Dudley Adult Safeguarding procedures.

Dudley Adult Safeguarding procedures.

This practice guidance document is a local Dudley MBC supplement to the **Adult Safeguarding: Multi-agency Policy and Procedures for the protection of adults with care and support needs in the West Midlands.**

It describes the procedures for Dudley MBC. Dudley and Walsall Mental Health follow broadly similar principles but have their own internal procedures.

The procedures relate to an adult who:

1) **Has care and support needs (see definition of care and support needs below)**
2) **Is at experiencing or is at risk of abuse or neglect**
3) **As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.**

OR

There is information that suggests that abuse or neglect has occurred to an adult with care and support needs but the adult is no longer at risk. It would still be expected that a concern would be raised with the local authority in such circumstances. This could occur if the adult has died or moved from the location of the risk.

NB Consideration must be given to risks to others who remain in the environment or in receipt of the service where the abuse or neglect is believed to have taken place.

Definition of care and support needs

Whether or not an adult is defined as having care and support needs is **not** dependent on whether they meet eligibility criteria for services. The Care Act Statutory Guidance states *"The safeguarding duties apply to an adult who: has needs for care and support whether or not the local authority is meeting any of these needs".* Care and support can include small amounts of input such as visits from a relative once a week to help with shopping, a long-term medical condition being managed by a GP etc. It can also include people who clearly have needs even if they are choosing not to accept help with them or are not eligible for help with them.

It is considered to be good practice for this definition to be used in a broad and inclusive manner.

Section 11 Care Act

Chapter 6.20 Care Act Statutory Guidance states "An adult with possible care and support needs or a carer may choose to refuse to have a section 9 assessment. The person may choose not to have a section 9 assessment because they do not feel that they need care or they may not want local authority support. In such circumstances, local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authority identifies that an adult is experiencing, or is at risk of experiencing, abuse or neglect. Where the adult who is or is at risk of abuse or neglect has capacity and is still refusing an assessment, local authorities must undertake an assessment so far as possible and document this. They should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so."

Remember to be proportionate in your intervention. It is important to record any action taken and how risks have been assessed and addressed.

Concern and Notification.

It is the expectation that the local authority is notified of any safeguarding concern on the same day. The expected method of notification for external partners is via the online safeguarding concern form which can be found at:

http://safeguarding.dudley.gov.uk/report-it/

The only exceptions to this are the West Midlands Ambulance Service, 111 Health Service and Care Quality commission.

In receiving concerns from members of the public it is accepted that these could be taken over the phone by customer service officers, if it is not realistic or appropriate for them to be asked to complete the online form.

The concern will be input on to the AIS system by the Customer service officers on the same day.

For Dudley MBC internal adult social care staff receiving a disclosure the 'word' version of the form should be used. This can be found in the document store of AIS. The form is completed and sent to your own line manager for authorisation and your own team's business support for inputting. This should also be input on the same day.

When recording the concern please remember to record full details of the allegation, the adult's desired outcomes (making safeguarding personal) and any relevant information in respect of mental capacity or potential coercion or control.

Where the person alleged to have caused harm is in a Position of Trust please see guidance on People in a Position of Trust (PIPOT). A Concern form should always be completed if the allegation of abuse or neglect is against a Person in a Position of Trust regardless of the views and wishes of the adult with care and support needs.

Urgent Situations

If it appears when the concern form is received that the situation is a serious one indicating imminent risk, or that the situation is urgent, this should be raised with a manager immediately. In the case of concerns received by CSOs at access, please discuss with the Adult MASH management team. For concerns raised in other adult social care teams, please discuss with your own line managers.

If it appears a crime has been committed this should be reported to the police.

Action to be taken by responsible manager (Adult MASH).

Adult Safeguarding concerns will be directed to the Adult MASH in all cases apart from where there is an already allocated social worker.

When received by the Adult MASH, the duty manager will review the safeguarding concern to consider its urgency and its appropriateness for the adult safeguarding process based on the information given. This is not a threshold decision but an initial review of the concern. The target for this to be done by adult MASH Managers is within two working days, but good practice is for this to be completed on the same working day. The Adult MASH Manager should:

- Assess any immediate risks and safety needs in respect of the adult.
- Assess any immediate risks and safety needs in respect of other adults with care and support needs.
- Ascertain if there is a need for immediate police referral. **See appendix - Police MASH contacts**
- In cases where the concern is clearly inappropriate or can be easily signposted, Adult MASH Manager will take that action . **See appendix – cases passed back to access**
- The Adult MASH Manager will then triage the concern for attention by the Adult MASH social workers, and give it a priority rating of 'high', 'medium' or 'low'
- The Adult MASH manager will add a case note indicate which partner agencies to approach for later checks.

Action to be taken by responsible manager (Allocated cases).

In cases where the concern relates to a case already allocated to a social worker, then it will be that social worker's line manager's responsibility to review its urgency and decide on the information available whether urgent action is needed, a referral to the police or whether further information

needs to be gathered before a threshold decision is made. The target for this response would still be within two working days with good practice indicating a same day response.

Action to be taken by adult MASH social workers.

The purpose of the MASH process is to gather information to determine whether there is a need for a safeguarding enquiry under S 42 of the Care Act or whether it is appropriate to undertake a non-statutory enquiry in the circumstances described above, and to direct them to the appropriate team or partner agency for enquiry, with an appropriate plan for enquiry in place.

The MASH social worker will be expected to select cases from work flow in order of the priority assigned to them by the Adult MASH manager. As part of the process the social worker should:

- Give consideration to the views, wishes and desired outcomes of the adult (this should have been considered by the person raising concerns) and whether or not contact should be made with them at this stage (unless doing so would place them or others at further risk or might contaminate evidence). This should not delay action being taken if immediate risks are identified.
- Give consideration to the mental capacity of the adult in respect of the safeguarding concerns.
- Give consideration as to whether the adult is free to express their wishes or whether their decision making may be impaired or affected by their situation or coercion /control.
- Give consideration to whether the adult has substantial difficulty in being involved in the process and whether there is another suitable person to represent and support them.
- Give consideration to whether an advocate is required.
- Check if action has already been taken to reduce or manage the risks e.g. if there has been a medication error or an altercation between service users and the service have immediately addressed this.
- Ascertain if any further information gathering is necessary, for example from the referrer, partner agencies etc. in order to reach a decision about whether an enquiry is needed. In some cases it may be necessary to ask the alerter to resend their concern form with more information. This should not delay action being taken if immediate risks are identified.

If further information is required from the referrer or it is appropriate to contact the adult this can be done by phone if this does not increase risk, otherwise other venues could be considered for a discussion.

If information is required from partner agencies this should be done through the MASH process. A MASH request information form has been designed for each partner agency. This can be sent via AIS or secure email to partners for information. A brief summary of the concerns and the reason the information is needed should be recorded in the relevant section of the form. This should include any information we hold about the adult's vulnerabilities or their care and support needs.
For forms sent by secure email and not through AIS the appropriate section of AIS work flow should still be completed to ensure that data is recorded.

NB: Decisions about concerns relating to medication errors or primarily health issues
A protocol has been agreed whereby the designated nurse for safeguarding in the CCG will give an opinion on safeguarding concerns relating to medication errors or primarily health issues. This is to acknowledge that although the designated nurse for safeguarding is not physically present in the

MASH the threshold decisions reached need to be 'multi-agency'. This advice is to be sought by MASH social workers via email (securely to NHS net account)

RAG rating

A RAG rating is stated on the form which indicates how quickly the response is required.
Red is required in 4 working hours
Amber is required in 8 working hours
Green is required in 72 working hours.

The RAG rating will usually correspond with the priority already given to the case by the Adult MASH manager earlier in the process.

See appendix – Risk Rating Tool

NB see escalation policy in appendices for information not returned within time scales.

Consent

Our statutory powers under the care act allow us to share information with partners for safeguarding purposes (**Care Act S 45)** However, it is good practice to gain consent for information sharing if possible. Working to 'making safeguarding personal' the adult should always be contacted for consent unless this would increase risk, or there are issues around mental capacity or coercion / control to consider. Also in cases of self neglect it may not always be appropriate to gain consent (see further discussion of self neglect later in this document).
The MASH request information form should show if consent was obtained or if not, why this is being overridden and which manager has authorised this.

When the information is received – MASH social worker summary

When all information is received the social worker will summarise this and make a recommendation as follows:

Does the person have care and support needs?

Is the person at risk of or experiencing abuse?

Do the person's care and support needs mean that it is more difficult for them to protect themselves from abuse?

Recommendation:

The case should progress to a safeguarding enquiry under S 42 of the care act
The case should progress to a safeguarding enquiry, on a non-statutory basis (known in Dudley as an 'other enquiry')
Safeguarding not progressed but signposting has taken place
Safeguarding not progressed but an assessment is needed under s 9 of the care act
Safeguarding not progressed and no further action is required

The case would then be work flowed to Adult MASH Managers to undertake the next stage.

A note on unallocated cases being held by hospital social work team, hospital front of house, Urgent care or Care Assessment Teams.

For unallocated cases in hospital or held by these teams the MASH process will be followed but social workers in the stated teams will be expected to support MASH by having contact with the service user or their representatives; to assess risk, assess mental capacity and to discuss their desired outcomes. If a disclosure is made in any of these services it is good practice for the social workers, as in any service, to consider these questions when taking details of the disclosure. This may be a good opportunity to gather this information which may be lost if not taken. It is likely that the MASH will request that a worker from these teams return to gather more information on behalf of MASH and so it is good practice for comprehensive information to be gathered at the point of disclosure if possible. Although the MASH will receive and deal with the concern, the workers in these teams will be expected to support MASH with information gathering.

