **absence of effective monitoring or management oversight** by managers has allowed the practice to occur.
- There are **environmental factors** (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care.
- It is **systemic** e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of organisationally abusive practice.

It is not necessary for each of these characteristics to be present. However, the presence of one or more characteristic increases the likelihood that organisational abuse is taking place. Please note: organisational abuse may also be indicated by a number of adversely affected service users. However, it could occur in relation to a single service user.

The assessment of possible organisational abuse will need to be based upon professional judgement, with consideration of all the individual circumstances. This should include consideration of the actual or potential impact on the wellbeing of individuals concerned; as well as the underlying causes of any abuse and neglect.

⁶¹ Care and Support Statutory Guidance 2020, Section 14.17