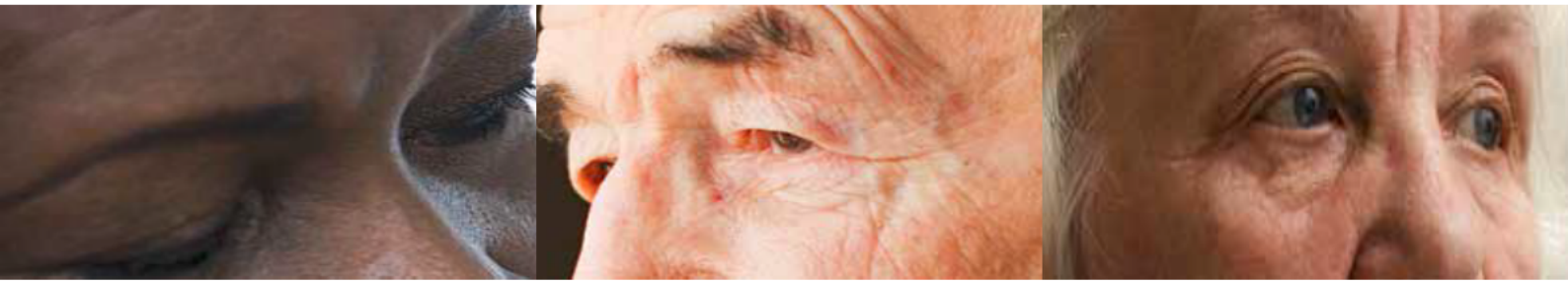
Safeguarding Adults
NORTH EAST LINCOLNSHIRE



NORTH EAST LINCOLNSHIRE SAFEGUARDING ADULTS BOARD

MULTI AGENCY POLICY AND PROCEDURES

May 2024-2027

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NORTH EAST LINCOLNSHIRE SAFEGUARDING ADULTS BOARD

MULTI AGENCY POLICY AND PROCEDURES

If you need to raise a safeguarding concern, please contact the Single Point of Access tel: 01472 256 256

All guidance can be found on the website: SaferNEL

INTRODUCTION

On 1st April 2015 the Care Act 2014 became law, bringing with it a number of significant changes to the delivery and provision of adult social care, in particular with regard to safeguarding adults at risk of abuse or neglect. In accordance with the Care Act, North East Lincolnshire established a Safeguarding Adults Board, (NEL SAB) comprising, as a minimum, three representatives from the Local Authority, Police and Health.

The NEL SAB requires appropriate representation to ensure practice compliance and reporting mechanisms are in place to fulfil its statutory function. The Care Act has significant implications for all NEL SAB members, whether delivering or commissioning adult services. Its implementation places the NEL SAB on a statutory footing and therefore the NEL SAB's core partners are identified as members from the range of key agencies.

The core aims of adult safeguarding are defined as being:

- To stop and prevent abuse or neglect wherever possible;
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- To safeguard adults in a way that supports them in making choices and having control about how they want to live;
- To promote an approach that concentrates on improving life for the adults concerned;
- To raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- To provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult; and
- To address what has caused the abuse or neglect.

To achieve this, everyone involved in safeguarding needs to be aware of their designated roles and responsibilities and work in partnership to respond in a timely and effective manner to abuse and neglect whilst learning and developing at all levels. It is expected that partners will work together to enable access to community resources to reduce isolation that increases risk and clarify how poor provision including within the health sector should be responded to.

THE SIX KEY PRINCIPLES OF SAFEGUARDING

There are six key national principles which underpin all adult safeguarding work, these being:

1. **Empowerment** – People being supported and encouraged to make their own decisions and be able to give informed consent; i.e. "Individuals are asked what they want as the outcomes from the safeguarding process, and these directly inform what happens."

2. **Prevention** of harm and abuse – in that it is better to act before harm occurs; i.e. "Individuals receive clear and simple information about what abuse is, how to recognise the signs and what they themselves can do to seek help."

3. **Proportionality** – The least intrusive response is made dependent upon but appropriate to the risk presented; "i.e. Individuals are sure that the professionals will work in their best interest, and they will only see them and only get involved as much as is needed."

4. **Protection** – Support and representation for those in greatest need; "i.e. Individuals get help and support to report abuse and neglect. They get help so that they are enabled to take part in the safeguarding process to the extent to which they want."

5. **Partnership** – Local solutions through services working with their communities; i.e. "Communities have a part to play in preventing, detecting, and reporting neglect and abuse. Individuals know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. Individuals are confident that professionals will work together and with them to get the best result for them."

6. **Accountability** – Accountability and transparency in delivering safeguarding; i.e. "Individuals understand the role of everyone involved in their lives and so do those involved."

These procedures provide guidance to all NEL SAB partner members on the requirements set out in sections 42 to 46 of the Care Act 2014. These procedures replace existing policies and procedures published in 2012 and are based on the Care Act Statutory Guidance, (Chapter 14,) issued by the Department of Health and Social Care during 2014. The guidance is regularly updated and can be accessed via this link.

https://www.gov.uk/guidance/care-and-support-statutory-guidance

However due regard should be given to the Care Act Guidance when understanding what safeguarding is not:

14.9 Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action;
- The core duties of the police to prevent and detect crime and protect life and property.

1. ADULT SAFEGUARDING – WHAT IT IS AND WHY IT MATTERS

Adult safeguarding can be defined as protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. Safeguarding is everyone's responsibility.

1.1 PRINCIPLES OF WELLBEING

Organisations should also ensure that they always act to promote the adult's overall wellbeing within their safeguarding arrangements. "Wellbeing" is a broad concept and is present throughout the Care Act 2014, and is described as relating to the following areas, in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal life and interactions;
- Suitability of living conditions and accommodation;
- Capacity and ability to contribute to society.

The above principles of 'wellbeing' are not ranked in order of importance but should be treated with equal importance when considering an individual's overall welfare. The safeguarding process does not reduce the obligation for all providers and professionals to always ensure the provision of high quality care and support. This should be subject to monitoring and quality assurance via supervision, audit, and inspection of commissioned services, through scrutiny and enforcement of standards by the CQC and police action where offences occur.

NEL SAB members are committed to considering the views, wishes, feelings and beliefs of individuals before making decisions on safeguarding actions or interventions. Safeguarding is only one aspect of individual need. All professionals have a duty to establish what 'being safe' means to individuals and how this can be best achieved whilst adhering to the principles of wellbeing.

1.2 CARERS AND SAFEGUARDING

Assessment of carers must consider their wellbeing as well as that of the adult, other family members and professionals, ensuring that advice, guidance, and support is available to carers that may prevent abuse or neglect occurring and advise on what to do if the carer witnesses or suspects abuse considering that:

- Carers may witness or speak up about abuse;
- Carers may suffer abuse from the adult for whom they are caring;
- Carers may unintentionally or deliberately harm the adult.

Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it is necessary to consider a) what immediate steps are needed to protect the adult, and b) whether to refer the matter to the police so that early consideration can be given to whether a criminal investigation would be required or is appropriate.

2. WHO DO THE PROCEDURES APPLY TO?

These procedures apply to all safeguarding partners, but the safeguarding duties have a legal effect in relation to the local authority and its statutory partners in the NHS and the police. The procedures apply to all adults over the age of 18 years, although some adults at risk may still be in receipt of services from children's services.

In North East Lincolnshire, the local authority's role to undertake section 42 enquiries is undertaken by Focus Independent Adult Social Work Safeguarding Adults Team.

3. WHO IS RESPONSIBLE?

3.1 STATUTORY DUTY OF LOCAL AUTHORITIES FOR SAFEGUARDING

The Care Act places a statutory duty on all local authorities to make a safeguarding enquiry regarding any adult who:

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

For the purpose of these procedures, the adult that fits the criteria above and who is experiencing or at risk of abuse or neglect will be referred to as the 'adult'.

The Care Act also requires local authorities to:

- Make enquiries or cause them to be made where the adult is experiencing or at risk of abuse and neglect;
- Set up a Safeguarding Adult Board;
- Arrange independent advocates where needed to support the adult;
- Co-operate with its partners to protect the adult and in turn the relevant partners must co-operate with the local authority.

3.2 LOCAL AUTHORITY'S ROLE AND MULTI-AGENCY WORKING

Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults.

3.3 RELEVANT STATUTORY PARTNERS ARE:

- North East Lincolnshire Council
- NHS Humber and North Yorkshire Integrated Care Board (ICB)
- Humberside Police

and the following agencies or bodies who operate within the North East Lincolnshire Council area including:

- NHS England
- North Lincolnshire and Goole NHS Foundation Trust (NLAG)
- National Probation Service

- Community Rehabilitation Company
- Focus Independent Adult Social Work
- Humberside Fire & Rescue Service
- Care Plus Group
- East Midlands Ambulance Services (EMAS)
- NAVIGO Mental Health Services
- Healthwatch
- Care Quality Commission

All commissioners or providers of services in the public, voluntary or private sectors should disseminate information about the multi-agency policy and procedures. Staff should be made aware through internal guidelines of what to do when they suspect or encounter abuse of adults in vulnerable situations. This should be incorporated in staff manuals or handbooks detailing terms and conditions of appointment and other employment procedures so that individual staff members will be aware of their responsibilities in relation to safeguarding adults.

This information should emphasise that all those who express concern will be treated seriously and will receive a positive response from managers.

3.4 LOCAL ROLES AND RESPONSIBILITIES

Roles and responsibilities should be clear, and collaboration should take place at all the following levels:

- Operational;
- Supervisory line management;
- Designated Adult Safeguarding Manager (DASM);
- PiPoT Leads;
- Senior management staff;
- Corporate/cross authority; and Chief Officers/Chief Executives;
- Local authority members and local Police and Crime Commissioners;
- Commissioners;
- Providers of services;
- Voluntary organisations, and;
- Regulated professionals.

3.5 FRONT LINE

Operational front-line staff are responsible for identifying and responding to allegations of abuse and substandard practice. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to a suspicion or allegation that it is or has occurred. This includes GPs. It is the employers' and commissioners' duty to set these out clearly and reinforce regularly.

It is not for front-line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns. There should be effective and well publicised ways of escalating concerns where immediate line managers do not act in response to a concern being raised.

3.6 SENIOR MANAGERS

Each agency/organisation should identify a senior manager to take a lead role in the organisational and in inter-agency arrangements, including the NEL SAB. For the board to be an effective decision-making body providing leadership and accountability, members need to be sufficiently senior and have the authority to commit resources and make strategic

decisions. To achieve effective working relationships based on trust and transparency, the members will need to understand the contexts and restraints within which their counterparts work.

3.7 CORPORATE/CROSS AUTHORITY ROLES

To ensure effective partnership working, each organisation must recognise and accept its role and functions in relation to adult safeguarding. These should be set out in the NEL SAB's strategic plan as well as its own communication channels. They should also have protocols for various forms of dispute resolution such as mediation and family group conferences.

3.8 CHIEF OFFICERS AND CHIEF EXECUTIVES

As chief officer for the leading adult safeguarding agency, the Director of Adult Social Services (DASS) has a particularly important leadership and challenge role to play in adult safeguarding.

Responsible for promoting prevention, early intervention and partnership working is a key part of a DASS's role and critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires a DASS to promote a culture that is person-centred, supports choice and control and aims to tackle inequalities.

However, all officers, including the chief executive of the local authority, NHS and police chief officers and executives should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect. The chief officers must sign off their organisation's contributions to the strategic plan and annual reports.

Chief officers should receive regular briefings of case law from the Court of Protection and the High Courts.

3.9 LOCAL AUTHORITY ELECTED MEMBERS

Local authority members need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local authority members need to understand prevention, proportionate interventions, and the dangers of risk adverse practice and the importance of upholding human rights. Some SABs include elected members, and this is one way of increasing awareness of members and ownership at a political level. Others take the view that members are more able to hold their officers to account if they have not been party to board decision making, though they should always be aware of the work of the SAB. Managers must ensure that members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community. The portfolio holder is a member of the SAB executive and also is the chair of the Health and Wellbeing Board.

In addition, local authority health scrutiny functions, such as the council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships (CSPs) can play a valuable role in assuring local safeguarding measures and ensuring that SABs are accountable to local communities. Similarly, local Health and Wellbeing Boards provide leadership to the local health and wellbeing system; ensure strong partnership working between local government and the local NHS; and ensure that the needs and views of local communities are represented. HWBs can therefore play a key role in assurance and accountability of SABs and local safeguarding measures. Equally SABs may on occasion challenge the decisions of HWBs from that perspective.

3.10 COMMISSIONERS

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

3.11 PROVIDERS OF SERVICES

All service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the SABs in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority. They need to share information with relevant partners such as the local authority even where they are taking action themselves. Providers must engage with the SAB and sub-groups by attending meetings as required and disseminating information within their organisations. Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one's interests to unnecessarily prolong enquiries; however, some complex issues may take time to resolve.

3.12 VOLUNTARY ORGANISATIONS

Voluntary organisations need to work with commissioners and the SAB to agree how their role fits alongside the statutory agencies and how they should work together. This will be of particular importance where they are offering information and advice, independent advocacy, and support or counselling services in safeguarding situations. This will include telephone or on-line services. Additionally, many voluntary organisations also provide care and support services, including personal care. All voluntary organisations that work with adults need to have safeguarding procedures and lead officers.