Action to be taken by social workers outside the Adult MASH (allocated cases)

In allocated cases it would be the responsibility of the allocated worker to collect any information needed to determine whether the safeguarding process needs to be followed. It is expected that the MASH process will not be needed for allocated cases due the case knowledge held. It is expected that the social worker should follow the same principles as the MASH when gathering information by phone.

- Give consideration to the views, wishes and desired outcomes of the adult (this should have been considered by the person raising concerns) and whether or not contact should be made with them at this stage (unless doing so would place them or others at further risk or might contaminate evidence). This should not delay action being taken if immediate risks are identified.
- Give consideration to the mental capacity of the adult in respect of the safeguarding concerns.
- Give consideration as to whether the adult is free to express their wishes or whether their decision making may be impaired or affected by their situation or coercion /control.
- Give consideration to whether the adult has substantial difficulty in being involved in the process and whether there is another suitable person to represent and support them.
- Give consideration to whether an advocate is required.
- Check if action has already been taken to reduce or manage the risks e.g. if there has been a medication error or an altercation between service users and the service have immediately addressed this.
- Ascertain if any further information gathering is necessary, for example from the referrer, partner agencies etc. in order to reach a decision about whether an enquiry is needed. In some cases it may be necessary to ask the alerter to resend their concern form with more information. This should not delay action being taken if immediate risks are identified.

If further information is required from the referrer or it is appropriate to contact the adult this can be done by phone if this does not increase risk, otherwise other venues could be considered for a discussion.

Once the information is gathered the social worker would then move on to the summary stage and pass to their own line manager with a recommendation:

When all information is received the social worker will summarise this and make a recommendation as follows:

Does the person have care and support needs?

Is the person at risk of or experiencing abuse?

Do the person's care and support needs mean that it is more difficult for them to protect themselves from abuse?

Recommendation:

The case should progress to a safeguarding enquiry under S 42 of the care act
The case should progress to a safeguarding enquiry, on a non-statutory basis (known in Dudley as an 'other enquiry'
Safeguarding not progressed but signposting has taken place
Safeguarding not progressed but an assessment is needed under s 9 of the care act
Safeguarding not progressed and no further action is required

The case would then be work flowed to that worker's line Manager to undertake the next stage.

NOTE: On occasions it may be necessary for an allocated case to have the benefit of the advanced information sharing functions of the MASH to assess risk. If this is deemed necessary, a request can be made to MASH manager's mail box, with reasons, for information sharing request forms to be sent to partners. It will be necessary for any information returned to be viewed by MASH managers and summarised to respect information sharing agreements with partners. This does not mean that the MASH will take responsibility for the case, but will assist with information gathering.

<u>The Threshold decision and Planning stage.</u>

The MASH manager, or the responsible line manager for allocated cases, records in case notes whether they agree with the threshold decision proposed by the social worker. The AIS contact should also be updated to reflect this by business support. In the case of the MASH manager, they will also record who should lead the enquiry if this is required (that is which social work team or which partner agency).
In cases which have not progressed under safeguarding, but that some further work is required (such as a section 9 assessment) the MASH manager will forward this request by work flow to the appropriate team. In both cases an explanation as to the reason that the team receiving the work has been chosen will also be recorded in cases notes.

Where cases are progressing to an enquiry under safeguarding (either S 42 or non – statutory 'other') the manager should record planning in case notes explaining what will be required from the social worker undertaking the enquiry. In the MASH, the case is then work flowed to a team or passed to a partner agency for enquiry.

Once the case has been work flowed from MASH to a team, the management oversight of the safeguarding passes to the managers of that social work team.

For enquiries that go to partner agencies, the management oversight of the enquiry remains with the Adult MASH managers.

Note: It was agreed in the MASH operational Group when MASH was being established that work would not be returned to the MASH. If it is felt that a case is not appropriate for a team, this issue should be taken up between teams within Dudley MBC adult social care and a negotiation should take place between the managers of the receiving team and the team they feel it should be with. So for example if Assessment and Independence Service feel that a case should go to the Dudley disability Service, this conversation needs to take place between the managers of those teams. No work should be returned to MASH.

The Threshold decision and planning (whether a meeting or a discussion) should be recorded in case notes and input into AIS. If a planning meeting takes place, the minutes should be stored in the document indexer.

Three proforma letters have been designed for use within Adult MASH to advise referrers, if appropriate considering confidentiality and data protection, whether the concern has progressed to an enquiry.

The Enquiry Stage

What is a section 42 Enquiry?

Please note: **"An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place".** Care Act Statutory Guidance.
See West Midlands Policy &Procedures for full details.

If the criteria for a Section 42 enquiry are met, the Local Authority (LA) has a duty to make enquiries; or cause enquiries to be made and should be endeavouring to achieve Making Safeguarding Personal outcomes throughout this process.

A Section 42 enquiry can be as brief or as detailed as necessary. It could range from a conversation with the adult with care and support needs to a formal multi-agency approach.

Who can contribute to a s42 Enquiry?

Section 6 of the Care Act 2014 spells out the duty on the Local Authority and partner agencies to co-operate and share information for the "purpose of protecting adults with needs for care and support who are experiencing, or are at risk of abuse or neglect".

If another agency/party is contributing to the Section 42 Enquiry (e.g. the CCG may be undertaking their own RCA in respect of a pressure ulcer), any documentation in respect of this should be saved on the service users indexed documents within AIS.

However, where there is an internal investigation by a service/organisation, any documentation identifying a member of staff i.e. Person in a Position of Trust (PIPOT) should not be stored in the indexed documents of the service user's electronic AIS record. Where the Person in a position of trust threshold is met, details will be stored on a separate system.

Some s42 enquiries may be undertaken entirely by the Social Worker and should include, as appropriate, discussions with the service user, their relatives, friends, advocate etc. about how they want to address the issue of abuse and include an assessment of risk (see next section on Assessment of Risk). The Social Worker should record their s42 Enquiry on the Safeguarding enquiry form which can be found in AIS documents. (see Appendix - Making Safeguarding Personal)

NB <u>There is no requirement to reach a</u> <u>safeguarding finding</u>, i.e. substantiated etc. The focus is on removal and/or management of risk and supporting the adult to achieve their desired outcomes. However, other agencies/organisations may reach findings following their own investigation processes (e.g. disciplinary investigation, RCA etc.)

<u>NB Police investigations take priority over any other type of enquiry/investigation and the focus will be on the 'offender' and whether a criminal threshold has been reached.</u> However, a multi-agency approach should still be employed to ensure that the adult is safe and that the principles of Making Safeguarding Personal (MSP) are adhered to**.**

Completing the s42 enquiry

On completion of the enquiry, the allocated worker should:

- Evaluate the outcome with the adult and other relevant parties
- Review the desired outcomes and what action the adult wishes to be taken

Please note, the Department of Health in the annual return will require statistics on outcomes as follows: Fully achieved, Partially achieved or Not achieved. This will be captured through inputting on AIS.

- Identify any on-going risks.
- Consider whether a Safeguarding Plan is needed (previously known as a Protection Plan). If so, identify process for review of plan
- Feedback outcomes to the alerter, partner agencies etc. as appropriate. It may be appropriate to do this in writing
- Consider whether a Safeguarding Meeting is required
- Evaluate whether a Section 9 Needs Assessment or any other assessment/referral to others is required
- Consider the adult's mental capacity and best interests where appropriate

When the enquiry form is completed it should be submitted to the line manager in your own social work team with a recommendation as to next steps; that is whether a safeguarding plan is needed, whether a safeguarding meeting is needed or whether other action or closure is appropriate. This decision is authorised by the social workers line manager. The enquiry should also be recorded by being input into AIS.

Non-statutory 'other' enquiries.

These should follow the same process and use the same documents as above. It is possible that there may not be a need to assess risk for the individual as they are unlikely to be still in the position of risk. However, there may be learning points or improvement points for service provision.

Enquiries about failings within services.
All safeguarding enquiries which relate to neglect or abuse which implicates a social care service should be shared with CQC, Dudley Commissioning (if a Dudley service) and MASH managers to ensure that intelligence about services is shared.

Enquiries undertaken by partner agencies.

Where Dudley MBC has made a decision to cause a partner agency to undertake and enquiry, management responsibility will remain with the Adult MASH managers. The same process and documents as described above should be followed, and enquiries returned to Adult MASH management team for consideration as to next steps and to authorise outcomes.

Assessment of risk

The impact of risk taking, whether positive or negative, will depend on the adult's individual circumstances including their social circumstances, background history, age, disability, health, mental capacity etc.

In addition to consideration of objective risk factors, it is also important to acknowledge that the perception of risk will vary from person to person and that the individual adult's values will have a bearing on their view of the risks in their situation. Therefore, it is essential that the adult's perception is a fundamental factor in the overall risk assessment. It is important to consider the impact of coercion and control in terms of the adult's ability to make relevant decisions around risk.

The West Midlands Policy & Procedures contains a good practice guide to positive risk taking and personalising choice and control. It must be remembered that risk taking is an everyday experience.

Remember the 6 safeguarding principles:

Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

There is a risk assessment tool in the AIS safeguarding documents section which can assist with assessing the level of risk.

Remember, the adult's perception of the risk and their **mental capacity** (in respect of the risk) must always be taken into account. A Mental Capacity Assessment should be undertaken where appropriate. Where an adult lacks the mental capacity to make decision relating to risk, then the statutory principles of the Mental Capacity Act 2005 apply and risk management decisions will be determined under Best Interests. A 'balance sheet' approach may be helpful. (See also Best Interest Checklist section 4 Mental Capacity Act 2005.)

Risk Management

- A safeguarding enquiry should identify what the adult's wishes are in terms of risk management and documented on the enquiry form and the Safeguarding Plan where appropriate
- What are the risks and what outcomes does the adult wish to achieve?
- Are these outcomes realistic and proportionate to the risk?
- What interventions can be implemented to manage the risks?
- Where adults with mental capacity are choosing to live with the risks, this needs to be accurately recorded

The enquiry form should be stored in the document indexer and the enquiry input to AIS.

