Annex 2

**Reporting an Adult Safeguarding Concern**

Anyone who becomes aware of concerns of Abuse must report those concerns as soon as possible and in any case within the same working day to the DSP as outlined above.

Alerts should be raised as soon as Abuse or Neglect is witnessed or suspected. Especially if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred and the alleged abuser is likely to have access to the adult or others who might be at risk.

**Duty to Enquire**

The Care Act 2014 requires that the local authority must make enquiries, or require another agency to do so, whenever abuse or neglect are suspected in relation to an adult with care and support needs. The scope of that enquiry, who leads it and its nature, will be dependent on the particular circumstances. It will usually start with the individual who is the subject of the concern, and the next steps will to some extent depend on their wishes. Everyone involved in an enquiry must focus on improving the individual’s well-being and work together to that shared aim.

An enquiry could range from a conversation with the individual who is the subject of the concern to a more formal multi-agency arrangement.

**Purpose and Objectives of an Enquiry**

The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to protect them from any actual or risk of abuse or neglect. If the local authority decides that another organisation should take action, for example a provider, then the local authority should be clear about timescales and the need to know the outcomes of the enquiry.

The objectives of an enquiry are to:

Establish facts;

Ascertain the individual’s views and wishes and seek consent;

Assess the needs of the adult for protection, support and redress; and

Make decisions as to what follow-up action should be taken with regard to the person responsible, or the organisation, for the abuse or neglect.

The first priority should always be to ensure the safety and well-being of the Adult and, when the adult has capacity to make their own decisions, to aim for any action to be in line with their wishes as far as appropriate. The safeguarding process should be experienced as empowering and supportive - not as controlling and disempowering. Practitioners must always seek the consent of the individual before taking action or sharing personal information. However, there may be circumstances when consent cannot be obtained because the adult lacks the Capacity to give it, but the best interests of the individual or others at risk demand action. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns.

**Considerations when making an Enquiry**

Where an adult has capacity to make decisions about their Safeguarding Plans, and where no one else is at risk, then their wishes are very important. They may seek highly interventionist help, such as the barring of a person from their home, or they may wish to be helped in less interventionist ways, through the identification of options with time to choose between them.

Where an adult lacks capacity to make decisions about their safeguarding plans, then a range of options should be identified, which help the adult stay as much in control of their life as possible. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to risks.

Any intervention in family or personal relationships needs to be carefully considered. While abusive relationships are never in the best interests of an adult, interventions which remove all contact with family members may also be experienced as abusive interventions and risk breaching the adult’s right to family life if not justified or appropriate. Safeguarding needs to recognise that the right to safety needs to be balanced with other rights, such as rights to liberty, autonomy, and rights to family life. Action might be primarily supportive or therapeutic, or it might involve the application of sanctions, suspension, regulatory activity or criminal prosecution, disciplinary action or de-registration from a professional body.

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

The individual’s needs for care and support;

The individual’s risk of abuse or neglect;

The individual’s ability to protect themselves;

The impact on the individual, their wishes;

The possible impact on important relationships;

Potential of action increasing risk to individual; and

The risk of repeated or increasingly serious acts involving children, or another adult of abuse or neglect.

**Who can carry out an Enquiry?**

Although the local authority is the lead agency for making enquiries, it may ask others to undertake them. The specific circumstances will often determine the right person to begin an enquiry. In many cases a professional who already knows the individual will be the best person. They may be a social worker, a housing support worker, or health worker such as a community nurse. Where a crime is suspected, and referred to the police then the police must lead the criminal investigations, with the local authority’s support where appropriate, for example by providing information and assistance.

Staff must be trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance. These are best written down in shared policy documents that can be easily understood and are used by all the key organisations.

All staff must keep accurate records, clearly stating what the facts are and what are the known opinions of professionals and others. It is vital that the views of the adult who is the subject of the concerns are sought and recorded.