4. WHAT IS ABUSE AND NEGLECT?

4.1 TYPES AND PATTERNS OF ABUSE AND NEGLECT

The following defines different types and patterns of abuse and neglect and the various circumstances in which they may take place. This list is not exhaustive but is an illustrative guide to the sort of behaviour which could give rise to a safeguarding concern.

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, poisoning, unreasonable physical restraint, or inappropriate physical sanctions.

- **Domestic abuse** - In 2021, the Home Office announced changes to the definition of domestic abuse as follows:

  Section 1: Definition of "domestic abuse"
  (1) This section defines "domestic abuse" for the purposes of this Act.
  (2) Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—
  (a) A and B are each aged 16 or over and are "personally connected" to each other, and
  (b) the behaviour is abusive.
  (3) Behaviour is "abusive" if it consists of any of the following—
  (a) physical or sexual abuse;

(b) violent or threatening behaviour;
(c) controlling or coercive behaviour;
(d) economic abuse (see subsection (4));
(e) psychological, emotional or other abuse;
and it does not matter whether the behaviour consists of a single incident or a course of conduct.
(4) "Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to —
(a) acquire, use or maintain money or other property, or
(b) obtain goods or services.
(5) For the purposes of this Act, A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).

The laws relating to domestic abuse apply to any person over the age of 16 years.

- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting also to include new legal frameworks re sharing of indecent images without consent, VAWG, online grooming and sexual exploitation of adults.

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

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

- **Discriminatory abuse** – including forms of harassment, slurs, or similar treatment; because of any protected characteristic as described in the Equality Act., including race, age, gender and gender identity, disability, sexual orientation or religion.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided by external organisations within an adult's own home. This may range from isolated 'one off' incidents to on-going and repeated ill-treatment. It can be through neglect or poor professional practice, sometimes as a result of the structure, policies, processes and practices within an organisation.

- **Neglect and acts of omission** – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating. Such acts of neglect can result in serious physical or emotional harm to adults – such as pressure sores, starvation, dehydration and serious illness or death.

- **Self-neglect** – this covers a wide range of behaviours where individuals neglect their own care for example: personal hygiene, health needs or surroundings and includes behaviour such as hoarding, inappropriate nutrition and harm to health due to chronic hygiene issues.

- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits or by cuckooing. Financial abuse can occur in isolation, but research has shown, that where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, all professionals providing services or safeguarding interventions should also be aware of this possibility. Potential indicators of financial abuse include:

    - change in living conditions;
    - lack of heating, clothing, or food;
    - inability to pay bills/unexplained shortage of money;
    - unexplained withdrawals from an account;
    - unexplained loss/misplacement of financial documents;
    - the recent addition of authorised signers on a client or donor's signature card; or
    - sudden or unexpected changes in a will or other financial documents.

This case study highlights the need for local authorities not to underestimate the potential impact of financial abuse. It could significantly threaten an adult's health and wellbeing. Some financial abuse will also constitute a criminal offence or offences and will therefore be a matter for the police to investigate or require collaboration of shops, banks, HMRC and other welfare or benefit providers.

Case example: Mrs. B is an 88-year-old woman with dementia who was admitted to a care home from hospital following a fall. Mrs. B appointed her only daughter G, to act for her under a Lasting Power of Attorney (LPA) in relation to her property and financial affairs. Mrs. B's former home was sold, and she became liable to pay the full fees of her care home. Mrs. B's daughter failed to pay the fees and arrears built up, until the home made a referral to the Local Authority, who in turn alerted the Office of the Public Guardian (OPG).

The OPG carried out an investigation and discovered that G was not providing her mother with any money for clothing or toiletries, which were being provided by the home from their own stocks. A visit and discussion with Mrs. B revealed that she was unable to participate in any activities or outings arranged by the home, which she dearly wished to do. Her room was bare of any personal effects, and she had limited stocks of underwear and nightwear. The Police were alerted and interviewed G, who admitted using the proceeds of the mother's house for her own benefit. The OPG applied to the Court of Protection for suspension of the LPA and the appointment of a deputy, who was able to seek recovery of funds and ensure Mrs. B's needs were met.

Incidents of abuse may be single 'one-off' events or multiple events and can affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, in the same way that the CQC does when exercising its duties as the regulator of service quality, when assessing the quality of care in health and care services.

Repeated instances of poor care may be an indication of more serious underlying problems and of what has become known and described as 'organisational abuse'. To see these patterns of abuse emerging, it is important that information is recorded accurately and appropriately shared. Anyone that suspects another professional or adult of abuse or neglect has a duty to refer it to the relevant employer or safeguarding agency to be investigated.

4.2 WHO ABUSES AND OR NEGLECTS ADULTS?

Anyone can be the perpetrator of abuse or neglect, including spouses/partners; other family members; neighbours; friends; acquaintances; local residents; people who deliberately exploit adults they perceive as vulnerable to abuse; paid staff or professionals; and volunteers and strangers.

Whilst significant attention is paid to targeted and internet fraud perpetrated by complete strangers and organised crime, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power. Abuse can occur anywhere and in any circumstances; for example, in someone's own home, in a public place, in hospital, in a care home or in college. Abuse can occur when an adult lives alone or with others and may be difficult for the adult to disclose due to the relationship with the abuser or the adult's capacity to understand what is happening.

5. MAKING SAFEGUARDING PERSONAL (MSP)

Guidance and legislation require that adult safeguarding is effective and empowering, so it is vital that people at risk of or suffering harm and abuse have as much control and choice as is possible, by establishing their preferred way forward, their preferred level of involvement and their preferred outcomes. This can be achieved by careful assessment of individuals at the outset and tailoring the pace of meetings, communication needs, consultation and protection plans as guided by their express needs and individual circumstances. This process is deemed to be encompassed by adopting a 'Making Safeguarding Personal' (MSP) approach throughout the safeguarding process: [see Care Act, Chapter 14]

https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf).

MSP is about consulting with and having conversations with people about how services and agencies might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. Adults should be seen as experts in their own lives and worked alongside, with the aim of enabling them to reach a better resolution for improving their circumstances and outcomes. It is about collecting information about the extent to which the actions and interventions have a positive and a desired impact on peoples' lives.

MSP means that any concern identified and responded to should be person-led and outcome-focused. Individual adults will each have different preferences, histories, circumstances, and lifestyles, so it is unhelpful to prescribe any one process that must be followed.

Accessible information, advice, support, and good advocacy are essential components to MSP. Having access to information and advice assists those involved in making informed choices about care and support and helps them to weigh up the benefits and risks of different options. Individuals must be provided with information and communicated with in a way they can understand. Interpreting services must be used when communicating with people whose first language is not English, and information provided in their own language if possible. This would include consideration of people who have sensory difficulties, such as blind or deaf people. Information and advice can enable people to keep themselves safe in the first place. However should abuse occur, people need to know what options are open to them. It is also important in terms of understanding the safeguarding process and longer-term support.
Please see Wellbeing Service - LiveWell (nelincs.gov.uk) for details.

The case study below illustrates this point:

Case example: Two brothers with mild learning disabilities lived in their family home, where they had remained following the death of their parents some time previously. Large amounts of rubbish had accumulated both in the garden and inside the house, with cleanliness and self-neglect also an issue. The brothers had been targeted by fraudsters, resulting in criminal investigation and conviction of those responsible, but the brothers had refused subsequent services from adult social care and their case had been closed.

They had, however, developed a good relationship with their social worker, and as concerns about their health and wellbeing continued it was decided that the social worker would maintain contact, calling in every couple of weeks to see how they were, and offer any help needed, on their terms. After almost a year, through the gradual building of trust and understanding, the brothers asked to be considered for supported housing; and with the social worker's help they improved the state of their house enough to sell it, and moved to an environment in which practical support was provided.

6. RECOGNISING SIGNS AND SYMPTOMS OF ABUSE AND NEGLECT

Anyone can witness or become aware of abuse or neglect. Both professionals and volunteers across the full range of organisations need to be vigilant regarding adult safeguarding concerns. Staff in health and social care, ambulance and transport services, welfare, police, banking, fire and rescue, trading standards, leisure services, faith groups, housing and GP practices, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected. Findings from Safeguarding Adult Reviews (SARs) have frequently sometimes found that if professionals or others had acted upon their concerns or shared information, then death or serious harm might have been prevented.

Case example: The following example illustrates that someone not typically seen to play a safeguarding role, in this case the neighbour, may be crucial to identifying an adult is at risk.

Case example: Mr A is in his 40s, and lives in a housing association flat with little family contact. His mental health is relatively stable after a previous period of hospitalisation, and he has visits from a mental health support worker. He rarely goes out, but he lets people into his accommodation because of his loneliness. The Police were alerted by Mr A's neighbours to several domestic disturbances. His accommodation had been targeted by several local people and he had become subjected to verbal, financial and sometime physical abuse. Although Mr A initially insisted they were his friends, he did indicate he was frightened.

He attended a case conference with representatives from Adult Social Care, Mental Health Services and Police from which emerged a plan to strengthen Mr A's self-protection abilities as well as deal with the abuse. Mr A has now made different arrangements for managing his money so that he does not accumulate large sums at home. A community-based visiting service has been engaged to keep him company through visits to his home, and with time his support worker aims to help get him involved in social activities that will bring more positive contacts to allay the loneliness that Mr A sees as his main challenge.

It is vital that professionals, other providers, and members of the public are vigilant on behalf of those unable to protect themselves and these safeguarding objectives will be achieved by:

- Knowing about different types of abuse and neglect and their signs;
- Supporting adults to keep safe;
- Knowing who to tell about suspected abuse or neglect;
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control;
- Promoting awareness through campaigns for the general public and multi-agency training for all staff working with adults and people at risk.

7. REPORTING AND RESPONDING TO ABUSE AND NEGLECT

To respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid capacity, must understand their own role, remit and responsibility and have access to practical and legal guidance, advice and support. This will include having access to, being familiar with and understanding multi-agency safeguarding procedures.

- All organisations should have arrangements in place to share information about safeguarding.
- No professional who is aware of or suspects abuse or neglect should assume that someone else will pass on the information.

It is important to understand the circumstances of abuse, including the wider context such as whether or not others may be at risk of abuse, whether there are any emerging patterns of abuse, whether others have witnessed abuse and clarity on what the role of family members and paid staff or professionals involves. The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response.

The decision to report a safeguarding concern to Focus Safeguarding Adults Team, can be informed by using the risk matrix that has been in place in North East Lincolnshire Council since 2011. The matrix has been modified in the light of the Care and Support Guidance 2014 and can be found at **Appendix E** attached to this document.

If any doubt remains or advice is needed, please contact the Single Point of Access (SPA), to discuss the concerns and make a decision regarding what level of referral needs to be made.

A safeguarding concern can be raised by contacting Focus Independent Adult Social Work, the contact details are as follows:

Single Point of Access (24hrs) – 01472 256256

The flowcharts below (page13) show the pathway for referring or notifying any Safeguarding concern.

7.1 DUTY TO REPORT ABUSE OR NEGLECT

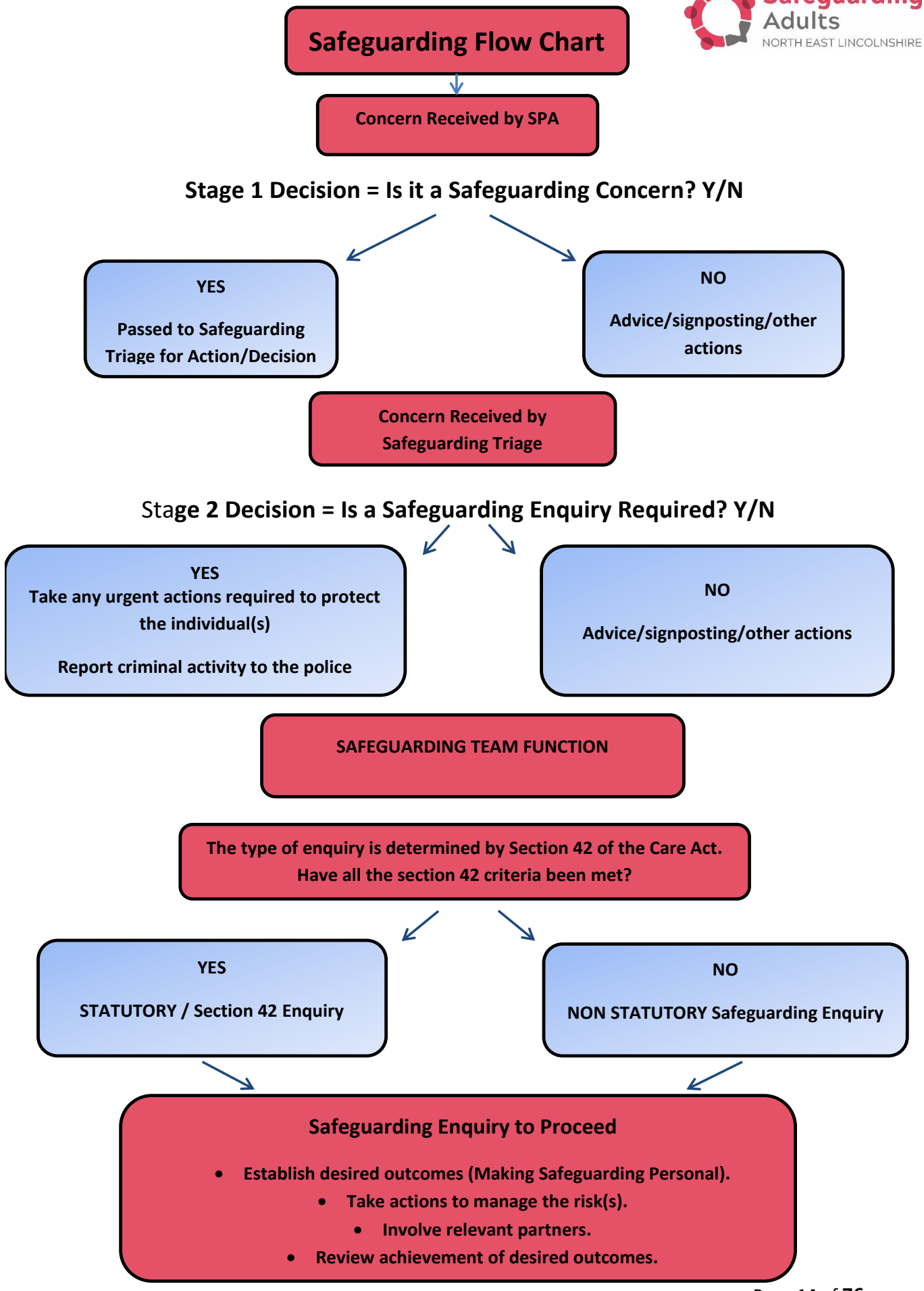
Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and wellbeing of the adult. Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and/ or students).