Safeguarding meetings

Meetings between social worker and the adult or their representatives will go on through the process, however on occasion it will be necessary to hold a formal safeguarding meeting or case conference.

These would be meetings involving a number of agencies or about situations which are complex or high risk will be chaired by a team manager or assistant team manager from the team in which the enquiry has taken place who has been independent of the enquiries. Such meetings may be particularly helpful in situations where there are complex family dynamics, high risk situations, risk disputes, complications as a result of mental health, alcohol or substance abuse etc. These meetings can be valuable in terms of sharing decision making, acknowledging shared responsibilities and agreeing on risk management.

The adult with care and support needs should be invited to the meeting if this is appropriate, if this is not felt to be appropriate the reasons for this need to be stated and recorded in the meeting. If the adult is unable to attend or does not wish to, their views and wishes in respect of the safeguarding concerns and their desired outcomes must be considered in the meeting; this may be

through an advocate or other third party eg. Family member who should be invited to attend the meeting on their behalf.

The purpose of a Safeguarding Meeting (case conference) is to:

- Provide an opportunity to discuss the issues with the adult and their representative where appropriate
- Share relevant information
- Review and evaluate outcome of enquiries with the adult and involved others
- Identify on-going risks of harm through abuse or neglect
- Create a safeguarding plan and agree who will monitor and co-ordinate this
- Review desired outcomes and what action the adult wishes to be taken
- Consider best interests where the adult lacks mental capacity in respect of safeguarding decisions
- Consider whether any other action is required e.g. sharing information about risks to others
- Consider whether further advice is needed e.g. legal
- Agree and acknowledge where there are shared responsibilities in managing risks

A safeguarding meeting chaired by a manager would not usually be requested solely for the purpose of feeding back outcomes to other parties such as relatives. It is expected that these discussions would form part of the safeguarding enquiry and should be undertaken by the social worker.

Remember that since the implementation of the Care Act, there is no longer a requirement to reach a safeguarding finding i.e. substantiated etc. and that the focus is on risk management and the wishes and desired outcomes of the adult in respect of the risks.

The social worker in the case should present the safeguarding enquiry report form to the meeting for the basis of the discussion.

The Minutes of the meeting should be stored in the document indexer and the meeting inputted into AIS.

Safeguarding Plans

If the meeting identifies the need for a safeguarding plan, this should be recorded using the form **Adult Protection Plan** which can be found in AIS. The plan should also be input into AIS.

A safeguarding meeting is not always required for a safeguarding plan to be created, but often this will be created as the outcome of a safeguarding meeting.

The purpose of a safeguarding plan is to document the measures required to manage the level of risk of abuse and neglect to the adult with care and support needs.

The purpose of the safeguarding plan is to:

Identify risks

Consider how the risks will be addressed and managed

Consider views and desired outcomes of the adult or representative in respect of the risks

Consider best interests if the adult lacks capacity in understanding the safeguarding issues.

Be person centred and outcome focused

Be proportionate and least restrictive

Have clear timescales for review and monitoring

Ensure that all those involved are clear about their roles and agreed actions

Indentify a lead professional

Identify contingency plans

Agree timescales for review.

The plan should be agreed by a line manager. It should be stored in the document indexer and inputted to AIS.

Review of Safeguarding Plan

The arrangements for review of the plan should be identified at the point the plan is agreed. The plan can be reviewed within or outside of a safeguarding meeting.

The safeguarding episode must remain open whilst there is an active safeguarding plan. A safeguarding plan can only be ended when it is felt that the risk identified in the plan have been minimised and can be managed through normal care management arrangements.

It should be noted that there will be some situations where it is felt that a safeguarding plan is needed but the adult themselves has capacity and has declined the safeguarding interventions. In such situations, a safeguarding plan will not be appropriate but it is important to ensure that robust risk assessments and information sharing takes place and is recorded along with a rationale for decisions and final actions.

Open Safeguarding plans are managed by the Dudley Disability service, and so if the safeguarding plan is put in place on a case held in an Assessment and Independence team, this should be work flowed to the Dudley Disability Service for allocation for on going review.

Any review safeguarding meetings should be recorded in AIS, as should the end of the safeguarding plan. The closure of the plan should be agreed by a line manager.

Closure of the Safeguarding Enquiry

Once it has been assessed that the level of risk has been reduced and therefore no further safeguarding plan is required or that no further work can be done to safeguard the adult with care and support needs, the decision to close the safeguarding episode may be taken.

The allocated worker will complete a closure summary in AIS case notes. The responsible manager will authorise the closure. This will involve the responsible manager checking that all stages of the process have been completed and that the risks have been removed or minimised wherever possible. The manager must check that all AIS inputting has been completed. An AIS case note approving the closure must be completed by the authorising line manager.

NB Where the risks are considered to remain high and a safeguarding plan is still in place the safeguarding episode should remain open for regular review.

There is no longer a need to reach a finding e.g. substantiated. However, there is a requirement to record outcomes and evaluation of risk which will later be required by the Department of Health as follows:

Desired outcomes of adult at risk were:

- Fully achieved
- Partially achieved
- Not achieved

Evaluation of risk:

No risk identified and action taken

Enquiry ceased at individual's request and no action taken

No risk identified and no action taken

Risk assessment inconclusive and action taken

Risk assessment inconclusive and no action taken

- Action taken and risk remains
- Action taken and risk reduced
- Action taken and risk removed
- No action taken.

These are recorded in the AIS inputting. An outcome must be entered into the last stage of the AIS inputting, whether this is an enquiry or a meeting, showing the evaluation of risk and an end date entered.

It is then necessary to go back to the incident and enter an end date as well as changing the status from 'Alleged' to one of the making safeguarding personal outcomes:

Completed – MSP asked – outcomes expressed – Fully Achieved

Completed – MSP asked – outcomes expressed – Not achieved

Completed – MSP asked – outcomes expressed – partially achieved

Completed – MSP asked – outcomes not expressed

Completed – MSP not asked

Completed – MSP Unknown if asked.

The line manager should check that this has been correctly entered, please also ensure that mental capacity / advocacy questions in the strategy discussion section have been completed.

Feeding back outcomes

The allocated worker is responsible for ensuring consideration has been given to above points and that the adult/their representative has been involved in the discussions about the decision to close the episode and the outcomes. This is also an opportunity to ensure the adult and their representative is signposted to other services as appropriate.

The allocated worker is also responsible for feeding back to:

- The person raising the concerns and the alerter if different. E.g. a family member may have raised concerns via CQC
- Service Provider where the allegations were about their service
- Relatives, where appropriate
- Partner agencies, where appropriate
- Any other party involved in the s42 enquiry

The level of feedback and how this is undertaken will depend on the circumstances. In some cases, it may be appropriate to feedback face or face or in writing or both.

A letter might contain:

- ✓ Date and nature of allegations
- ✓ Who was involved in undertaking the enquiry and their role
- ✓ A brief summary of the findings
- ✓ Outcomes
- ✓ Action taken
- ✓ Lessons learned
- ✓ Any further action required
- ✓ Opportunity to meet if appropriate

Large Scale Enquiry Procedure

1. Purpose

   To outline what determines a large scale enquiry and provides guidance on the response that is required in such situations.

   A large scale enquiry (LSE) could be triggered where there are significant concerns and / or a high level of safeguarding activity in relation to adults at risk or where there is a complex concern regarding a number of adults at risk that requires a multi agency response.

2. Guiding Principles

   Whilst Dudley MBC has a duty to co-ordinate safeguarding enquiries, effective responses to large scale concerns must be based on multi-agency responses.

   The large scale enquiry process does not negate the need for individual safeguarding concerns to be addressed via the individual safeguarding processes; it is not a replacement for the management of individual concerns.

   As with any safeguarding enquiry consideration must be given to principles of safeguarding; Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

   Where adults lack capacity to safeguard themselves, other people will need to make those decisions in their best interest as described in the Mental Capacity Act 2005 and associated code of practice.

   Where it is suspected that a crime may have been committed the police must be alerted at the earliest opportunity.

3. Potential Triggers for a large scale enquiry.

   Triggers for a large scale enquiry can include one or more of the following:

   - A number of adults at risk have allegedly been abused resulting in significant harm or there is potential for significant harm. This could include people within a particular provider service.
   - Receipt of collective concerns in relation to one service setting
   - Concerns in relation to a service are of a high volume
   - An individual safeguarding enquiry results in concerns that indicate that other individuals in the service are at risk of harm.

- Receipt of a whistle blowing concern suggesting large scale concerns which suggest more than one suspected perpetrator or relate to custom and practice or a culture in a service that could result in harm to vulnerable adults.
- Information received from the Care Quality Commission which suggests that the practices of a service are placing adults at serious risk of harm.
- Information from other bodies such as Clinical Commissioning Group, Healthwatch or the Police suggesting serious concerns in relation to a service.
- Information given by professionals or the public suggesting serious concerns within a service.
- Where there may be multiple victims and one alleged perpetrator.

4. Stages of the Process

The information gathering and decision making stage.

When a concern is received at MASH based on any of the scenarios in Section 3
Or where as part of MASH monitoring of safeguarding concerns received a pattern is identified which is of concern in respect of a particular service.

The MASH team will:

- Consider any immediate actions to reduce imminent risk which are not currently being addressed by individual safeguarding enquiries. Including the need for any initial visit to the service to ensure safety.
- Collate all allegations / disclosures and concerns raised
- Consult with Police through MASH partnership arrangements to consider whether there is a role for police or whether they should lead the enquiry in situations where criminal activity appears to be at the fore.