Once enquiries are completed, the outcome should be notified to the local authority which should then determine with the adult who has been the subject of concern what, if any, further action is necessary and acceptable. One outcome of the enquiry may be the formulation of agreed action for the adult to be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

In relation to the adult who has suffered abuse this should set out:

What steps are to be taken to assure their safety in future;

The provision of any support, treatment or therapy including advocacy;

Any modifications needed in the way services are provided (e.g. same gender care or placement);

How best to support the individual through any action they take to seek justice or redress; and

Any on-going risk management strategy.

What happens as a result of an enquiry should reflect the individual’s wishes wherever possible, and be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.

If a crime is suspected then police should be informed and the police will then be under a duty to investigate. This may be in circumstances when the individual does not want this.

As far as possible, the adult about whom there is a concern should always be involved from the beginning of the enquiry. If the individual needs an independent advocate then the local authority must arrange for one where appropriate.

**Making a Referral**

When a decision is made to refer a concern to Adult Social Care, the Referral should be made on the same day as the Alert was received.

Referrals should be made to the relevant Adult Social Care office for the area where the alleged Abuse happened (see Local Contacts) Out of office hours, referrals should be made to the Emergency Duty Team (see Local Contacts). If the person at risk is funded by another local authority then that authority must also be informed.

Referrals by professionals should be made in accordance with the local procedures. The referrer should be prepared to provide information to facilitate the safeguarding process. If all of the information is not available, the Referral should not be delayed.

A record of the Referral should be retained by the referrer and by Adult Social Care.

**Ensuring Immediate Safety**

Anyone who becomes aware of concerns of abuse or neglect, should ensure that emergency assistance, if required, is obtained without delay to ensure the adult's immediate safety. Call 999 for urgent medical and/or urgent police involvement.

All employees should be authorised to call emergency services, without referral to a manager, to ensure that there is no delay.

Although staff should do what they can to ensure the immediate safety of an adult, they must not put themselves in risky or dangerous situations.

You must refer to your local safeguarding procedures which may vary slightly between localities.

Medical Assessment under the Safeguarding Adults Procedures - Urgent Cases

When an adult appears to be in need of urgent medical attention they should be advised (and assisted if appropriate) to go to the nearest A & E department.

If necessary, A & E staff should consult with, and involve, relevant clinical specialists about diagnosis, treatment and investigation to establish the aetiology of symptoms.

Any clinical staff suspecting Abuse or Neglect must report this to the local Adult Social Care office without delay.

In cases of suspected Abuse or Neglect, specialist clinical examination should take place within 24 hours of the first referral to the local Adult Social Care office. Any delay should be recorded, with reasons.

**Request from an Adult to keep the Concerns Confidential**

If anyone makes an allegation asking that information is kept confidential, you should inform the person that you will respect their right to confidentiality as far as you are able to, but that you are not able to keep the matter secret and that you must inform the DSP.

**Situations Where it is Believed that the Manager may be Involved in the Abuse**

If it is believed that the DSP may be implicated in the Abuse, or the worker does not feel able to discuss it with him/her they should refer to guidance on 'whistle-blowing' or 'speaking out' and contact the Local Authority Safeguarding Adults Manager/Coordinator or Adult Social Care Office if urgent for advice.

**Uncertainty as to whether Abuse has occurred**

If there is uncertainty as to whether Abuse has occurred staff must still consult with DSP. Advice can also be sought from the Safeguarding Adults Team or Adult Social Care Office if urgent.

**Evidence or Suspicion that a Crime has Taken Place**

In some instances the police may need to be called for emergency assistance by telephoning 999.

In all other cases the police should be contacted as soon as possible where there is evidence or suspicion that any crime has taken place. It is important that the police have access to any forensic evidence as soon as possible.