Please also see Section 12 below regarding notification requirements to the Designated Safeguarding Adults Manager (DASM)

There should be clear arrangements in place about what each agency will contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The local authority is responsible for ensuring effective co-ordination at this level.

Case example: The following example illustrates the action taken following a resident being unhappy with the care being provided. The district nurse followed through, and a positive outcome was achieved for the resident.

A resident at a local care home told the district nurse that staff members spoke disrespectfully to her and that there were episodes of her waiting a long time for the call bell to be answered when wanting to use the commode. The resident wished to leave the home as she was very unhappy with the treatment she was receiving and was regularly distressed and tearful. The resident was reluctant for a formal safeguarding enquiry to take place but did agree that the issues could be discussed with the manager. The district nurse negotiated some actions with the manager to promote good practice and address the issues that had been raised. When the district nurse reviewed the situation, the manager at the care home had dealt with the issues appropriately and devised an action plan. The resident stated that she was now happy at the care home – staff 'couldn't be more helpful' and she no longer wanted to move.


Safeguarding Flow Chart
Concern Received by SPA
Stage 1 Decision = Is it a Safeguarding Concern? Y/N
YES
Passed to Safeguarding Triage for Action/Decision
NO
Advice/signposting/other actions
Concern Received by Safeguarding Triage
Stage 2 Decision = Is a Safeguarding Enquiry Required? Y/N
YES
Take any urgent actions required to protect the individual(s)
Report criminal activity to the police
NO
Advice/signposting/other actions
SAFEGUARDING TEAM FUNCTION
The type of enquiry is determined by Section 42 of the Care Act.
Have all the section 42 criteria been met?
YES
STATUTORY / Section 42 Enquiry
NO
NON STATUTORY Safeguarding Enquiry
Safeguarding Enquiry to Proceed
Establish desired outcomes (Making Safeguarding Personal).
Take actions to manage the risk(s).
Involve relevant partners.
Review achievement of desired outcomes.

8.1 WHAT IS A SAFEGUARDING CONCERN?

This is the first contact between a person concerned about abuse or neglect and the local authority. This is the same as an 'alert' as referred to in the previous procedures. In North East Lincolnshire the local authority role is undertaken by Focus Independent Adult Social Work (referred to as Focus).

8.2 WHAT IS A SAFEGUARDING ENQUIRY?

These are any enquiries made or instigated by the Focus Safeguarding Adults Team in response to a safeguarding concern. Fact finding by the Focus Safeguarding Adults Team duty and response (triage) is not classed as an enquiry. However, once it has been established that an enquiry is required, the case will be allocated for an enquiry to be made.

An enquiry:

- Should establish whether any action needs to be taken and if so, by whom;
- Could range from an informal conversation with the adult at risk to a more formal multi-agency discussion;
- Does not have to follow a formal safeguarding process;
- Establishes on the balance of probabilities if abuse or neglect has occurred.
- Identifies the actions required to minimise risk when appropriate.

If initial enquiries indicate that abuse or neglect has occurred, subsequent enquiries will establish what is the type and nature of the abuse and by whom it is perpetrated.

Once a concern is identified the priority should always be to ensure the safety and well-being of the adult. This may require immediate action to ensure the adult is safe. The adult should experience the safeguarding process as empowering and supportive.

In cases which involve People in a Position of Trust (PiPoT) guidance is provided at Section 12 below.

The flowchart illustrated on page 14 shows the 'local decision making process' and pathway that will be undertaken in North East Lincolnshire once a concern is raised at Focus.

8.3 WHO SHOULD CARRY OUT THE ENQUIRY?

Once the decision has been made that a safeguarding concern should progress to a Section 42 enquiry then the staff in Focus will consider which agency is best placed to carry it out.

Although guidance indicates that the local authority is the lead agency for making Section 42 enquiries, it may require others to undertake them or act on their behalf. The specific circumstances will often determine who is the right person to undertake an enquiry.

This extract from the statutory guidance provides guidance on who should undertake the Section 42 enquiry. However, the decision-making process between Focus and other agencies will still take place to agree who will carry out the enquiry.

Focus, in its lead and co-ordinating role, will assure itself that the enquiry satisfies the local authority's duty under Section 42 to decide what action (if any) is necessary to help and protect the adult. If safeguarding action is required, decisions will be made and recorded as to who will undertake the enquiries to ensure that such action is taken when necessary. In this role, if Focus has directed someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

Focus should always undertake enquiries when:

- There is a serious conflict of interest on the part of the employer;
- Concerns have previously been raised about the lack of robustness and non-effective past enquiries;
- The incident is serious;
- The incident involves multiple concerns;
- The incident requires investigation by the police.

Once the enquiry has achieved the desired outcome of the adult at risk, then the Section 42 enquiry is complete. Throughout the process, the enquiry should follow the principles of MSP (see Section 5 - page 9).

Outcomes of enquiries will depend on the circumstances of the subject and may include:

- Criminal prosecution of the person who caused the abuse or risk;
- Assessment of care and support needs and provision to help safeguard;
- Review of care and support needs;
- Moved to different location or preventing access to the person who caused the abuse or risk;
- Management and or support of access to finances;
- Regular reviews;
- Referred for counselling;
- Referral of staff or providers for training.

People alleged to have been either the adult at risk or the alleged source of risk of abuse have the right to contest or appeal the findings of enquiries i.e. that abuse has or has not occurred or the nature of the abuse.

8.4 RIGHT TO AN ADVOCATE

If an adult has no appropriate person to support them and has substantial difficulty in being involved in the local authority processes, they must be informed of their right to an independent advocate. Where appropriate local authorities should provide information on access to appropriate services such as how to obtain independent legal advice or counselling services for example. Efforts should be made to involve the adult at risk in this process in line with the principles of MSP.

More information about advocacy and getting help from local advocacy services can be found here: Advocacy - LiveWell (nelincs.gov.uk)

9RISK MANAGEMENT

Services and commissioners are seeing an increase in the numbers of people presenting with highly complex needs including substance misuse, physical and psychiatric comorbidities. In addition, the Care Act 2014 requires an integrated response to people with issues of self-neglect and who present risk to themselves or others. Accordingly, it is necessary that within NEL an appropriate framework exists that allows a multi-agency multi-disciplinary approach to managing risk in these cases.

The NEL SAB has developed two protocols which are designed to ensure services respond accordingly to the risk posed by these individuals both to themselves and others. These protocols are not designed to replace other established risk management processes such as MAPPA.

9.1 HIGH RISK PANELS

The use of high risk panels should be considered in the following cases:

- A person must have capacity to make decisions and choices regarding their life.
- There is a risk of serious harm or death by severe self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by the local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drug and alcohol use, complex homelessness and where they have declined to engage with a single agency or other enquires include a safeguarding enquiry under Section 42 of the Care Act or the individual or family have no recourse to public funds (NRPF).
- There is a public safety interest or others at risk.
- There is a high level of concerns from partner agencies.

See Appendix B for protocol

9.2 OPERATIONAL RISK MANAGEMENT MEETINGS

The use of Operational Risk Management Meetings should be considered in the following cases:

- A person must have capacity to make decisions and choices regarding their life.
- There is a presence of an unmanaged risk of harm by self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other enquires include a safeguarding enquiry under Sec42 of the Care Act or the individual or family have no recourse to public funds (NRPF).
- There is a public safety interest or others at risk.
- There is concern from partner agencies.

See Appendix C for protocol

10. INFORMATION SHARING, CONFIDENTIALITY AND RECORD KEEPING

10.1 INFORMATION SHARING

To carry out its safeguarding functions, the NEL SAB and Focus will need access to information held by a range of people and organisations, including statutory board members, such as NHS and police or private providers such as health and social care, housing, voluntary sector or education.

10.2 INFORMATION - DECISION MAKING AND PROPORTIONALITY

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults at risk or children and the rationale for decision-making should always be recorded.

NEL SAB may request information to be provided to the board or another person. The person or agency receiving such requests must provide the information to the NEL SAB in the following circumstances:

- The request is made in order to enable or assist the NEL SAB to carry out its functions;
- The request is made of a person who is likely to have relevant information;
- The information requested relates to the person to whom the request is made and their functions or activities.

10.3 WHEN SHOULD INFORMATION BE SHARED?

When sharing information about adults, children, and young people at risk between agencies, the type and quantity of information should only be shared:

- Where relevant, proportionate and necessary, not simply all the information held;
- With the relevant people who need all or some of the information; and
- When there is a specific need for the information to be shared at that time.

Early sharing of information is key to providing timely and effective responses where there are emerging concerns. No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If any professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with Focus and the police if they believe or suspect that a crime has been committed.

Safeguarding Adult Reviews have found instances where the withholding of information has prevented organisations acting effectively to protect an adult at risk or prevent harm. Lacking information limits agency capacity to analyse what "went wrong" and identify lessons learned to prevent or reduce the risks of such cases reoccurring. If someone knows or suspects that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked for information.

Where an adult has refused to consent to information being disclosed then consideration must be given as to whether there is an overriding public interest. In cases of doubt individuals should seek advice from SPA or the DASM if appropriate.

All information sharing should be compliant with local information sharing guidance ensuring that:

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

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and the constraints of legal frameworks.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information sharing protocols. The hyperlink below provides guidance on when and when not to share and the legal basis for decision making when sharing sensitive or personal information

https://ico.org.uk/for-organisations/guide-to-data-protection/

10.4 COMMUNICATION AND ENGAGEMENT

Information for staff, people who use care and support, carers and the public should be made available using a range of media, produced in different languages and user-friendly formats for people with care and support needs and their carers. These should explain clearly what abuse is and how to share a concern and make a complaint. Adults with care and support needs and carers should be informed that their concern or complaint will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They should be reassured that they will receive help and support in taking action on their own behalf. They should also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish.

10.5 CONSENT AND USER VIEWS

Practitioners should wherever possible seek the consent of the adult before taking action and obtain his or her views on what is the desired outcome. There may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it remains in their best interests to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done.

Similarly, it may be in the public interest to act because a criminal offence has occurred. 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 to their own agency/organisation, to Focus or to the police.

This extract from the statutory guidance gives more detail to the issue of consent:

"…where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. If, for example, there may be an abusive adult in a position of authority in relation to other adults at risk [sic], it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take legal advice. Ongoing support should also be offered. Because an adult initially refuses the offer of assistance he or she should not therefore be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that she or he can take up the offer of assistance at any time."

10.6 RECORD KEEPING

Record keeping is a vital component of professional practice. All complaints and allegations of abuse should be clearly and accurately recorded so that past incidents, concerns, risks, and patterns emerging can be evidenced. Situations of abuse and neglect can emerge from a series of incidents over a period of time. In the case of providers registered with CQC, records should be available to service commissioners and the CQC so they can take the necessary action. All professionals making records concerning individuals should be aware that the subject of the records may have a right to access those records and where appropriate challenge them. Records should therefore be written in a timely manner, timed and dated, objective, clear, and accurate, should avoid jargon ambiguity, use appropriate language to avoid misinterpretation and distinguish between fact, opinion and professional judgement.
Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

- What information do staff need to know to provide a high-quality response to the adult concerned?
- What information do staff need to know to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?
- Where appropriate is it clear who has made the decisions and who is accountable.

With regard to record keeping policies, all agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. Staff working in health providers/NHS organisations must adhere to the Caldicott Principles (add link). If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people, then this should be included in any information that is passed on to service providers or other people who need to know when appropriate.

11. SAFEGUARDING ADULT REVIEWS (SARs)

SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies/organisations could have worked more effectively to protect the adult.

SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example, the individual would have been likely to have died but for an intervention or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

SABs are free to arrange for a SAR or an internal management review in any other situations involving an adult in its area with needs for care and support. The SAB should be primarily concerned with weighing up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

The process for undertaking SARs will be determined on a case-by-case basis depending on specific circumstances with the focus being on what needs to happen to achieve understanding, remedial action and, sometimes providing answers for families and friends of adults who have died or been seriously abused or neglected.

This may be where a review can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs should also may also be used to explore examples of good practice where learning could be applied to future cases.