A Discussion should then take place between the MASH team manager and the Head of Adult Safeguarding as to whether the concerns reach the threshold for the Large Scale Enquiry process. This should take place in a timely manner and within 24 hours where possible

If a concern is raised within Dudley Disability Service based on any of the scenarios in Section 3 relating to allocated cases within that service then the Dudley Disability Service will follow the same process:

- Consider any immediate actions to reduce imminent risk which are not currently being addressed by individual safeguarding enquiries. Including the need for any initial visit to the service to ensure safety.
- Collate all allegations / disclosures and concerns raised
- Consult with Police through MASH partnership arrangements to consider whether there is a role for police or whether they should lead the enquiry in situations where criminal activity appears to be at the fore.

A Discussion should then take place within the management team of the Dudley Disability Service, to include the service manager and the Head of Service as to whether the concerns reach the threshold for the Large Scale Enquiry process. This should take place in a timely manner and within 24 hours where possible

Initial Large Scale Enquiry Meeting (Planning)

If it is agreed that a LSE process is required then a Large Scale Enquiry meeting should be arranged. This can take the form of a planning meeting initially without the provider present if appropriate, but decisions must be made at the meeting (or before) as to how the provider will be communicated with. The nature of the concerns will determine whether the provider is contacted from the start of the process or at a later point. It is important to consider that the provider will need to play a part in the enquiry in order to address the issues raised.

The meeting should be chaired by a senior manager or above. In the case of Dudley Disability Service, this should be chaired by the service manager. The Service manager may choose to delegate to one of the Dudley Disability Service Team Managers if the service manager considers this to be appropriate.

In the case the Assessment and Independence Service the meeting should be chaired by the Head of Adult Safeguarding, but this could be delegated to an appropriate team manager (most likely the Adult Safeguarding MASH team manager) if considered appropriate.

In the case of Dudley and Walsall Mental Health the meeting should be chaired by their safeguarding lead or by an appropriate manager within adult social care by negotiation.

Invites should be considered to all partners including CCG, DGFT, DWMH, Police, Dudley Commissioning and CQC. Also consider whether invites are needed to partners from neighbouring authorities.

The following should be agreed at the meeting:

- Indentify risks to adults using the service and whether they are at continued risk and whether immediate actions are required. Capacity and consent issues to be discussed.
- Discuss whether reviews of the adults in using the service are needed an who should undertake these
- Agree the plan for the enquiry; to consider the level of the enquiry required, the proportionality of the response and identify the lead agency
- Establish how the LSE will interface with any individual safeguarding enquiries that are ongoing.
- Review and confirm the commissioning status and inform Care Quality Commission and neighbouring local authorities.
- Agree a communication strategy

The Large Scale Enquiry

This does not replace the individual safeguarding enquiries which are on going within social work teams and these should continue. It is the responsibility of the team manager in the relevant social work team to continue to oversee the individual safeguarding enquiries.

Any police investigation will take primacy.

It should be agreed at the Large Scale Enquiry meeting how these should interface.

The adults and their families should be involved at the appropriate level and support for adults at risk will need to be considered to ensure their views are understood and their outcomes they wish to be achieved are understood. Consideration needs to be given to the use of advocates.

Each agency will undertake the agreed enquiry as per the timescales agreed at the Large Scale Enquiry Meeting.

The overseeing manager will be responsible for the monitoring and coordination of the information from the enquiry, allowing time for careful consideration and analysis of the information as part of the ongoing process that takes place outside of the meetings

A further LSE meeting (Conference)

The purpose of the LSE further meeting (conference) is to share the findings of the various strands of the enquiries undertaken, reach broader conclusions about the nature and extent of the alleged abuse within the service and ensure an improvement plan is in place.

All those who attend the LSE conference are required to ensure that they have completed the actions agreed at the initial LSE meeting and have provided the chair with a report prior to the meeting, or as a minimum requirement have the information available to share at the conference.

The relevant provider manager should be invited to attend the LSE conference as it is vitally important that they are fully engaged with undertaking an active role with the improvement plan.

The meeting should:

Review information gathered since the last meeting and the outcomes of enquiries.

Confirm whether any criminal prosecutions will be progressed

Confirm an improvement plan and designate responsibilities with time scales.

The improvement plan will show what is required to be improved, who is responsible and time scale

The meeting should consider how improvement plans should be monitored.

Confirm the status of placements.

Confirm the status of the provider and any potential suspension of purchasing alongside commissioning.

Consider the status of the provider in respect of their CQC inspection and rating.

Confirm communication strategy with families, partners, and neighbouring authorities

Confirm the current level of concern and whether the LSE needs to continue.

Once the improvement plan is agreed, if the LSE process continues it is likely that another LSE meeting (conference) will be needed to review progress. Time scales for this should be set. There may be a need for several of these meetings to take place.

When the LSE is closed, a decision needs to be made at the last conference as to how the closure is communicated to partners, adults at the service and their families. Also an agreement on the ongoing monitoring and support being given to the service outside of the safeguarding process; through social work teams, commissioning, CCG or CQC

Person in a Position of Trust (PIPOT)

This relates to situations where we become aware of allegations that relate to the conduct of a person who is working in a position where they are in contact with vulnerable adults. The information may relate to actions away from their role with vulnerable adults but consideration needs to be given to the appropriateness of them continuing in their roles

Where are allegations are received about the conduct of a person in a position of trust the following process should be followed.

The PIPOT referral form is expected to be completed and forwarded to the Adult MASH or adult MASH manager's mail box. This form can be found at the Dudley Safeguarding website.

The PIPOT form is forwarded to the team manager of the Adult MASH.

The team manager of the Adult MASH must consider whether the concerns raised meet the level of a PIPOT referral, by consulting the West Midlands PIPOT guidance.

If this is not considered a PIPOT, but should be considered under adult safeguarding; then the adult safeguarding process should be followed. This is likely to be the case when the allegations relate to an event that took place directly between the adult at risk and the PIPOT, such as in the work place.

If this is considered to be an issue which would fall under PIPOT criteria, but there could also be an adult safeguarding process in place, the adult safeguarding process should be followed initially but the outcomes of this needs to be kept in mind and the PIPOT considered at the end of the adult safeguarding process.

In cases where the PIPOT process is followed the Team Manager for the Adult MASH should first contact the PIPOT to see if they are aware of the concern and to get their account. It should be established if they have disclosed this information to their employer. It should be confirmed that the Team Manager will need to consider whether their employer will need to be made aware if they are not already.

Once this information is gathered consideration is needed as to whether a meeting is required. The meeting will involve all stake holders, including police if appropriate. If the allegation falls outside of adult safeguarding process then information sharing through MASH processes will not apply. Information gathering from partners will need the consent of the individual. It may be appropriate to share the nature of the allegation with partners without consent if this is felt to be justified by the level of risk but this will need to be considered as part of the process.

The PIPOT meeting should consider:

The level of risk

What information should be shared with the employer and other partners?

Whether referrals should be made to the disclosure and barring service.

Whether it is considered appropriate for the PIPOT to continue in their current role.

All recording is held on the Dudley MBC ‘o’ Drive in the secure ‘PIPOT’ folder.

Appendix 1 MASH Police processes.

If a crime is evident or is in progress, a call must be made to the police via 101 or 999 if risk is imminent to report.

Within the MASH information sharing agreements exist with the police. From April 2018 Dudley MASH will have a dedicated police sergeant at the referrals unit. Request for intelligence and for a planning discussion can be forwarded to the dedicated sergeant securely at the following email address:

ppu_referrals_unit@west-midlands.pnn.police.uk

The appropriate MASH information sharing form should be used and this should include the reason for the request, such as the considered risk of harm and the nature of the adult's vulnerability or care and support needs. The police are only able to share information with us if they have a clear understanding as to what makes the adult vulnerable, so this needs to be clearly stated on the form.

The Sergeant will return any relevant intelligence held to the time scales indicated by the RAG rating. She will also then forward to the appropriate police team, depending on the nature of the incident. Usually vulnerable adults or domestic abuse teams, but it could be another team. If a planning discussion has been requested this request will also be passed to that team asking an officer to call the MASH social worker to discuss.

This facility is not available outside of MASH, but should it be felt necessary an approach to MASH to access the information sharing process can be made via the adult MASH managers' mail box.

Appendix 2 Cases which can be passed to Access team from MASH

Agreement for Work going to access from MASH.

It was agreed that in some cases, a safeguarding concern form has been received but the information on the form does not actually relate to safeguarding. This can happen when the form is completed inappropriately. Therefore in some circumstances it is agreed that these types of situations can be passed to access as the most appropriate team to do the initial screening.

The following case examples were considered:

1) The form shows a request for an assessment of need or for care and there has been no previous involvement on the case or nothing in the past 12 months – Pass to access for screening.

2) A safeguarding concern states that an individual wants to end their life or imminently self harm – To be dealt with in MASH. MASH to establish if the risk is imminent (if so 999), establish if known to secondary mental health (if so secondary mental health will deal with it), if neither of these apply: MASH to contact GP and give the information and then close. Safeguarding would only be progressed if there were other factors which indicated abuse.

3) A concern form indicates self neglect and the individual has not been known to adult social care before or has had no recent involvement (within 12 months).
If the potential harm is low or moderate and the risk is not imminent. Pass to access for screening and potential care management process.
If the potential harm is high or risk imminent. To be dealt with in MASH.

4) The form shows a request for an assessment of need or increase to care for a case with an ongoing care package and an involvement from C&I / WLD within 12 months. Mash managers will forward to C&I for attention. If these are returned for more screening it is agreed that Access will then undertake this task.

5) The form shows a request for an assessment of need or increase to care for a case with an ongoing care package and an involvement from A&I within 12 months. Mash managers will forward to access2Care for attention. If these are returned for more screening it is agreed that Access will then undertake this task.