**Avoiding Contamination of Evidence**

Care should be taken to ensure that forensic and other evidence is not contaminated. You can avoid contaminating evidence by:

Disturbing a 'scene' as little as possible, sealing off areas if possible;

Where appropriate and possible remove victim's clothing and bag each item separately;

Discouraging washing/bathing/eating/drinking/smoking and use of the toilet in cases of sexual assault;

Not cleaning or allowing further use by others of a toilet used by the victim since the alleged incident in cases of sexual assault;

Not handling items which may hold DNA evidence;

Putting any bedding, clothing which has been removed, or any significant items given to you (weapons etc) in a safe dry place in bags, e.g. bin liners if practical;

Not interviewing the victim or potential witnesses beyond the initial 'seeking of information' to establish basic facts. This is the responsibility of the police or the person/agencies agreed by the

Strategy Discussion/Meeting;

Not alerting the alleged perpetrator.

You can contribute to evidence by:

Making a note of your observations in relation to the condition and attitude of the people involved and any actions you have taken.

**Contact with the Alleged Abuser**

The alleged abuser should not be contacted until there is an agreed Safeguarding Assessment Strategy - unless this is part of emergency action needed to safeguard the adult or others at risk (e.g. suspending staff in response to allegations against them).

**Information from the Adult Concerned**

Information given directly by the adult concerned should be listened to and recorded carefully as soon as possible, using their own words where possible. Clarify the bare facts of the reported abuse or grounds for suspicion; do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it.

The person should not be questioned in detail at this stage, to avoid creating unnecessary stress through repeatedly describing events or creating a perception that they are not believed. Such questioning can also risk the contamination of evidence. This should not detract from the initial seeking of information to establish basic facts at the earliest stage.

Adults whose First Language is not English or who have Specific Communication Difficulties

Adults who have difficulty communicating in English and those who have specific communication difficulties should have access to the services of an independent interpreter.

**Recording Concerns**

Concerns about Abuse must be recorded as soon as possible and always on the same day following Roselyn House School’s procedures. The record should include:

What you saw if you witnessed the Abuse;

What was said if the disclosure was made to you, using exact words and phrases wherever possible;

Information on the setting and all those present at the time;

The date and times when events occurred;

Any significant points about the adult's appearance and emotional presentation;

Who the concerns were reported to and whether contact was made with the emergency services;

Any decisions or actions as a result of these contacts.

If appropriate use a body map to record physical injuries

Use black or blue pen, if recording on paper, so that notes can be photocopied;

Keep to factual information. Opinion should not be included unless you are an expert in the field in which opinion is given;

Sign and date the record. Make sure the body map is signed by the person completing it, plus anyone who witnessed;

Record the location, size and number of injuries;

Distinguish between the injuries, e.g. pressure sore, bruising, cuts or wounds, red areas, scalds or burns, other (describe);

Make it clear, with accurate labels on the body map;

Include, wherever possible, measurements of the injury;

Record the colour of bruises;

Ensure the body map has a date and time of completion;

Ensure the name of the person is on the body map.

**Notification to the Care Quality Commission**

Where there is any suspicion of Abuse which relates to an adult who may be at risk living in a private, voluntary or local authority care, (nursing or residential) home or adult placement, or is supported by a domiciliary or nursing care agency, the Care Quality Commission must ALSO be informed.

**Supporting the Adult Concerned**

It is important that the adult is supported throughout the process by:

Remaining calm and not showing shock or disbelief;

Listening carefully to what is being said;

Not asking detailed or leading questions;

Demonstrating a sympathetic approach by acknowledging regret and concern that what has been reported has happened;

Ensuring that any emergency action needed has been taken to ensure immediate safety of the Adult at Risk;

Ensuring support and protection from further immediate abuse of the Adult at Risk and any others who may be potentially or actually at risk;

Confirming that the information will be treated seriously;

Giving them information about the steps that will be taken;

Informing them that they will receive feedback as to the result of the concerns they have raised and from whom;

Giving the person contact details so that they can report any further issues or ask any questions that may arise;

Continually ensuring that the victim receives regular feedback and updates.

**Outcomes**

That any immediate protection needs are addressed following a risk assessment;

That a referral where appropriate; or

That no further action is required.

**See Pan Lancashire and Cumbria Safeguarding Adults December 2017 for full policy and guidance.**

www.lsab.org.uk/wp-content/uploads/Safeguarding-Adults-Policy-and-Procedures-v2.0-.pdf