Early discussions need to take place with the adult, family, and friends to agree how they wish to be involved. The adult who is the subject of any SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

SARs should reflect the six safeguarding principles.

SABs should agree terms of reference for any SAR they arrange, and these should be published and be openly available. When undertaking SARs, the records should either be anonymised through redaction or where information is likely to identify individuals' then consent should be sought from Family when considering publication.

11.1 SAFEGUARDING ADULT REVIEW (SAR) PRINCIPLES

The SAR process should promote a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice.

The approach taken within North East Lincolnshire will be proportionate according to the scale and level of complexity of the issues being examined and as a minimum will:

- Be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- Involve professionals, fully enabling them to contribute their perspectives without fear of being blamed for actions they took in good faith; and:
- Involve subjects and families being invited and encouraged to contribute to reviews;
- Ensure families and participants understand how they are going to be involved;
- Ensure that the participation and engagement with families and other participants is managed appropriately and sensitively.

It is expected that those undertaking a SAR will have appropriate skills and experience which should include:

- Strong leadership and ability to motivate others;
- Expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics;
- Collaborative problem-solving experience and knowledge of participative approaches;
- Good analytic skills and ability to manage qualitative data;
- Safeguarding knowledge and an inclination to promote an open, reflective learning culture.

The SAB should aim for completion of a SAR within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required; for example, because of potential prejudice to related court proceedings. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed; and to take corrective action. (14.144)

11.2 SARS WILL AIM TO:

- Determine what agencies and individuals involved in the case might have done differently that could have prevented harm or death.
- Learn lessons from the case and apply those lessons to future practice to prevent similar harm occurring again.
- Identify good practice and include this within sharing of learning.

The process will assure participants that the purpose of the SAR is not to hold any individual or organisation to account. Other processes exist for that when necessary, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

11.3 INVOLVEMENT OF PRACTITIONERS, PROFESSIONALS AND FAMILIES

The SAR Panel should ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult. The SAR Panel should also communicate with the adult and, or their family. In some cases it may be helpful to communicate with the person who caused the abuse or neglect.

It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them. If individuals and their organisations are fearful of SARs, their response will be defensive, and their participation guarded and partial.

11.4 EARLY RESPONSES LESSONS LEARNED OR SAFEGUARDING CONCERNS

Where appropriate, poor practice or remedial action needed that is identified during the SAR process, will be notified to the relevant service, agency or manager, and followed up via the SAR panel to ensure appropriate action has been taken.

11.5 LINKING SAFEGUARDING ADULT REVIEWS WITH OTHER REVIEWS, INVESTIGATIONS AND ENQUIRIES

There are a number of other review processes, both statutory and non-statutory, such as a Child Safeguarding Practice Reviews, (CSPRs), Domestic Homicide Reviews, (DHRs), Serious Untoward Incident Reviews and Mental Health Homicide reviews as well as others. Where such reviews may be relevant to SARs (e.g. because they concern the same perpetrator). Consideration should be given to how SARs can be managed in parallel with other reviews in the most effective manner possible, so that organisations and professionals can learn from the process . For example, considering whether some aspects of the reviews can be commissioned jointly to reduce duplication of work for the organisations involved.

The SAR process will also take account of a Coroner's inquiry, and/or, any criminal investigation related to the case, including disclosure issues, to ensure that relevant information can be shared without incurring unnecessary delay in the review process. It will be the responsibility of the SAR Panel chair to ensure contact is made with the Chair of any parallel process.

11.6 FINDINGS FROM SARS

The SAB should include the findings from any SAR in its annual report and what actions it has taken or intends to take in relation to those findings. Where the SAB decides not to implement an action, then it must state the reason for that decision in the annual report. All documentation the SAB receives from registered providers which is relevant to the Care Quality Commission (CQC's) regulatory functions will be given to the CQC on the CQC's request.

11.7 SAR REPORTS SHOULD:

Provide a clear and balanced analysis of what happened, why and what action needs to be taken to prevent a reoccurrence, and:

- Be written in plain English;
- Provide findings and learning for organisations and professionals;
- Provide recommendations and action plans;
- Provide a framework for monitoring by the NEL SAB.

11.8 RECORDS OF SARS

Records should be securely kept in such a way that the information can easily be collated for local use and national data collections.

12. MANAGING ALLEGATIONS AGAINST PERSONS IN A POSITION OF TRUST (PiPoT) PROTOCOL

12.1 INTRODUCTION

The Care Act 2014 Statutory Guidance requires all Safeguarding Adults Boards to establish and agree a framework and process for managing allegations against Persons in Positions of Trust or PiPoTs. PiPoTs include all those people working (in a paid or unpaid capacity) with or providing services to adults with care and support needs. This Protocol is designed to inform and support decision making processes for partner agencies and commissioned services, if they become aware of concerns that an adult in a position of trust may have perpetrated abuse or neglect to an adult or a child, regardless of the source. It applies equally to current and historical allegations or concerns, both within and outside of a person's working role

The NEL framework and process outlined is referred to throughout as the "Protocol". It applies to all Safeguarding Adult Board (SAB) partner agencies and organisations in North East Lincolnshire commissioned by or on behalf of NEL to provide services. It requires that all agencies respond appropriately to allegations against PiPoTs, whether they are managers, employees, volunteers or students, paid or unpaid.

This Protocol follows the guidance for children found in Working Together to Safeguard Children – A guide to multi-agency working to help, protect and promote the welfare of children (2023):

Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)

The Protocol enables PiPoT concerns or allegations to be shared lawfully and in a manner that allows appropriate and proportionate enquiries to be made to safeguard and protect adults with care and support needs and ensure that public confidence in services is maintained.

NEL SAB requires all agencies providing services to people with care and support needs to adopt this Protocol and to have clear organisational procedures for dealing with PiPoT allegations and concerns. NEL SAB also requires partner agencies and service providers to identify a PiPoT lead to oversee and report on the delivery of these responsibilities in their organisation.

The agency or service that first becomes aware of an allegation or concern will be the Primary Data Controller, or the "owner" of the information, and will be responsible for responding in accordance with this protocol in conjunction with SAB guidelines and procedures.

Agencies are responsible for sharing information as required by the protocol and, where indicated, for escalating PiPoT concerns to the DASM. In each case, a decision whether or not to escalate will be made on the professional judgement of the PiPoT lead.

Partner agencies and providers will be required to submit regular returns of data relating to the incident rate and outcomes of PiPoT cases at a frequency determined by the SAB. The SAB will analyse PiPoT reports to ensure that arrangements are adequate and effective between and across agencies.

NB. This Protocol is not a substitute for, but may be used in conjunction with other safeguarding or personnel procedures or formal/legal processes: e.g. Multi-Agency Risk Assessment Conference (MARAC), Multi-agency public protection arrangements (MAPPA) Disclosure and Baring Service (DBS) etc.

12.2 SCOPE

The Protocol must be followed in all cases by the organisation that first becomes aware of a concern, where the PiPoT has or suspected to have:

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

The assessment of risk that a PiPoT may pose needs careful consideration and should not be limited solely to activity within their employment. Behaviour outside of work can also indicate risk, for example:

- A son who is accused of abusing his elderly mother also works as a domiciliary care worker with adults with care and support needs.

- A woman who is convicted of grievous bodily harm also works in a residential home for people with learning disabilities.

- Whilst employed in a day centre for people with learning disabilities, a care worker's own children are made subject to child protection planning due to neglect and physical harm.

- A nurse on a children's ward is reported to having abused her elderly parent with whom she lives.

12.3 PiPoT LEADS

NEL has a Designated Adult Safeguarding Manager (DASM) to:

- Receive notifications of PiPoT allegations;
- Log and record details of allegations or concerns and maintain a database;
- Be involved where appropriate in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies where proportionate;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistently with a thorough and fair process;
- Provide advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as NMC, HCPC or the GMC etc.

Each NEL SAB member organisation should identify a PiPoT Lead with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with this NEL SAB procedure;
- Resolving any inter-agency issues;
- Liaising with the NEL SCB and or SAB on the subject.

12.4 CHILDREN

Whilst this Protocol is concerned with protecting adults with care and support needs, if it is indicated that the PiPoT may also pose a risk to children, then the Children's Services Safeguarding and the Local Authority Designated Officer (LADO) must be informed, regardless of whether the concern is current or historical.

12.5 WHO MUST RESPOND WHERE A PIPOT CONCERN IS IDENTIFIED?

Any allegation against a PiPoT should be reported immediately to a senior manager within that organisation or to their PiPoT Lead.

The PiPoT Lead in the agency that first becomes aware of an allegation or concern is primarily responsible as owner of the information and will be required to take appropriate action in line with this Protocol, record the information and to refer to the DASM.

The DASM will take the information from the PiPoT Lead and provide advice and guidance on next steps as proportionate to the concern shared.

12.6 WHAT SHOULD THAT RESPONSE BE?

If the NEL Council, Police or Integrated Care Board receive an allegation against a PiPoT, they should consider carefully what information should be shared with employers, student bodies or voluntary organisation so that a suitable response is made, in line with the principles outlined and discussed with their PiPoT Lead.

The PiPoT Lead must inform the DASM and agree what actions are required however this process must not prevent any immediate action required to protect an adult from risk of further harm.

Where the DASM concludes the concern does meet the definition of a PiPoT concern, action must be taken in line with this protocol. Where the DASM concludes that the matter does not meet the DASM/PiPoT criteria – then the matter should be recorded by the PiPoT Lead on their own agency records indicating what the allegation was and what the decision making rationale was for it not meeting the DASM criteria (e.g. no harm occurred and the matter related to a routine failure to follow an agency procedure through a lack of knowledge and a disciplinary process or training has been put in place).
NB. These details should be drawn upon if further concerns arise in relation to the PiPoT.

Where an agency or service identifies PiPoT concerns about their own employee, student or volunteer, it will be necessary for the employer, student body or voluntary organisation to assess any potential risk to adults with care and support needs who use their services and, if necessary, take action to safeguard those adults.

If the employer, student body or voluntary organisation is aware of abuse or neglect in their organisation, then they have a legal duty to act and protect the adult from harm as soon as possible. They must then inform the LA Safeguarding Team (FOCUS) and DASM in accordance with multi-agency Safeguarding procedures. Where appropriate they must also inform those regulators, they have a duty to inform such as CQC, NMC and DBS etc.

Agencies and employers have a duty to consider the support and advice to be provided for the PiPoT against whom allegation has been made. The PiPoT should be treated fairly and honestly, and the lead organisation has a continuing duty of care towards them.

If because the PiPoT poses a risk to adults with care and support needs, he or she is removed from his or her post – either as a result of dismissal or permanent redeployment to a non-regulated activity the employer, student body or voluntary organisation has a legal duty to refer the person to the DBS. In addition, where appropriate, employers should report workers

to the relevant statutory, regulatory and/or professional bodies such as the CQC, GMC, HCPC and the NMC. The DASM should consult with and/or consider notifying professional bodies or referring directly in cases where employers fail or have refused/declined to do so.

If a subject of a PiPoT investigation attempts to resign from their post in an effort to avoid investigation or disciplinary processes, the employer, student body or voluntary agency is entitled to reject the resignation to enable enquiries to be concluded or may dismiss the PIPOT and consider whether notification to regulatory or professional bodies is indicated to prevent future harm.

Therefore, where a PiPoT is allowed to resign or is dismissed before the conclusion of enquiries, the lead agency still has a duty to consider referral to DBS and other bodies responsible for professional regulation such as the CQC, GMC and the NMC. The decision to take no further action must be recorded along with the reasons, the decision-maker's details and the decision must be notified to the DASM.

When considering actions affecting a PiPoT's employment status, employers, student bodies and voluntary organisations should have access to their own sources of advice in place (including legal advice), for dealing with such concerns. Individual agencies should liaise with their own Human Resources teams to ensure all actions taken fall within local disciplinary processes, (where applicable) as well as Employment Law. Where due to the size or nature of the organisation no such advice is available, advice should be sought from the DASM and agreement reached on appropriate next steps. Where action is to be taken outside of normal working hours, employers should use their own organisations policies and procedures for managing staff e.g. precautionary suspensions, 'gardening leave etc.'

See Appendix A for PiPoT Referral Pathway

12.7 INFORMATION SHARING

Other than in exceptional circumstances, the owner of information about a PiPoT, 'the data controller' should not share it without the PiPoT's knowledge unless to do so would pose an unacceptable risk to a child or adult at risk.

In each case, a balance must be struck between duties to protect vulnerable people from harm or abuse and the impact on individuals about whom information is being shared. E.g. the impact on Article 8 Human Rights, 'to privacy and a family life. Each case must be considered on its own merits and information shared in accordance with the principles contained in Part I of Schedule 1 of the Data Protection Act 2018 ("the DPA") and Article 8 of the European Convention on Human Rights.

It is a matter for professional judgment, acting in accordance with information sharing protocols and the principles of the DPA to decide whether breaching a PiPoT's confidentiality is in the public's interest. An agreement to keep information confidential must not be given.

The default position should be that the owner of the information about a PiPoT should not share it without the PiPoT's knowledge and permission, so they are given the opportunity to share the information with their employer first. If the PiPoT declines to share it with their employer for whatever reason, this does not mean the information cannot be shared by the DASM. In deciding whether to share the information with an employer or voluntary agency, the principles in this protocol should be followed.