6) A concern form shows that an individual has had a cognitive decline which has resulted in risky behaviour such as wandering outside. Pass to access for screening and potential care management process. **BUT,** if there are other factors such as poor support from carers, family carers or any question that there might be long standing self neglect issues – To be dealt with in MASH.

7) It is acknowledged that if there is any question that there might potentially be abuse, MASH will screen.
8) Work passed to access will go by work flow and marked as critical, but also an email will be sent from MASH managers to Access Managers to draw attention to it
9) It is agreed that case discussions are not needed in all cases but are welcomed if situations are not clear cut or there are queries about the decisions.

Appendix 3 – Escalation Policy for information not received from partners.

On receiving a referral the two Assistant Team managers will review the referrals. At this point they will prioritise the referrals according to the associated risks. Ratings will be HIGH, MEDIUM OR LOW. Accordingly referrals will then be forwarded to the MASH work flow. At this point the senior social workers will risk rate referral in the following way.

Risk Ratings

RED ……Requires information to be returned within 4hours of request

Amber……..Requires information to be returned within 8 hours of request

Green……Requires information to be returned within 72 hours of request

The allocated social worker must ensure that all information required to facilitate the decision making process is secured within the above timeframes. It should be noted that once a referral is allocated to a worker that worker must complete this information gathering / lateral checks unless exceptions are agreed with the team assistant managers or manager. Where a worker has to pass a case on, records of the intervention and decision must be clear and available.

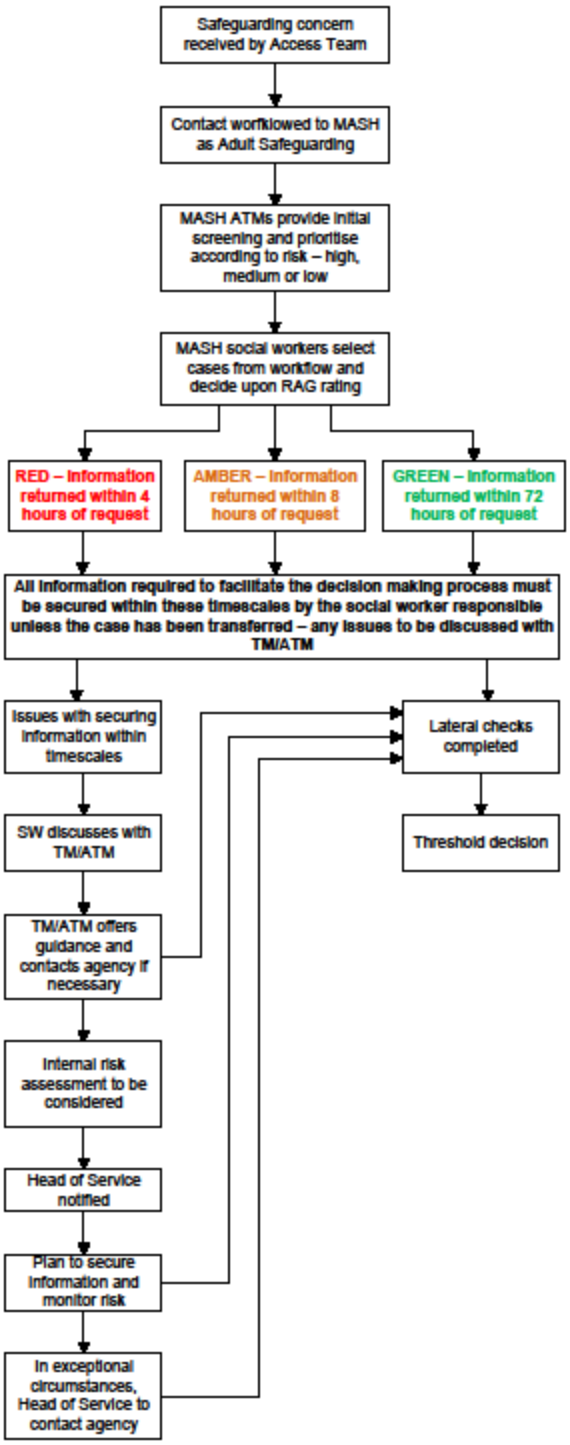
If the allocated social worker experiences difficulties in secure the required information within the designated timeframes this must be discussed with an assistant and or the team manager. The respective assistant manager will provide the guidance and if necessary assistant in contacting individuals and or organisation in order to collate the information. If blockages continue then these will be escalated to the team manager.

The team manager will also provide assistance in accessing information. In the unlikely event that information is not made available within the designated timeframes, the team manager will consider placing this referral on an internal risk assessment. Having taken the decision to record the referral on an internal risk register, the Head of Service will be notified, assurance around the plan to gain the information will be required. The assistant and team managers will formulate a plan to secure the information and monitor the risk until the information is made available or other information for example from a professionals meeting or discussion enables decisions to be made. In exceptional circumstances, specifically if the managers within the MASH are unable to secure the information the Head of Service will be notified and will then contact their respective partner in the agency which holds the information.

Having secured the required information this case will be completed by the allocated social worker in a timely manner.

As an emergency service referrals this policy has been developed to ensure that referrals are dealt within the agreed designated timeframes, waiting lists are to be avoided.

MASH escalation policy



Appendix 4 – Risk Rating tool

Safeguarding Risk Rating Guidance Tool

How to use the tool

This tool is designed to help identify the RAG rating in respect of the identified safeguarding concern. Consider the risks highlighted by the safeguarding concern. The grid below allows one numerical value to be assigned to the overall risk. The risk rating is based on the combination of the **likelihood** of a hazardous event occurring again and the potential **seriousness** of that event.

- Estimate how **likely** the overall risk is using the table below (rare to almost certain)
- Estimate the **seriousness** of the overall risk (low to high)
- Multiply the two scores together to give a risk rating

Likelihood

This is a measure of the chance that the hazardous event will happen again. An example of low likelihood is where a person is mugged on the street; it is a one-off incident unlikely to recur. An example of high likelihood is where a carer verbally abuses a person and the interaction is daily, or the carer lives with the person.

1 – rare	**Would only recur in exceptional circumstances**
2 – unlikely	**Not expected to recur**
3 – possible	**May recur**
4 – likely	**Will probably recur frequently but not as a persistent issue**
5 – almost certain	**Will probably recur frequently**

Seriousness

This is the risk level if the hazardous event happens again. It is assessed according to the impact that the original incident had on the person.

	Likelihood				
Seriousness	**1 – rare**	**2 – unlikely**	**3 – possible**	**4 – likely**	**5 – almost certain**
3 – high	**3**	**6**	**9**	**12**	**15**
2 – medium	**2**	**4**	**6**	**8**	**10**
1 – low	**1**	**2**	**3**	**4**	**5**

The risk should then be rated using the following scale:

	1-2	Low risk – may result in referral to another process eg complaints, care management, disciplinary, health/GP, police
	3-6	Moderate risk – as above but may also require safeguarding enquiry – use professional judgement
	8-15	High risk – highly likely/certain to indicate the need for a safeguarding enquiry

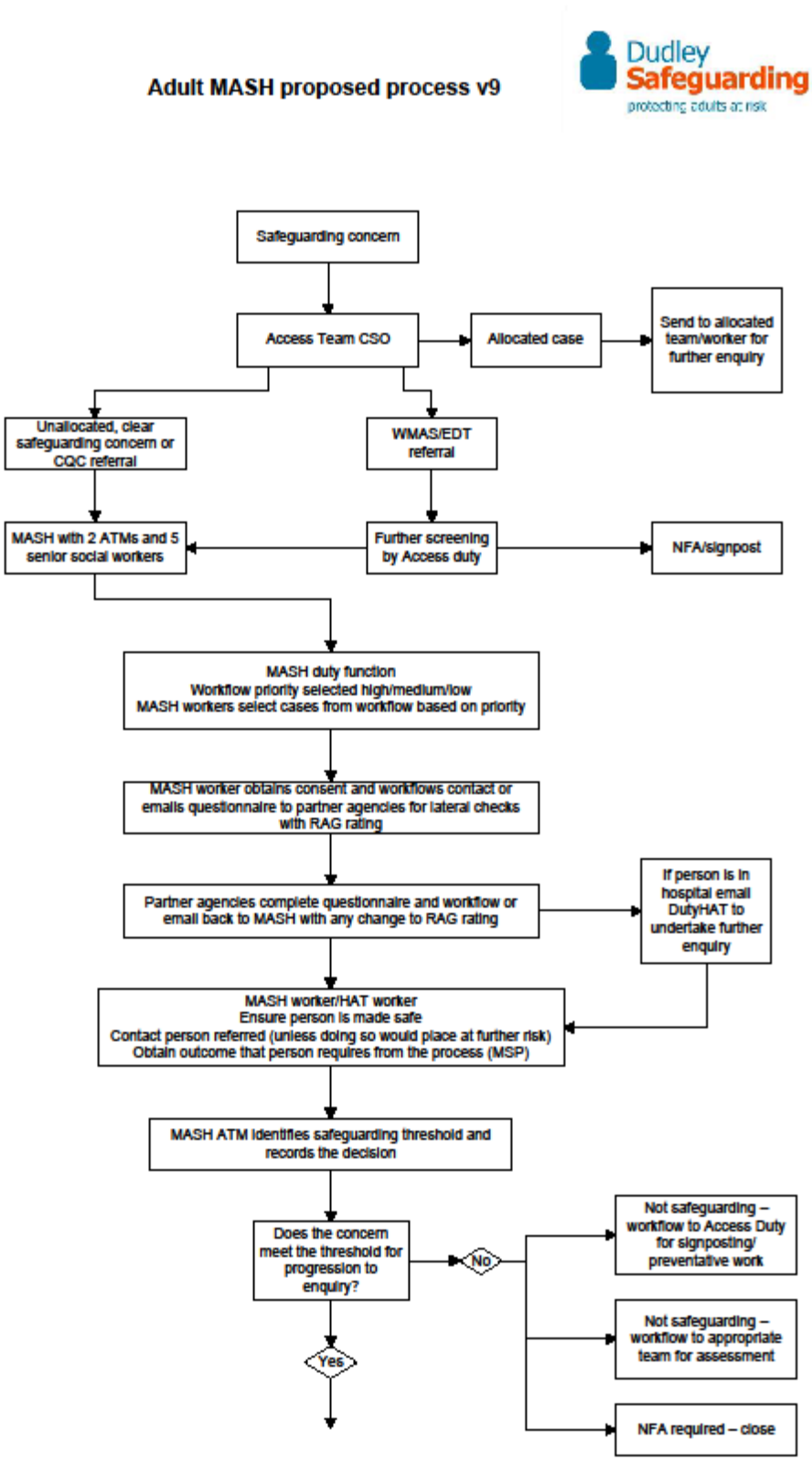
This numerical score should give a clear indication as to whether a safeguarding intervention is required. Additional information to help with assigning a numerical risk rating can be found below. Listed are abuse types plus examples of each level of risk. **Please note that this list is for illustrative purposes only and is not exhaustive.**

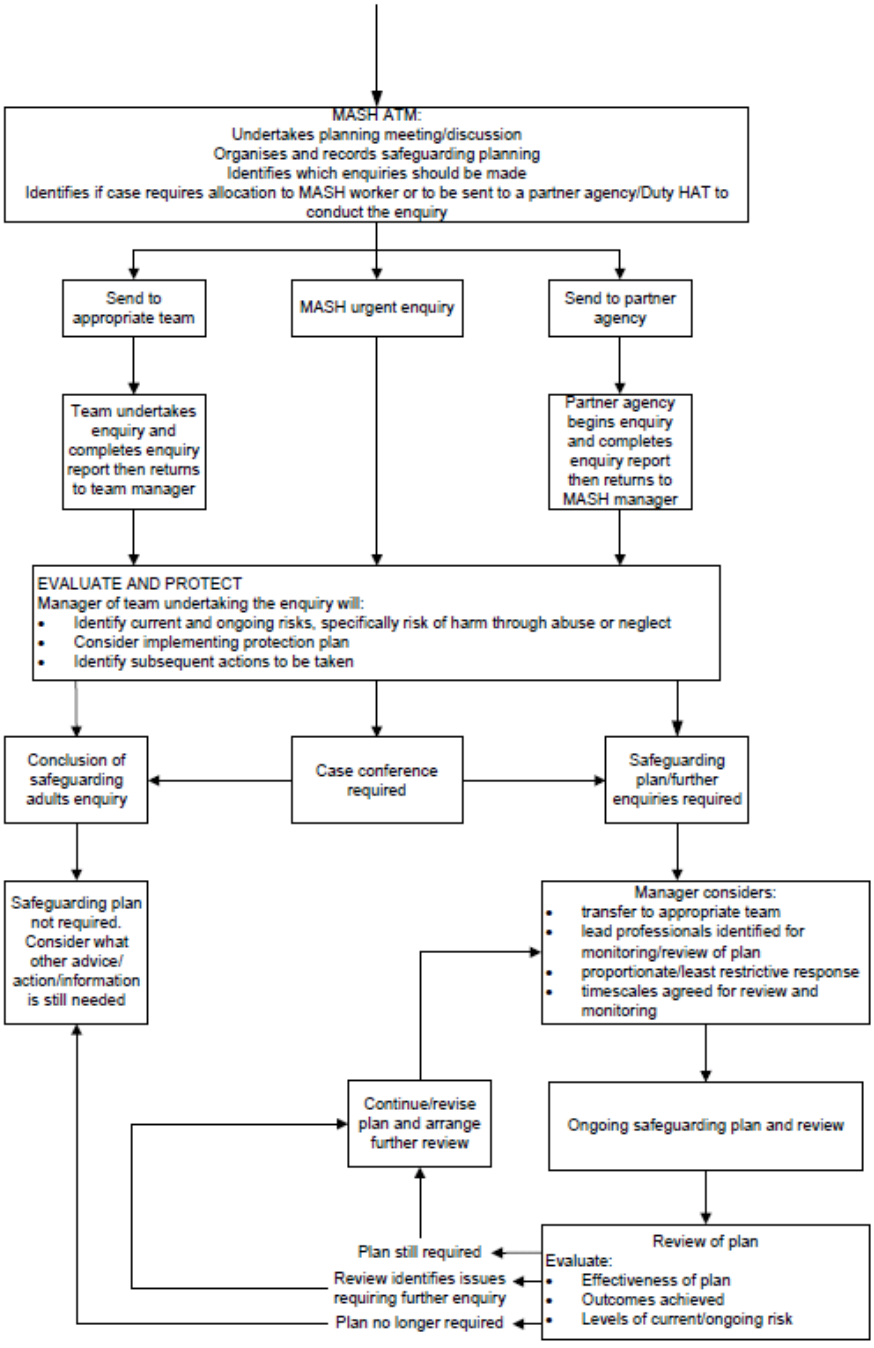
	1 – low	2 – moderate	3 – high
Physical	• Staff error causing no/little harm • Minor events meeting the criteria for reporting	• Inexplicable marking found on one occasion • Altercation between individuals who lack capacity • Inexplicable marking found on more than one occasion • Accumulation of minor incidents	• Inappropriate restraint • Withholding of nutrition, fluids or aids to independence • Injuries/assault • GBH/assault with a weapon leading to irreversible damage or death
Sexual/exploitation	• Isolated incident of teasing or low level unwanted sexualised attention	• Minimal verbal sexualised teasing	• Recurring sexualised touching without valid consent • Being subject to indecent exposure • Attempted penetration by any means without valid consent • Being made to look at pornographic material • Sex in a relationship characterised by authority inequality or exploitation eg staff and service user • Sex without valid consent
Psychological	• Isolated incident where adult is spoken to in a rude/inappropriate way	• Occasional taunts or verbal outburst • Withholding of information • Treatment which undermines dignity and esteem • Denying or failing to recognise adult's choice	• Frequent verbal outbursts or harassment • Humiliation • Emotional blackmail • Frequent verbal outbursts • Denial of basic human rights • Forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks
Financial	• Money not recorded safely • Adult not routinely involved in decisions about how their money is spent or kept safe • Adult's monies kept in a joint bank account with unclear arrangements	• Staff benefiting from service user's funds eg accrue loyalty points • Misuse or misappropriation of property or possession of benefits by another person • Fraud/exploitation relating to benefits, income, property or will • Non-payment of care fees • Adult denied access to their funds or possessions • Personal finance removed from person's control • Theft	

	• Capacity in this respect is not properly considered		
Neglect	• Isolated missed home care visit where no harm occurs • Adult is not assisted with a meal/drink and no harm occurs • Adult not bathed as often as would like • Inadequacies in care provision lead to discomfort or inconvenience with no significant harm • Not having access to aids to independence	• Recurrent missed home care calls where risk of harm escalates, or one missed call where harm occurs • Hospital discharge without adequate planning and harm occurs • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly, eg pressure ulcers, dehydration, loss off of independence	• Failure to arrange access to lifesaving services or medical care • Failure to intervene in dangerous situations where the person lacks the capacity to assess risk
Medication	• Adult does not receive medication on one occasion causing no harm • Recurring missed medication causing no harm	• Recurring medication errors with potential serious consequences • Deliberate misadministration of medication • Covert administration without authorisation	• Pattern of recurring errors or incident of deliberate misadministration resulting in ill health or death
Organisational	• Lack of stimulation or opportunities for people to engage in social or leisure activities • Service users not given sufficient voice or involved in the running of the service • Denial of individuality and opportunities for person to make informed choice and take responsible risks • Care planning not person-centred • Rigid/inflexible routines	• Service user's dignity is not determined eg lack of privacy during intimate care support • Bad practice not being reported and going unchecked • Staff misusing their position of trust over service users	• Unsafe and unhygienic living conditions • Over or under medication • Inappropriate restraint used to manage behaviour • Widespread consistent ill treatment
Discriminatory (including hate crime)	• Isolated incident of teasing motivated by attitudes towards an adult's perceived differences • Isolated incident of care planning which fails to address an adult's specific diversity associated needs • Inequitable access to service provision as a result of a diversity issue	• Occasional taunts • Recurring failure to meet specific care/support needs • Being refused access to essential services	• Denial of civil liberties • Humiliation or threats on a regular basis • Hate crime resulting in injury/medical treatment/ threat to life • Hate crime resulting in attempted murder/HBV
Modern slavery		All concerns of modern slavery or human trafficking should be assessed as moderate to critical • Limited freedom of movement • Forced to work with little or no payment	• Limited access to food or shelter • Regularly moved to avoid detection • No access to passport or ID Sexual exploitation • Starvation

		• Limited or no access to medical care	• Organ harvesting • Imprisonment • Forced marriage
Domestic violence		• Isolated or one off incident within a family or with current/past partner • Occasional incidents within a family or with current/past partner • Controlling behaviour • Limited access to Accumulation of minor incidents or injuries • Frequent verbal/physical outbursts • No access or control over finances • Stalking • Imbalance of power medical care • Limited access to funds • Power and control issues	• Sex without consent • Increased threat due to pregnancy • Forced marriage • FGM • HBV
Self neglect	Self neglect concerns but person is • person has limited access to support services • person has sporadic attendance at health appointments • person has limited social interaction	Self neglect concerns and: • not losing weight • person is of low weight • personal hygiene is becoming an issue Hoarding issues and: • only major exit is blocked • clutter is causing issues in living spaces and between rooms • light structural damage • person refuses to engage with necessary services • health care is poor/there is deterioration in health • weight is reducing • wellbeing is affected on a daily basis • care is prevented or refused • person does not engage with social or community activities • person does not manage daily living activities • hygiene is poor and causing skin problems • aids and adaptations refused or not used • limited access to the property due to extreme clutter • evidence of clutter can be seen at windows/outside property • garden inaccessible/overgrown • structural damage eg damp • clutter is obstructing the living spaces and preventing rooms being used for their intended purpose	Self neglect concerns and: • doors missing or broken • toilets and sinks not functioning/not in use • person at risk due to living environment