Due regard must be had to Article 8 of the European Convention on Human Rights, which states that:

(a) Everyone has the right to respect for his private and family life, his home and his correspondence and,

(b) There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

When deciding whether to interfere with a person's Article 8 rights, each case must be judged on its own facts. The issue is essentially one of proportionality. Information is to be disclosed only if there is a "pressing need" for that disclosure. In considering proportionality, consideration must be given to the following general principles [1]:

- The legitimate aim in question must be sufficiently important to justify the interference;
- The measures taken to achieve the legitimate aim must be rationally connected to it;
- The means used to impair the right must be no more than is necessary to accomplish the objective;
- A fair balance must be struck between the rights of the individual and the interests of the community; this requires a careful assessment of the severity and consequences of the interference[2].

The sharing of information that may be of vital interest may be shared under the General Data Protection Regulations (GDPR) "processing is necessary in order to protect the vital interests of the data subject or of another natural person"[3].

Before actually disclosing information to a third party, there is a need to consult with the person whose information is to be disclosed and to give them an opportunity of making representations before the information is disclosed[4]. "The imposition of such a duty is a necessary ingredient of the process if it is to be fair and proportionate."[5] Information may be shared by an individual or an agency in the expectation that it will not be shared with others, i.e., it will be kept confidential. Often, a person will preface the disclosure with 'I am telling you this in confidence' or, after making the disclosure, will say 'you won't tell anyone will you?' However, no blanket agreement not to share information with others must be given. Confidential information can be shared if it is justified as being in the public's interest (e.g., for the detection and prevention of crime and for the protection of vulnerable persons, i.e., children or adults with care and support need at risk of harm or neglect). It is a matter for professional judgment, acting in accordance with information sharing protocols and the principles of the DPA to decide whether breaching a PiPoT's confidentiality is in the public's interest.

If after following the above principles, and weighing up the information available, a decision is made not to tell the PiPoT about the concern about them and ask their permission to share it with their employer, (because doing this would place any adults or children at increased risk of harm), then this decision and the reasons for it should be recorded. However, the PiPoT planning process must identify the earliest opportunity for them to be informed.

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[1] R (on the application of H) v A City Council [2011] EWCA Civ 403
[2] Huang v Secretary of State for the Home Department, Kashmiri v Same [2007] UKHL 11, [2007] 2 AC 167,
[3] Article 6(1)(d) provides a lawful basis for processing:
[4] R (L) v Commissioner of Police of the Metropolis (SoS for the Home Department intervening) [2010] 1 AC 410
[5] Ibid per Lord Neuberger (para [84])

12.8 ROLES AND RESPONSIBILITIES

THE DASM role involves:

- The role of the DASM is crucial to ensuring the Protocol is effective. They must be able to make balanced and defendable decisions that will be scrutinised, on occasion in legal proceedings. They will be expected to handle sensitive information that requires the utmost confidentiality. They must be, and be seen to be, acting impartially and with integrity. The DASM must have the confidence of agencies and PiPoTs in order to fulfil this function.

- The DASM will receive referrals from agencies which the DASM will record on the 'Allegations Management System'. The DASM will be required to consider each case and determine the level of oversight that is necessary to ensure the referral is dealt with in a timely, fair and proportionate manner. In cases that are also subject to other investigations, such as a Section 42 Care Act enquiry or criminal investigation, it may be that after recording the referral all that will be required is for them to review and record the outcome of that investigation. However some referrals will require a more comprehensive monitoring and management of the investigation. The DASM must have the experience and skills necessary to make these case determinations on a regular basis.

- The management of the Allegations Management System is the responsibility of the DASM. All referrals will be recorded on this system, and it is the DASM's responsibility to ensure that the information contained on this system is in line with the 'Allegations Management Records Retention and Disposal' protocol agreed by the NEL SAB.

- The Allegations Management System's purpose is to allow referrals to be accurately recorded by the DASM, provide a defendable system that affords the DASM the ability to assess the risk posed by a PiPoT considering past referrals. It is to aid the DASM to ensure that referrals are effectively investigated and if a risk is identified then to ensure that risk is managed.

- The Allegations Management System is not to be used for pre-employment checks. Any employer attempting to conduct some form of pre-employment check should be told such and directed to guidance for safer recruitment. The integrity of this system is imperative and access to it should be restricted to the DASM and their assistant only, if they have one.

- On occasion the DASM will identify that the PiPoT has previously come to their attention. The fact that the person has previously been subject of a referral is not in itself a reason to share this information. The DASM is required to use their professional judgement in considering whether to share information. In all cases when the DASM shares information from the Allegations Management System it must be necessary and proportionate.

- Where a PiPoT is identified as having previously been dismissed for gross misconduct relating to a safeguarding concern, the DASM is responsible for ensuring that their current employer is aware of the previous dismissal if the DASM is satisfied this is necessary to ensure any risk posed by the PiPoT is clearly understood and managed by the current employer. The DASM should ensure the PiPoT has included that employer in their employment history. If it is found that the PiPoT has not informed the employer, then the DASM should contact the PiPoT and direct them to do so and inform the PiPoT that they will contact the employer to ensure the PiPoT has provided an accurate account. Should the PiPoT refuse to, then, the DASM should do so if they determine it is proportionate and necessary.

- Whilst maintaining oversight of PiPoT concerns, if the DASM identifies a concern that relates to local authority provision or a commissioned service that may pose reputational, financial or litigious damage to the local authority or the ICB then they should alert the Director of Adult Social Services (DASS) and/or appropriate ICB Director.

- The DASM should liaise with Police and PiPoT leads within health and commissioning services to ensure effective management of PiPoT concerns. They should also lead on liaison with registration bodies such as the Nursing and Midwifery Council,(NMC), General Medical Council, (GMC), and Health and Care Professions Council in relation to PiPoT concerns when necessary.

- At the conclusion of any PiPoT enquiry, the DASM should consider if the findings demonstrate evidence of a theme or pattern in the context of past and historic PiPoT concerns. The DASM should identify potential themes or system wide/organisational issues and ensure appropriate action is taken so that learning from past events is applied to reduce the future risk of harm to adults with care and support needs.

- The DASM is required to report annually on PiPoT allegations, management learning and themes emerging to the NEL SAB and contribute to the annual report.

- The DASM is also responsible for delivering any training or development needed for SAB partners and agencies providing services to adults at risk, both commissioned and non-commissioned.

Focus Safeguarding Adults Team should:

- Notify the DASM in all cases where a PiPoT concern arises within any safeguarding enquiries, contacts or notifications and keep the DASM informed so that local recording arrangements and procedures can be followed, case progress can be tracked, and outcomes are auditable.

- In appropriate cases, attend strategy meetings as required and liaise with the DASM throughout the enquiry, agreeing strategy, time frames and updates.

- Where there is no concurrent Police investigation, assist the DASM by conducting suitable enquiries agreed with the DASM to ascertain the truth or otherwise of allegations.

- Where it is appropriate to do so, involve the PiPoT's employer in the safeguarding process and coordinate meetings and consultations to monitor process and outcome.

- Inform Commissioning and Care Contracts if the employing agency is a contracted service and involve them in the process.

- Ensure that when an adult with care and support needs has been safeguarded but the PiPoT process continues, the adult is monitored according to local arrangements until the PiPoT process is concluded.

- Where appropriate liaise with the CQC (where the PiPoT is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and

Midwifery Council) and the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs.

- Liaise with other Local Authority Safeguarding Adults Teams where there are cross-boundary issues; e.g. the PiPoT lives in NEL and does sessional care work in Lincolnshire or East Riding.

- Liaise with Children Social Care Teams and make referrals as appropriate to the Local Authority Designated Officer (LADO) if there are specific issues about the PiPoT's contact with children or risk to children is indicated through the PIPOT or another source.

POLICE

- Report to their PiPoT Lead when a PiPoT has come to notice.

- Their PiPoT lead to inform and liaise with the DASM when allegations relate to local authority or commissioned services.

- Where PiPoT investigations are police-led, the lead officer is responsible for deciding what information is shared and with whom, and for giving due consideration to the protocol and Notifiable Occupation Scheme Disclosure Policy. Decisions must be recorded in accordance with best practice and the DASM notified where appropriate.

- Request that the employer considers taking appropriate action in line with their own procedures to ensure adults at risk are protected from any potential abuse and harm.

- Where it is a Police-led investigation, request that the employer conducts their own risk assessment(s) and consider referral to the Disclosure and Barring Services (DBS) and or other registration bodies as appropriate liaise with IPCC or College of Policing.

- Where appropriate, liaise with the CQC (where the PiPoT is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council) and the DBS if there are concerns about the employer's fitness to operate and safeguard adults with care and support needs.

- Liaise with other Local Authority Safeguarding Adults and Children's Teams where there are out of area issues.

- Make a referral to the LADO if there are specific issues about the PiPoT's contact with children.

- Cooperate with the DASM and focus Safeguarding Adults Team and attend any strategy meeting and share any relevant police information in relevant cases. Any police information shared is for safeguarding purposes only and must not be used for any subsequent disciplinary proceedings without the permission of Humberside Police.

THE SERVICE COMMISSIONER

Where a service commissioner is aware that a service it commissions employs a PiPoT who is under investigation, the service commissioner will ensure the commissioned service does the following:

- Inform the DASM in all cases where a PiPoT is involved so local recording arrangements can be followed.
- Take appropriate action in line with their own procedures to ensure adults with care and support needs are protected from abuse and harm.
- Carry out appropriate risk management procedures, including consideration of referral to the DBS and other registration bodies.
- Provide feedback at regular intervals until case conclusion to the local authority DASM.
- Monitor the activities of commissioned services in their compliance of this Protocol.
- Give due consideration as to whether the service should be suspended or request an employer considers that the PIPOT is subject to precautionary suspension pending investigations.

Where appropriate, liaise with the CQC.**EMPLOYERS (statutory, voluntary, and private)** are expected to:

- Take appropriate action in line with their own procedures to ensure adults with care and support needs are protected from abuse and harm.
- Carry out appropriate risk management procedures, including, where appropriate, referral to the CQC (where the PiPoT is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council) and the DBS.
- Provide feedback at regular intervals to focus (if there is a safeguarding enquiry) and Commissioning and Care Contracts until case conclusion.
- Ensure that the safety and protection of adults with care and support needs is central to decision-making and takes priority over the needs of the organisation or the employees.
- Ensure their organisation has a range of policies and procedures that will support their decisions and indicates the local SAB procedures and this Protocol.
- Ensure all safeguarding concerns that result from a concern that meets the criteria about a PiPoT are recorded and those are notified to the DASM. Where the DASM takes no further action, the employer should keep their own record of any further enquiries and the outcomes of those.
- Share information in line with this protocol where it is known the PiPoT also has other employment or voluntary work with adults with care and support needs or children.

- At the conclusion of any PiPoT enquiry consider if the findings demonstrate evidence of a theme or pattern in the context of past and historic PiPoT concerns; identify potential themes or system wide issues within the organisation; and ensure that appropriate action is taken by their organisation so that learning from past events is applied to reduce the risk of harm to adults with care and support needs in the future.

12.9 RECORDING OF PiPoT ISSUES

Record-keeping is integral to adult safeguarding processes so that adults with care and support needs are protected and organisations and individuals are accountable for their actions when responding to PiPoT concerns. All cases must be recorded in line with this Protocol.

Individuals with responsibility for the investigation and management of PiPoT concerns must, as far as is practicable, contemporaneously document an accurate record of the events which includes reasoning for decisions, actions, and interventions.

Records of actions taken to investigate PiPoT concerns which have been found to be unsubstantiated must also be detailed and retained in accordance with current guidance – currently until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer, or in cases of sexual abuse the records should not be destroyed.

Records may be used to prepare reports to the NELSAB (for example to identify trends and patterns or give assurance that adults with care and support needs have been protected).

Anonymised data from records may be used to inform practice and ensure that lessons learned promote improvement in safeguarding adults with care and support needs.

A chronology or log of key events, decisions and actions taken should also be maintained on the form provided to provide a ready overview of progress.

Individuals (including a PiPoT who is the subject of the recording) are entitled to have access to their personal records on request whether they are stored electronically or manually. It is therefore important that information recorded, is fair, accurate and balanced.

The purpose of the PiPoT record-keeping is to:

- Provide an auditable and defendable record of the management of such cases.
- Enable accurate information to be given in response to any future request for information.
- Provide clarification in cases where a future DBS Disclosure reveals information from the police that an allegation was made but did not result in a prosecution or conviction.
- Prevent unnecessary re-investigation if an allegation resurfaces after a period of time.
- Enable patterns of behaviour which may pose a risk to adults with care and support needs to be identified.
- To assure the Nel SAB, service users and the community, that adults with care and support needs are protected from harm and services provided are safe and effective.
- To provide a searchable record that PIPOT leads can access in order to consider allegations and manage risk.
- To provide assurance to professionals in cases where malicious or false allegations are made (NB this indicates the function of records to protect individuals as well as manage risk).

- To provide a professional and consistent approach to professionals and service providers that is compliant with legislation, enables safer recruitment and enables them to consult when requiring advice or support when dealing with PiPoT issues.