Appendix 5 – MASH Pathway




MASH ATM:
Undertakes planning meeting/discussion
Organises and records safeguarding planning
Identifies which enquiries should be made
Identifies if case requires allocation to MASH worker or to be sent to a partner agency/Duty HAT to conduct the enquiry
Send to appropriate team
MASH urgent enquiry
Send to partner agency
Team undertakes enquiry and completes enquiry report then returns to team manager
Partner agency begins enquiry and completes enquiry report then returns to MASH manager
EVALUATE AND PROTECT
Manager of team undertaking the enquiry will:
Identify current and ongoing risks, specifically risk of harm through abuse or neglect
Consider implementing protection plan
Identify subsequent actions to be taken
Conclusion of safeguarding adults enquiry
Case conference required
Safeguarding plan/further enquiries required
Safeguarding plan not required. Consider what other advice/ action/information is still needed
Manager considers:
transfer to appropriate team
lead professionals identified for monitoring/review of plan
proportionate/least restrictive response
timescales agreed for review and monitoring
Continue/revise plan and arrange further review
Ongoing safeguarding plan and review
Review of plan
Evaluate:
Effectiveness of plan
Outcomes achieved
Levels of current/ongoing risk
Plan still required
Review identifies issues requiring further enquiry
Plan no longer required

Appendix 6 – Making Safeguarding Personal

Making Safeguard Personal Workshops for Adult Social Care (People Directorate)

Dudley Safeguarding Adults Board is committed to improving people's experiences of Safeguarding. In June 2016 Dudley had a Peer Review and areas of improvement for Making Safeguard Personal were identified.

Evidence from the national project "Making Safeguarding Personal" shows that people's experiences improve through: involvement; identifying their personal goals/outcomes; choice over how these goals/outcomes are met; and approaches that build on their strengths. Typically:

- People want to be safeguarded, not protected
- To be treated as adults
- To be fully involved and understand what safeguarding is
- Not to be seen as intrinsically vulnerable
- To be listened to and believed
- Not to be seen as a risk
- To have clear conversations about their desired goals/outcomes
- To have the opportunity to change their desired goals/outcomes
- To have recognition of the importance of relationships

How will this approach benefit service users?

Developing a more person-centred approach to safeguarding will help to ensure that the focus of our safeguarding work:

- is centred on the aims and aspirations of the adult at risk
- Involves those who are close to the service user
- Respects the service user's rights
- Is making a difference to their lives

Outcomes v outputs exercise

To date, national data requirements have focused on process and outputs, **not** on outcomes. Safeguarding processes have frequently resulted in increased services or increased monitoring with the emphasis being on investigation and conclusions, rather than on improving outcomes.

Whilst many service users appreciate the support they have received, they feel they are being driven through a process. If we only focus on making people feel safe, then we run the risk of compromising other aspects of their wellbeing, such as feeling empowered and in control.

Using an outcome-focused approach and engaging with the person throughout the safeguarding process leads to better outcomes.

How do we achieve a person-centred approach?

There are a number of tools which can assist you to develop a more person-centred approach and help you to develop a broader understanding of the service user and allow you to:

- Establish an understanding of the individual/family/carer networks
- Find out what the person wants from your intervention
- Ask about desired goals/outcomes at the outset
- Review the desired goals/outcomes during the safeguard enquiry
- Revisit the desired goals/outcomes at the end of the safeguard enquiry to establish whether the individual's desired goals/outcomes have been fully/partly accomplished;
- Provide the evidence to support this judgement

What do people want from safeguarding?

- Good and timely communication
- Feeling supported and in control
- Knowing when the safeguarding process has finished, what the outcome is and what happens next
- The ability to involve someone who will support them - family, friend, carer or advocate
- Involvement in meetings about themselves

Six core safeguarding principles

Care and Support Statutory Guidance section 14.13 applies to all sectors and settings. Moreover it must inform the ways in which professionals and other staff work with adults.

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
  "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

- **Prevention** – It is better to take action before harm occurs.
  "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- **Proportionality** – The least intrusive response appropriate to the risk presented.
  "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
- **Protection** – Support and representation for those in greatest need.
  "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
  "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
- **Accountability** – Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they"*

This is to be understood too in the context of the ***wellbeing principle*** which is expounded in section 1 of the Care and Support Statutory Guidance:

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

- 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 provided and the way it is provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal
- Suitability of accommodation
- The individual's contribution to society

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual wellbeing. It is impossible to fulfil this requirement without engaging with the individual and considering their preferred outcomes alongside them.

Lord Justice Munby - "What good is making people safer if it merely makes them miserable?"

Who can be "safeguarded"?

The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Care and Support Statutory Guidance October 2014 (Issued under the Care Act 2014)

The safeguarding process

1. Concern received
2. Information gathering to establish if '3 stage test' criteria is met
3. Management decision - "3 stage test" criteria met - S42 enquiry triggered or "3 stage test" criteria not met ... Signposting or "other"(non S42) enquiry triggered

CRITERIA NOT MET ... Signposting

- Signpost the person who raised the concern
- Signpost the issue yourself
- Prevention services
- Advocacy services
- Care management
- Contracts monitoring
- Complaints
- Disciplinary procedures
- Training
- Referral to other agency e.g. Health, Housing, Trading Standards

CRITERIA NOT MET ... "Other" (non S42) enquiries

Fewer concerns will be dealt with as S42 enquires (as they will not meet the 3 stage test) however the local authority can still decide to conduct an enquiry. Such situations could include:

- If the person is no longer at risk (e.g. they have moved from where the abuse was happening)
- If the person does not have care and support needs (e.g. a carer)
- If the person is now deceased

CRITERIA MET ... S42 enquiries

- The Care Act requires local authorities to make enquires, or ask others to make enquiries when they think an adult with care and support needs may be at risk of abuse or neglect in their area.

- This applies whether or not the authority is actually providing any care and support services to that adult
- The wishes and desired outcomes of the person must take priority from the start to the end of the enquiry
- A S42 enquiry (previously a strategy meeting and investigation) might range from a single phone conversation with the victim, a planning decision/ meeting, to a lengthy multi agency enquiry including a number of meetings
- The Care Act encourages the use of professional judgement

Completing the enquiry

- Results of the enquiry will be gathered and may proceed to case conference and/or protection plan
- It remains the responsibility of the local authority to gather this information

Recording outcomes

You are expected to record the desired outcomes throughout the process on the case notes to demonstrate that the enquiry is person centred. At the end of the enquiry you must update the safeguarding inputting when closing to reflect whether the MSP outcomes were met..

Appendix 7 Large Scale Enquiry Meeting template

1. Welcome and introductions
Name, title and connection with the adult(s)/service provider of each member of the meeting.
2. Confidentiality Statement

3. Purpose of meeting

The purpose of the meeting is to make shared decisions about how to plan a LSE regarding the concerns raised and take responsibility for actions to protect the adult(s). The views and wishes of the adult(s) will remain central to the meeting where they are known.
The notes of the meeting will be an accurate summary of the discussions and not a verbatim record.
4. Details of the concerns
5. Reports submitted to LSE meeting
6. Discussion of concerns relating to the provider of the service (where a provider is involved)
7. Needs of individual adults, including their decision making ability, preferred outcomes of individuals
8. Risk assessment
What are the risks? Do the concerns represent an ongoing risk to the adult/s or anyone else? Address risks requiring immediate attention.
9. Next steps
Do the concerns meet the criteria for a large scale enquiry?
If **no**, agree the following:
- *Which agency shall lead on following through the concerns*
- *What initial actions are required to support this agencies*
How will the outcomes of this strategy meeting be shared with the Owner Provider (if not in attendance)
- *Consideration of SIRI referral*
- *Close the meeting*
If **yes**:
10. Planning the enquiry
Agree lead people undertaking the enquiry and enquiry plan

11. Communication plan (e.g. adults at risk, family representatives, staff in provider setting, media, police, feedback to the person raising the concern)	**By Whom**	**By when**
Summary of Action		

Appendix 8 – Arranging safeguarding meetings

To arrange a safeguarding meeting the following process will apply.

The social worker will complete the invitation list (which can be found in AIS Documents). Please include all contact details, do not expect the minute takers to search for these or know them.

The social worker will invite the adult at risk or their family or representative if appropriate. If you wish the minute takers to also send an invite to the adult at risk of their representative, please state this on the invitation list.

Please use the 'essential' column for invitees who are essential attendees for the meeting to go ahead.

Send the invite list to the chair; also include any other relevant documents such as the concern form and the enquiry report.