See Appendix G for information records retention and disposal guidelines

12.10 PiPoT STRATEGY MEETINGS/DICUSSIONS

A PiPoT lead/DASM may consider it necessary to require a strategy meeting / discussion in light of a concern. This should:

- Decide whether there should be a Section 42 Enquiry and or police investigation and consider the implications.
- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information.
- Consider the current allegation in the context of any previous allegations or concerns.
- Plan enquiries if needed, allocate tasks and set timescales.
- Decide what information can be shared, with whom and when.
- Ensure that arrangements are made to protect the adult at risk involved and any other adults or children affected, including taking emergency action where needed.
- Consider what support should be provided to all adults at risk who may be affected.
- Consider what support should be provided to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation.
- Ensure that investigations are sufficiently independent.
- Seek consideration of suspension, or alternatives to suspension when appropriate
- Identify a lead contact manager within each agency
- Agree protocols for reviewing investigations and monitoring progress by the DASM, having regard to target timescales
- Consider issues for the attention of senior management (e.g. media interest, resource implications)
- Consider reports for consideration of DBS or other regulatory bodies
- Consider risk assessments to inform the employer's safeguarding arrangements
- Agree dates for future strategy meetings / discussions

When appropriate a final meeting or discussion should be held to ensure that all tasks have been completed, including any referrals to the DBS if appropriate, and, where appropriate, agree an action plan for future practice based on lessons learnt.

The final meeting / discussion should take in to account the following definitions when determining the outcome of allegation investigations:

- **Substantiated**: there is sufficient identifiable evidence to prove the allegation;

- **False**: there is sufficient evidence to disprove the allegation;

- **Malicious**: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;

- **Unsubstantiated**: this is not the same as a false allegation. It means that there is insufficient evidence to either prove or disprove the allegation; the term therefore does not imply guilt or innocence.

12.11 ALLEGATIONS AGAINST STAFF IN THEIR PERSONAL LIVES

If an allegation or concern arising outside of the PiPoT's place of work indicates they may present a risk of harm to adults for whom the member of staff is responsible, the general principles outlined in these procedures will still apply.

The strategy meeting / discussion should decide whether the concern justifies:

- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm; and / or
- Inviting the employer to a further strategy meeting/ discussion about dealing with the possible risk of harm.

If the member of staff lives outside of the authority area in which they work, liaison should take place between the relevant agencies in both areas and a joint strategy meeting/ discussion convened if required.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to an Adult with Care and Support Needs for whom the member of staff is responsible, e.g. A sex offender living in the same household as a learning-disabled adult's carer. In these circumstances, a strategy meeting / discussion should be convened to consider:

- The ability and/or willingness of the member of staff to adequately protect the adult;
- Whether measures need to be put in place to ensure their protection;
- Whether the role of the member of staff is compromised;
- Whether the staff member has a duty to notify his or her employer e.g. in line with statutory guidance on: police family issues; partner perpetrator of domestic abuse.

12.12 SHARING INFROMATION FOR DISCIPLINARY PURPOSES

Wherever possible, police and the DASM should, during the course of their investigations and enquiries, obtain consent to provide the employer and/or regulatory body with statements and evidence for disciplinary purposes.

If the Crown Prosecution Service (CPS) decides not to charge, or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the employer without delay.

If the person is convicted, the police should inform the employer and the DASM straight away so that appropriate action can be taken.

12.13 UNSUBSTANTIATED AND FALSE ALLEGATIONS

Where it is concluded that there is insufficient evidence to substantiate an allegation, information should be shared with the designated senior manager of the employer to enable them to consider what further action, if any, should be taken e.g. where a referral has been made to CQC, but the allegation is about a conduct issue.

False allegations are rare and even where they arise - may be a strong indicator of abuse or harm elsewhere which requires further exploration. If an allegation is demonstrably false, the employer, in consultation with the DASM, should refer the matter to adult social care to determine whether the adult is in need of services, or might have been abused by someone else.

If it is established that a criminal allegation has been deliberately invented the police should be asked to consider what action may be appropriate against the person making the allegations.

12.14 SUBSTANTIATED ALLEGATIONS AND REFERRAL TO DBS

If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's service or the person resigns or otherwise ceases to provide his/her services, the DASM should discuss with the employer whether a referral should be made to the DBS and their registration body if appropriate.

If a referral is to be made; it should be submitted within one month of the allegation being substantiated.

The Disclosure and Barring Service (DBS) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA):
https://www.gov.uk/government/organisations/disclosure-and-barring-service

The relevant legislation is set out in the Protection of Freedoms Act 2012:
http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted

The DASM has responsibility to liaise with any registration body and ensure any DASM information, minutes of meetings etc are provided in a correct format.

12.15 BODIES WITH A LEGAL DUTY TO REFER

The following groups have a **legal duty to refer** information to the DBS:

- Regulated Activity suppliers (employers and volunteer managers);
- Personnel suppliers;
- Groups with a power to refer.

12.16 GROUPS WITH THE POWER TO REFER

The following groups have a **power to refer** information to the DBS:

- Local authorities (safeguarding role);
- Health and social care (HSC) trusts (NI);
- Education and library boards;
- Keepers of registers e.g. GMC, NMC;
- Supervisory authorities e.g. CQC, Ofsted.

12.17 LEARNING LESSONS

When appropriate the employer and the DASM should review the circumstances of the cases to determine whether there are any improvements to be made to the organisation's procedures or practice.

12.18 PROCEDURES IN SPECIFIC ORGANISATIONS

It is recognised that many organisations will have their own procedures in place, some of which may require them to also take account of particular regulations and guidance (e.g. police, health, and registered care providers). Where organisations do have specific procedures, they should be compatible with these procedures and additionally provide the contact details for:

- The designated senior manager or PiPoT Lead to whom all allegations should be reported;

- The person to whom all allegations should be reported in the absence of the designated senior manager or PiPoT Lead or where that person is the subject of the allegation;
- The DASM.

13.RECRUITMENT, TRAINING AND SUPERVISION

13.1 DBS AND SAFE RECRUITMENT

There are three levels of a DBS check. Each contains different information and the eligibility for each check is set out in law. They are:

Standard check: This allows employers to access the criminal record history of people working, or seeking to work, in certain positions, especially those that involve working with children or adults in specific situations. A standard check discloses details of an individual's convictions, cautions, reprimands, and warnings recorded on police systems and includes both 'spent' and 'unspent' convictions.

Enhanced checks: This discloses the same information provided on a Standard Certificate, together with any local police information that the police believe is relevant and ought to be disclosed.

Enhanced with barred list checks: This check includes the same level of disclosure as the enhanced check, plus a check of the appropriate barred lists. An individual may only be checked against the children's and adults' barred lists if their job falls within the definition of 'regulated activity' with children and/or adults under the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012. It should be noted that in 'signing off' or agreeing a personal budget or personal health budget a local authority may add conditions such as a DBS check as part of its risk assessment of safeguarding in specific cases. The local authority may also require personal budget holders using direct payments to specify whom they are employing to the local authority.

13.2 RECRUITMENT AND RETENTION

Providers are required to have safeguarding policies and protocols in place to ensure safe recruitment.

13.3 GUIDELINES AND PROCEDURES FOR PROVIDERS

Provider agencies/organisations should produce a set of internal guidelines for their staff which comply with the NEL SAB policy and procedures which set out the responsibilities of all staff to operate within it.

These should include guidance on:

- Identifying adults at risk of harm and recognising signs and symptoms;
- Referral routes and pathways for making a referral;
- Organisational and individual responsibilities for whistleblowing/freedom to speak up and protection for whistle-blowers;
- Working with challenging or distressing behaviour;
- Providing personal and intimate care;
- Appropriate use of control and restraint;
- Diversity, equality, and anti-oppressive practice;
- Medicines management;
- Handling of people's money, valuable and personal finance;

- Undertaking risk and need assessments;
- DASM processes and allegations against employees, volunteers and students.

13.4 SUPERVISION

Skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work. Managers are central to ensuring high standards of practice and that practitioners are properly equipped and supported. It is important to recognise that care and support statutory guidance dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available. Regular face-to-face supervision from skilled managers and reflective practice is essential to enable staff to work confidently and competently with difficult and sensitive situations.

13.5 REGULATED PROFESSIONALS

Staff governed by professional regulation, E.g. social workers, nurses,doctors, and other health professionals, should understand how professional standards and requirements underpin organisational roles to prevent, recognise and respond to abuse and neglect.

13.6 TRAINING

Training is a continuing responsibility and should be provided as a rolling programme. Whilst training may be undertaken on a joint basis and the NEL SAB has an overview of standards and content, it is the responsibility of each organisation to train its own staff.

NEL SAB's MCA and safeguarding training expectations are set out in its Safeguarding Adults Multi-agency Learning and Workforce Development Strategy, which can be found here: SaferNEL | Adults workforce development - SaferNEL

Staff working within healthcare organisations must receive and be compliant with safeguarding training as described in the intercollegiate document relating to Safeguarding Adults training:

Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk)

14. CONFLICT RESOLUTION AND ESCALATION POLICY

When a range of professionals and agencies are undertaking assessments and providing services for people, there will inevitably be times when perspectives differ, and conflicts of opinion give rise to challenge or disagreement. This is particularly likely when assessing need and risk and making decisions about the way forward to achieve the best or safest outcome for individuals. Occasionally there will also be conflict over who is best placed to provide interventions and how to make the best use of resources available to achieve the desired outcomes.

A joint SAB and Safeguarding Childrens Partnership Concern and Conflict Resolution Escalation Procedure has been implemented to deal with such situations.

See Appendix D

Appendix A

PiPoT Pathway

Concern received - Agency PiPoT Lead notified[1]

Agency PiPoT notifies and consults with DASM

PiPoT Criteria Met / Unsure if PiPoT Criteria is Met

DASM will complete an AF1. DASM considers and discusses next steps with PiPoT Lead - DASM records decision making on AF2 and agrees timeframes

PiPoT Criteria Not Met

DASM to record decision-making and PiPoT Lead to coordinate other actions to address issue, such as: safeguarding requirements, training, policy changes etc

DASM records concerns to determine (a) if the case requires DASM oversight & (b) if the case can be managed 'in house'.[2] The DASM and PiPoT Lead discuss next steps. DASM completes form AF2

Requirement for DASM oversight

DASM arranges strategy meeting, agrees actions and considerations of risk – DASM completes AF3/4

AF3 completed for each meeting however AF4 amended with new actions ongoing

No requirement for DASM oversight

If DASM considers there is no requirement for further DASM oversight, the DASM will record this on the AF2 and confirm this with the relevant PiPoT lead

PiPoT Lead to oversee any agreed actions/enquires

PiPoT Lead to ensure agreed actions are completed and notify DASM who updates AF4 and considers with PiPoT Lead any learning, training issues or policy changes etc. required

1. The PiPoT process should not prevent or delay any immediate safeguarding actions the agency requires to make in order to protect the adult at risk from harm/further harm.

2. If the matter is agreed to be dealt with 'in-house' the PiPoT will agree timescales for updating the DASM on progress and outcomes of enquiries

Appendix B

North East Lincolnshire Safeguarding Adults Board

High Risk Panel Protocol

1. Introduction

Services and commissioners are seeing an increase in the numbers of people presenting with highly complex pictures of substance misuse, physical and psychiatric comorbidities. The Care Act 2014 requires an integrated response to people with issues of self-neglect and who present risks to themselves or others. Accordingly, it is necessary that within NEL an appropriate framework exists that allows a multi-agency, multi-disciplinary approach to managing risk in these cases.

Whilst many people are well served by current single agency and multi-agency working practices there is a small but increasing number that require a different, more creative approach, involving many agencies and often commissioning responses too. The aim of the panel is to provide an additional multi-agency, multi-disciplinary response, including commissioners, which will agree bespoke packages of care, enable better risk sharing and risk management between agencies and facilitate better outcomes for people.

All Agencies should follow existing legislation, statutory guidance and their internal processes, including the Mental Health Act, Mental Capacity Act, Care Act, Safeguarding Adults processes, MAPPA, MARAC and Channel/Prevent Duty guidance, (not an exhaustive list). These processes will be seen as having primacy and a High-Risk Panel (HRP) will only be called if the adult does not fall within these processes or if it is felt that a HRP will reduce the risk of serious harm or death and support the outcome of another process i.e. to support a section 42 safeguarding enquiry.

An HRP should only be used when agencies feel they have exhausted internal mechanisms for managing risk or where formal consultation would enhance the response.

Where there are concerns that the adult at risk has care and support needs (whether or not the local authority is meeting any of those needs), is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect then a safeguarding referral should be made in the first instance.

The HRP should not be used for managing complaints or anti-social behaviour but for serious harm or death through self-neglect, refusal of services and/or high levels of risk-taking activity that has an impact upon the individual or others. The Protocol can also be used for managing the impact of No Recourse to Public Funds (NRPF) Please see **Appendix B1.**

The guidance should be used flexibly and in a way that achieves best outcomes for adults at risk promoting a person-centred approach. It does not, for example, specify which

professionals need to be involved in the process, or prescribe any specific actions that may need to be taken as this will be decided on a case-by-case basis.

It is recognised that the dilemma of managing the balance between protecting adults at risk from self-neglect/risk taking activity against their right to self-determination is a serious challenge for all services. All actions need to be considered carefully and be proportionate to the level of risk, including the benefits for the individual of risk-taking activity.

2. Eligibility Criteria

The HRP Process Flow Chart should be used for guidance. The HRP should only be used where existing Care Management and Health and Social Care involvement have been unable to resolve the issues/risks identified which are causing concern.

The following criteria should be followed when considering referral to the HRP:

- A person must have capacity to make decisions and choices regarding their life
- There is a risk of serious harm or death by severe self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other enquires (including a safeguarding enquiry under Section 42 of the Care Act), or the individual or family have no recourse to public funds (NRPF)
- There is a public safety interest or others at risk
- There are a high level of concerns from partner agencies

Serious harm means death or injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

The agency that identifies an adult at risk that would benefit from an HRP meeting, will initiate, chair and minute the HRP. The expectation is that the HRP will be truly multi-agency and that each agency will agree on an appropriate representative to attend the HRP when required.

NELC Designated Adult Safeguarding Manager (DASM) should be kept notified of all HRP's convened and provided with copies of papers. The DASM will assist with contact details for agencies, record keeping of the HRP process and audit of the effectiveness of the process.

Consent for holding an HRP should be obtained from the person wherever possible, and the person should be encouraged to participate in the HRP process as fully as possible. The HRP process should be in line with safeguarding process and should be person-centred and outcome focused. Details must be sought of what the adult at risk's views is and what they would like happen.

An HRP risk management plan is much more likely to succeed if the person has been involved in developing it. Consideration should also be given to gathering the views of other people who are important in the person's life, where consent is provided by the adult at risk.

Each agency should consider whether advocacy is appropriate and should be offered to the adult at risk. However, a lack of consent would not prevent an HRP from taking place. Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so.

3. The Meeting

The purpose of an HRP is to formulate a multi-agency risk assessment and risk management plan to reduce or remove the risk. Consideration must be given as to how the views of the adult at risk can be included. The person or an appropriate advocate must be invited to attend (unless this would significantly increase the risk).

If the threshold criteria are met the lead agency will coordinate the attendance at the HRP. The HRP lead will identify which agencies will be invited to the meeting. Any agency can request attendance of an agency even if the person may be currently unknown to that agency. All partner agencies must ensure appropriate staff are allocated with the required seniority to make decisions on behalf of their organisation.

The HRP lead will chair and record minutes and actions of the meeting and distribute to attendees. It is important to agree timescales for each part of the process. This will be different for each case dependent on individual circumstances. It is also important to ensure that any decisions made are accurately recorded. This could be via a separate risk assessment or within the minutes of the HRP meetings.

If there are children who are part of the household or who are linked to the individual who is being considered under the HRP, Children's Social Care must be invited to the meeting and a Safeguarding Children Referral must be made. Equally if other adults may be at risk Adult's Social Care must be invited to the meeting and an Adults Safeguarding concern must be raised if appropriate.

Where possible, the adult at risk's views and wishes should be included and if they are not present, there should be detailed reasons for this.

Consideration should be given to ensuring appropriate agencies including non-statutory, voluntary sector and local community groups attend to facilitate the best opportunity to encourage positive engagement with the adult at risk.

The following Agenda can be followed when chairing an HRP, however the HRP is a flexible process and the agenda may need to be developed to support the individual case;

- Introductions
- Background to the circumstances of the HRP referral by the referring agency
- Consent & Capacity
- Identify Risks
- Identify Actions
- Appoint a person to contact the client if not in attendance
- Organise Review Date or Exit Strategy

The HRP will develop the risk management plan designed to engage the adult in supporting them to reduce the risks.

It is important that all partner agencies ensure that escalation of risks or changes in a person's circumstances that may increase or decrease risk are shared and actioned in a timely way.

Following a period of implementing the risk management plan, the meeting may reconvene to review and evaluate the plan. The case should not be closed just because the adult at risk is refusing to accept the plan.

It is important to be persistent in HRP cases due to the likelihood that the person may refuse services or support when this is first offered. In conjunction with being flexible and creative, professionals may need to repeatedly try to work with a person to reduce risks. Non-engagement at first contact should not result in no further action being taken at a later date or professionals going back to the person and offering further help or support (particularly where risks may have changed or increased).

Consider the safeguarding of others if you believe anyone else might be at risk i.e. other adults at risk, children and animals.

It is recognised that at times there will be disagreements over the handling of concerns or professional differences. Where there are irreconcilable and significant differences between professionals however, consideration should be given to the escalation process.

Inherent Jurisdiction of the Courts - Adults who have capacity to make decisions which may result in them placing themselves at risk of significant harm or death may require further judicial intervention to ensure their safety. This is most likely to occur if the adult continually fails to engage with professionals and all other options have been exhausted.

There may be occasions when the courts are prepared to intervene in the case of an adult at risk, even when they have the capacity to consent, for example, where an adult is receiving undue pressure or coercion from a third party.

Legal advice should always be sought when referral to the courts be a consideration.

4. Record keeping

Each agency is expected to manage their own records and ensure any HRP minutes are attached to individual's records.

It is an expectation that any immediate risks will be addressed urgently following the meeting and the HRP risk assessment and risk management plan will be circulated within a period of 72 hours to all interested parties including the DASM.

Any other meeting notes or minutes should be circulated within one week. Individual agencies will ensure that this information is attached to the adult's record.

5. Information Sharing

The Care Act 2014 states that information sharing should be consistent with the principles set out in the Caldicott Review published *2013 "Information to share or not to share: the information governance review"* ensuring that:

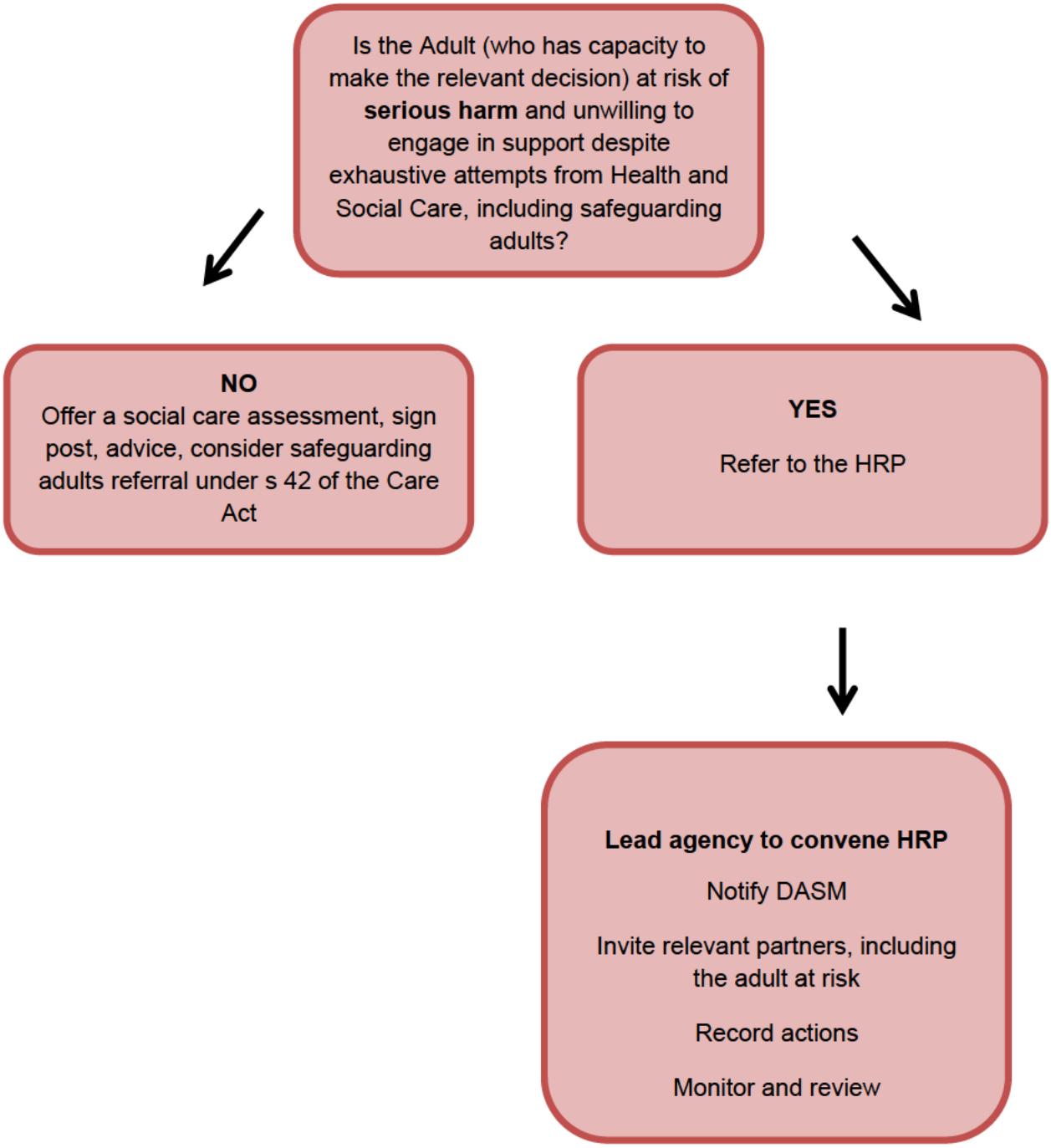
Information will only be shared on a 'need to know' basis when it is in the interests of the adult:

- Confidentiality must not be confused with secrecy.
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement.
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (See 9 Golden Rules) and wherever possible the Caldicott Guardian should be involved.
- Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework
- Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

The decisions about what information is shared and with who will be taken on a case by-case basis. Whether information is shared and with or without the adult at risk's consent. The information shared should be:

- Necessary for the purpose for which it is being shared.
- Shared only with those who have a need for it.
- Be accurate and up to date.
- Be shared in a timely fashion.
- Be shared accurately.
- Be recorded proportionately demonstrating why a course of action was chosen – I did this because…….. I ruled this out because……. I chose this because……
- Be shared securely.

High Risk Panel Process



Appendix B1

No recourse to public funds (NRPF) Guidance

The risk posed to individuals and families who have **No recourse to public funds (NRPF)** cannot be underestimated.

They are exposed to the risk of neglect, abuse and exploitation due to their circumstances. Those with NRPF are at high risk of homelessness and destitution because they cannot access mainstream housing and welfare benefits.

As such this appendix to the High Risk Panel Protocol has been developed and agreed in order that the HRP process can be utilised by those agencies who find themselves dealing with this issue. It allows for agencies to call an HRP in order to consider cases and explore options for dealing with such cases.

The protocol of the HRP directing it should only be used when agencies feel they have exhausted internal mechanisms for managing risk or where formal consultation would enhance the response. It should still be followed in cases of NRPF.

The only addition to the requirements of the HRP Protocol with regard to NRPF is an expectation for agencies to be available for an HRP as soon as possible or within 72 hours at the latest.

No recourse to public funds (NRPF) is a condition imposed on someone due to their immigration status. Section 115 Immigration and Asylum Act 1999 states that a person will have ‘no recourse to public funds’ if they are ‘subject to immigration control’.

A person will be ‘subject to immigration control’ if they have:

- Leave to enter or remain in the UK with the condition 'no recourse to public funds: Spouse visa, student visa, limited leave granted under family or private life rules

- Leave to enter or remain in the UK that is subject to a maintenance undertaking: Indefinite leave to remain as the adult dependent relative of a person with settled status (five year prohibition on claiming public funds)

- No leave to enter or remain when the person is required to have this: Visa overstayers, illegal entrants

Public funds that a person with NRPF cannot claim

A person with NRPF is prohibited from accessing specified welfare benefits and public housing. These are set out in section 115 Immigration and Asylum Act 1999 and paragraph 6 of the Immigration Rules, although some exceptions apply.

There are only a small number of services offering specialist support experience high levels of demand. It is likely that there are also NRPF clients who do not disclose their situation,

particularly in open access services providing basic facilities such as food and showers without a needs assessment.

Public funds that a person with NRPF cannot claim

A person with NRPF is prohibited from accessing specified welfare benefits and public housing. These are set out in section 115 Immigration and Asylum Act 1999 and paragraph 6 of the Immigration Rules, although some exceptions apply:

Welfare benefits		
Attendance allowance	Disability living allowance	Personal independence payment
Carer's allowance	Domestic rate relief (Northern Ireland)	Severe disablement allowance
Child benefit	Housing benefit	Social fund payment - includes: • Budgeting loan • Sure start maternity grant • Funeral payment • Cold weather payment • Winter fuel payment • Crisis loan (Northern Ireland) • Community care grant (Northern Ireland)
Child tax credit	Income-based employment and support allowance	State pension credit
Council tax benefit	Income-based jobseeker's allowance	Universal credit
Council tax reduction	Income support	Working tax credit
Discretionary welfare paymentmade by a local authority in England, Scotland & Northern Ireland (in replacement of social fund crisis loans and community care grants; this scheme is yet to be implemented in Northern Ireland)		
Housing		
An allocation of local authority housing provided under the Housing Act 1996 (or equivalent legislation in Scotland and Northern Ireland)	An allocation of a housing association property provided via the local authority rehousing list	Local authority homelessness assistance provided under the Housing Act 1996 (or equivalent legislation in Scotland and Northern Ireland)

Further information

More detail about the exceptions and when public funds may be claimed is set out in:

The Home Office Modernised Guidance: Public funds

Find a welfare benefits or housing adviser for specialist advice.

When can housing and financial support be provided?

There are provisions which require local authorities to provide some people with NRPF with housing and/or financial support in order to prevent homelessness or destitution. Such assistance can be provided to:

Families, where there is a child in need (for example, because the child is homeless or the parent cannot afford to meet the family's basic living needs)

Young people who were formerly looked after by a local authority, for example, because they were an unaccompanied asylum seeking child (UASC), or other separated migrant child

Adults requiring care and support due to a disability, illness or mental health condition

The legislation which sets out these responsibilities differs in England, Wales, Scotland and Northern Ireland and is set out in the table below.