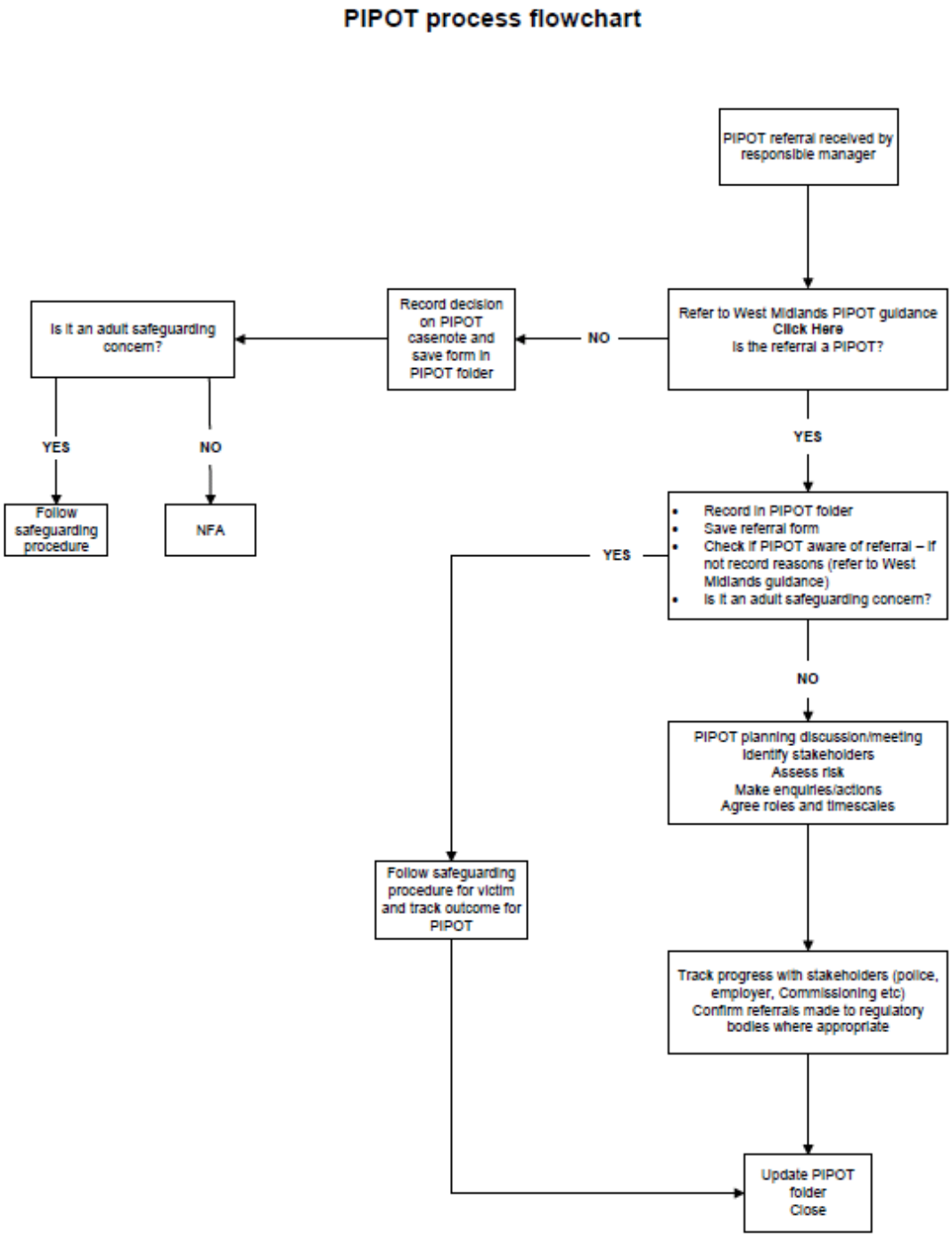
The chair consults the 'adult protection' calendar for availability of minute takers and then makes a calendar entry in their own calendar and sends a calendar invite to adult protection team.

The adult protection team will accept the calendar request into their calendar if minute takers are available and will then book a room. They will send out invites to those on the list.

2 – 3 days before the scheduled meeting, the minute takers will inform the chair of any essential invitees who have declined or not responded. The Chair can then make a decision as to whether the meeting should be rescheduled to allow them to attend.

When minutes are produced they are sent to the chair for authorisation, the chair should return to the minute taker with any changes who can then distribute and store in the ESCR document indexer.

Appendix 9 – PIPOT flowchart



Appendix 10

Processes for dealing with Adult Safeguarding issues which fall within A&I teams.

Issues have arisen about how some teams interface with the MASH, this is intended to clarify some of those issues.

Background, the role of the MASH

The role of the MASH (Multi-agency safeguarding hub) is to receive all unallocated adult safeguarding concerns. The MASH social workers will examine them, gather more information and contact relevant partners for information. Enhanced information sharing agreements are in place with partners:

Police

Probation

CCG

Dudley Group FT

Dudley and Walsall Mental Health Trust

Atlantic Recovery Centre.

Dudley MBC Housing

Trading standards.

Information can be requested from these partners to inform the decision making that takes place in the MASH and to ensure a multi-agency approach to safeguarding.

The purpose of the MASH is to gather information to determine whether the concern raised reaches the threshold for a safeguarding enquiry as defined in Section 42 of the care act.

If it does meet the threshold decision the MASH will send the case for a safeguarding enquiry to the appropriate team or partner agency. The MASH ATMs will also provide an enquiry plan which will guide the receiving team or partner agency as to what needs to happen in respect of the safeguarding.

If it does not meet the threshold, the MASH will close the case, signpost for services or consider whether an assessment is needed under Section 9. If an assessment is needed the MASH will then forward to the appropriate team requesting an assessment.

The involvement of the MASH will end after the Threshold decision / Plan has been completed.

<u>What to do if you receive a disclosure</u>

If a case is being worked on in Front of house hospital social work team, Care Assessment Team, Urgent Care, Pathway three team or at Hollyrood and a safeguarding is raised the concern form should come to MASH for consideration. If you as a social worker in one of these teams receive a disclosure please use professional judgement to gather as much information as possible if safe to do so. Asking what happened, when it happened, how it happened and what were the precursors or context.(If the issue raised is a clear crime please immediately report this to police on 101 or 999 if that matter is urgent.)

Please also consider the person's mental capacity and whether any immediate actions are needed to make them safe. If possible please record their desired outcomes from the safeguarding process as required through 'making safeguarding personal'. Please then complete the Word document safeguarding concern form and send to your own business support for the contact to be added and for the form to be indexed into ESCR. Please then Work flow to ADULT MASH.

<u>How will Adult MASH deal with cases which are being worked on in A&I teams?</u>

1) Initial information gathering prior to threshold decision

When a concern form for an unallocated case is received in Adult MASH, MASH social workers will begin gathering information. You may well be contacted by Adult MASH with requests to find out information, speak to the victim or others or consider risk or mental capacity. This is not a safeguarding enquiry but part of our initial information gathering which we will ask for your help on.

Your support and prompt responses are greatly appreciated in these circumstances.

MASH will retain over all responsibility for the safeguarding but we will use you as a resource.

All threshold decisions in Front of House hospital social work team, Urgent Care, Care Assessment Team, Pathway three social work teams or at Hollyrood would be undertaken at MASH.

Correspondence and requests of this nature for the beds at Hollyrood, Urgent Care, Care Assessment Team or Pathway 3 social workers will go via Urgentcaremanagers@dudley.gov.uk

Correspondence and requests of this nature for Front of House social workers will go via FOHUrgent.Care@dudley.gov.uk

It is noted that cases will sometimes be recorded as allocated in Pathway 3 beds or at Hollyrood however these are not long term allocations and for the purposes of this process; section 1, they will be treated as if they were unallocated and dealt with through the MASH as described above.

2) Request for a safeguarding enquiry following a threshold decision.

In some circumstances when the safeguarding is progressed to enquiry, the case will be passed to a team in A&I to undertake the enquiry. A detailed enquiry plan will be in place shown in case notes. It is likely in these circumstances that a safeguarding enquiry report will need to be begun or completed, but this will be detailed in the enquiry plan.

Once the enquiry is sent to the team the responsibility of MASH ends and at that stage management oversight responsibility falls to the managers in A&I, usually the LIT safeguarding Managers.

I think that some confusion has arisen between work undertaken for part 1 (where MASH remains involved) and part 2 (Where MASH does not remain involved). Hopefully this will now be clarified.

Requests for safeguarding enquiries to be undertaken by CAT, urgent care and Pathway 3 social workers, or for the beds at Hollyrood will go via Urgentcaremanagers@dudley.gov.uk

Requests for enquiry to be undertaken by LIT will go via work flow to Access 2 Care.

It is understood that in some cases the safeguarding enquiry will not have been completed by the time the case needs to be moved on; for example from CAT, urgent care, pathway 3 or at Hollyrood to LIT. It is acceptable for this to be passed on, as long as sufficient progress has been made to ensure that risk is managed to a level that justifies the case being passed on. Particularly consider that there is likely to be a delay in allocating to the new worker. This is similar to your consideration of risk around care management issues and should be a familiar guiding principle. You should be guided by your own line managers in this respect.

Summary for unallocated cases

Adult safeguarding concern is received in MASH about an A&I case (not allocated)

MASH will gather information and request information gathering from appropriate workers in CAT, Urgent Care, Pathway three or at Hollyrood.

MASH will make threshold decision and if safeguarding is progressed record enquiry plan.

MASH will forward to the appropriate team for an enquiry.

Case management responsibility then passes to the line manager in the receiving team.

Summary for allocated cases

A safeguarding concern form is received on an allocated case. This is sent directly to the allocated worker.

The allocated worker discusses with their own line manager and gathers information as appropriate.

The allocated worker's line manager makes the threshold decision and also records the enquiry plan and continues with the oversight of the case.

If you receive a disclosure of abuse

Complete the word version of the concern form and send to your own business support to add the contact.

If unallocated, work flow to MASH and the unallocated process above will be followed.

If it is allocated, speak to your line manager and follow the allocated process.

NB: It was acknowledged that the bulk of cases in Urgent Care, CAT or Pathway 3 will be unallocated and therefore the unallocated process will be used in these circumstances. This is a slight change to previously and is resource issue for MASH and so we agreed to review monthly.

David Lunt. 27.9.2018