Legislation which sets out eligibility requirements for support				
	England	Wales	Scotland	Northern Ireland
Families with a child in need	Section 17 Children Act 1989	Section 37 Social Services and Well-being (Wales) Act 2014	Section 22 Children (Scotland) Act 1995	Article 18 of the Children (Northern Ireland) Order 1995
Young person formerly looked after by the local authority	Sections 23C, 23CA, 24A, 24B Children Act 1989	Sections 103-118 Social Services and Well-being (Wales) Act 2014	Sections 29 & 30 Children (Scotland) Act 1995	Article 35 or 36 of the Children (Northern Ireland) Order 1995.
Adults with need for care and support	Part 1 of the Care Act 2014	Section 35 Social Services and Well-being (Wales) Act 2014	Section 12 and 13A Social Work (Scotland) Act 1968	Article 7 and 15 The Health and Personal Social Services (Northern Ireland) Order 1972

Although people with NRPF are able to receive help from social services, some people can only receive support if this is necessary to prevent a breach of their human rights. This is because an exclusion applies to some people depending on their nationality and immigration status.

Is the person in a group excluded from social services support?

When a person or parent is in a group excluded from social services support, this means that social services can only provide housing and financial support when this is necessary to prevent a breach of the person or family's human rights or rights under the European

treaties. When the exclusion applies, social services will need to carry out a human rights assessment as well as a needs assessment to establish whether help can be given.

The five groups are:

- European Economic Area (EEA) nationals (not British citizens)
- People who are unlawfully present in the UK (including: visa overstayers; illegal entrants and refused asylum seekers who claimed asylum in-country, rather than at port of entry)
- People with refugee status that has been granted by an EEA country
- Refused asylum seekers who have failed to comply with removal directions
- Refused asylum seeking families that the Home Office has issued with certification confirming that they have failed to take steps to leave the UK voluntarily

What does the exclusion mean in practice?

When people with NRPF approach social services for assistance, the council will check their immigration status with the Home Office in order to establish whether the exclusion applies. Local councils are required by law to inform the Home Office of anyone presenting who is unlawfully present, a refused asylum seeker who has failed to cooperate with removal directions, or a refused asylum seeking family certified by the Home Office as having not taken steps to leave the UK.

If a person requesting assistance is in an excluded group, social services will undertake a human rights assessment, and will firstly consider whether the person or family can freely return to their country of origin. Things that prevent this include:

- A pending human rights application made to the Home Office or a subsequent appeal
- Inability to travel due to illness or medical condition
- Lack of travel or identity documents

Appendix C

Safeguarding Adults Board

Operational Risk Management Meeting Protocol

1. Introduction

Services and commissioners are seeing an increase in the numbers of people presenting with highly complex pictures of substance misuse, physical and psychiatric comorbidities. In addition, the Care Act 2014 requires a more integrated response to people with issues of self-neglect and who present risk to themselves or others. Accordingly, it is necessary that within NEL an appropriate framework exists that allow a multi-agency multi-disciplinary approach to managing risk in these cases.

Whilst many people are well served by current single agency and multi-agency working practices there is a small but increasing number that require a different, more creative approach involving many agencies and often commissioning responses too. The aim of the panel is to provide an additional multi-agency, multi-disciplinary response, including commissioners, which will agree bespoke packages of care, enable better risk sharing and risk management between agencies and facilitate better outcomes for people.

All agencies should follow existing legislation and their internal processes, including the Mental Health Act, Mental Capacity Act, Safeguarding Adults, MAPPA, MARAC and Channel/Prevent. These processes will be seen as having primacy and an Operational Risk Management Meeting (ORMM) will only be called if after these processes have been tried the risk remains or it would be more suitable to address the issue by means of an ORMM. In cases where there is a risk of serious harm or death a High Risk Panel should be considered.

An HRP should only be used when agencies feel they have exhausted internal mechanisms for managing risk or where formal consultation would enhance the response.

Where there are concerns that the adult at risk has care and support needs (whether or not the local authority is meeting any of those needs), is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect then a safeguarding referral should be made in the first instance.

The ORMM should not be used for managing complaints and should not be the first response to those difficult cases but an avenue for consideration after traditional single agency efforts have been exhausted.

The guidance should be used flexibly and in a way that achieves best outcomes for adults at risk promoting a person centred approach. It does not, for example, specify which professionals need to be involved in the process, or prescribe any specific actions that may need to be taken as this will be decided on a case by case basis.

It is recognised that the dilemma of managing the balance between protecting adults at risk from self-neglect/risk taking activity against their right to self-determination is a serious challenge for all services. All actions need to be considered carefully and be proportionate to the level of risk, including the benefits for the individual of risk taking activity.

2. Eligibility Criteria

The ORMM Process Flow Chart should be used for guidance. The ORMM should only be used where existing Care Management and Health and Social Care involvement have been unable to resolve the issues/risks identified which are causing concern.

The following criteria should be followed when considering convening an ORMM;

- A person must have capacity to make decisions and choices regarding their life
- There is a presence of an unmanaged risk of harm by self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other enquires include a safeguarding enquiry under Sec42 of the Care Act or the individual or family have no recourse to public funds (NRPF)
- There is a public safety interest or others at risk
- There is concern from partner agencies

The agency that identifies an adult at risk that would benefit from an ORMM meeting, will initiate, chair and minute the ORMM. The expectation is that the ORMM will be truly multi-agency and that each agency will agree on an appropriate representative to attend when required.

Consent for holding an ORMM should be obtained from the person wherever possible, and the person should be encouraged to participate in the ORMM process as fully as possible. The ORMM process should be in line with safeguarding process and should be person-centred and outcome-focused. Details must be sought of what the adult at risk's views is and what they would like happen.

An ORMM risk management plan is much more likely to succeed if the person has been involved in developing it. Consideration should also be given to gathering the views of other people who are important in the person's life, where consent is provided by the adult at risk.

Each agency should consider whether advocacy is appropriate and should be offered to the adult at risk. However, a lack of consent would not prevent an ORMM from taking place.

3. The Meeting

The purpose of an ORMM is to formulate a multi-agency risk assessment and risk management plan to reduce or remove the risk. Consideration must be given as to how the views of the adult at risk can be included. The person or an appropriate advocate must be

invited to attend (unless this would significantly increase the risk or the chair believes it inappropriate).

If the threshold criteria are met the lead agency will coordinate the attendance at the ORMM. The ORMM lead will identify which agencies will be invited to the meeting. Any agency can request attendance of an agency even if the person may be currently unknown to that agency. All partner agencies must ensure appropriate staff are allocated with the required seniority to make decisions on behalf of their organisation.

The ORMM lead will chair and record minutes and actions of the meeting and distribute to attendees. It is important to agree timescales for each part of the process. This will be different for each case dependent on individual circumstances. It is also important to ensure that any decisions made are accurately recorded. This could be via a separate risk assessment or within the minutes of the ORMM meetings.

If there are children who are part of the household or who are linked to the individual who is being considered under the ORMM, Children's Social Care must be invited to the meeting and a Safeguarding Children Referral must be made. Equally if other adults may be at risk Adult's Social Care must be invited to the meeting and an Adults Safeguarding concern must be raised if appropriate.

Where possible, the adult at risk's views and wishes should be included and if they are not present, there should be detailed reasons for this.

Consideration should be given to ensuring appropriate agencies including non-statutory, voluntary sector and local community groups attend to facilitate the best opportunity to encourage positive engagement with the adult at risk.

The following Agenda can be followed when chairing an ORMM, however the ORMM is a flexible process and the agenda may need to be developed to support the individual case;

- Introductions
- Background to the circumstances of the HRP referral by the referring agency
- Consent & Capacity
- Identify Risks
- Identify Actions
- Appoint a person to contact the client if not in attendance
- Organise Review Date or Exit Strategy

The ORMM will develop the risk management plan designed to engage the adult in supporting them to reduce the risks.

It is important that all partner agencies ensure that escalation of risks or changes in a person's circumstances that may increase or decrease risk are shared and actioned in a timely way.

Following a period of implementing the risk management plan, the meeting may reconvene to review and evaluate the plan. The case should not be closed just because the adult at risk is refusing to accept the plan.

It is important to be persistent in ORMM cases due to the likelihood that the person may refuse services or support when this is first offered. In conjunction with being flexible and creative, professionals may need to repeatedly try to work with a person to reduce risks. Non-engagement at first contact should not result in no further action being taken at a later date or professionals going back to the person and offering further help or support (particularly where risks may have changed or increased).

Consider the safeguarding of others if you believe anyone else might be at risk i.e. other adults at risk, children and animals.

It is recognised that at times there will be disagreements over the handling of concerns or professional differences. Where there are irreconcilable and significant differences between professionals however, consideration should be given to the escalation process.

4. Record keeping

Each agency is expected to manage their own records and ensure any ORMM minutes are attached to individuals records.

It is an expectation that any immediate risks will be addressed urgently following the meeting and the ORMM risk assessment and risk management plan will be circulated within a period of 72 hours to all interested parties.

Any other meeting notes or minutes should be circulated within one week. Individual agencies will ensure that this information is attached to the adult's record.

5. Information Sharing

The Care Act 2014 states that information sharing should be consistent with the principles set out in the Caldicott Review published *2013 "Information to share or not to share: the information governance review"* ensuring that:

Information will only be shared on a 'need to know' basis when it is in the interests of the adult;

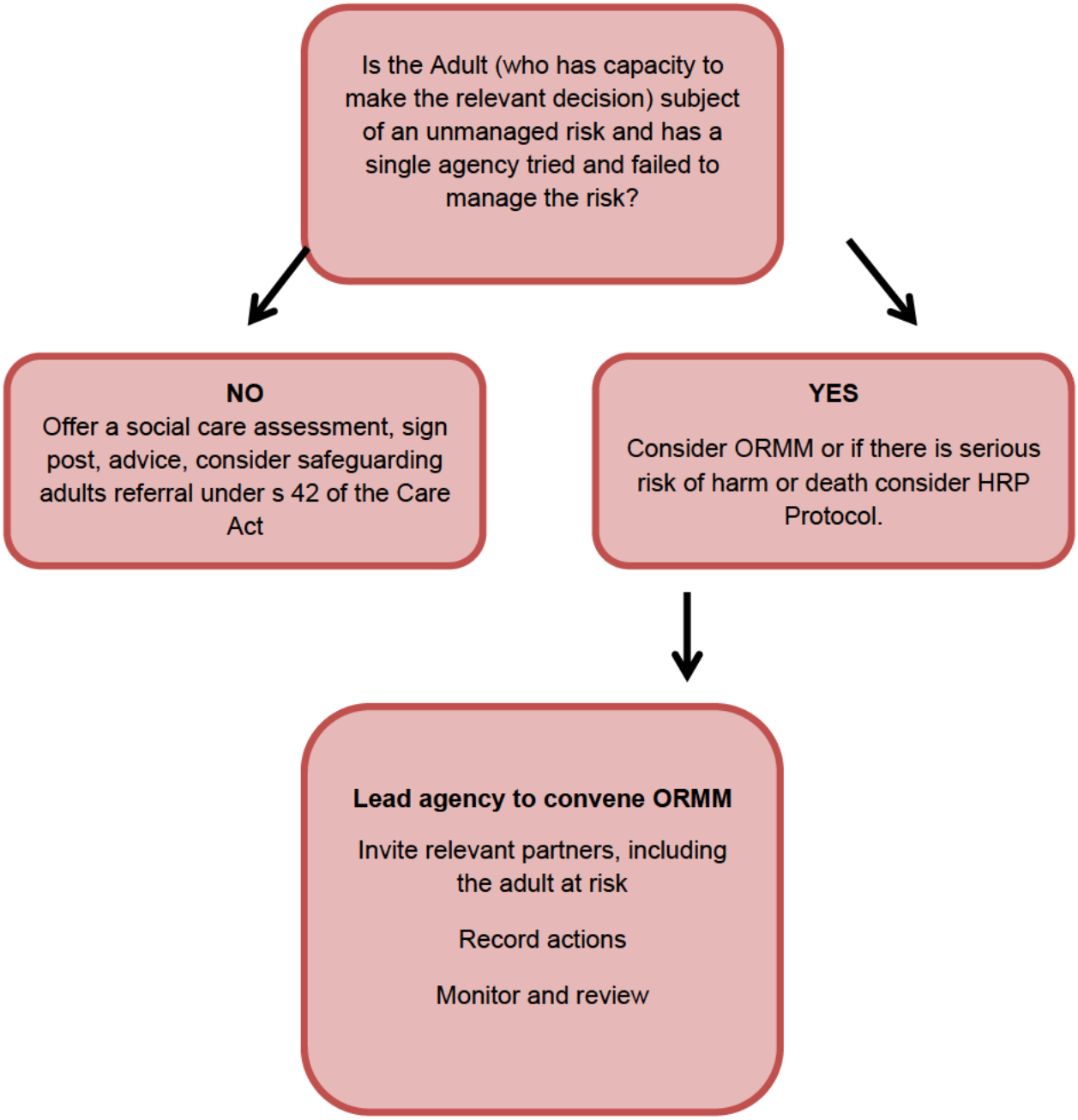
- Confidentiality must not be confused with secrecy;
- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (See 9 Golden Rules) and wherever possible the Caldicott Guardian should be involved.
- Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework

- Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

The decisions about what information is shared and with who will be taken on a case by-case basis. Whether information is shared and with or without the adult at risk's consent. The information shared should be:

- Necessary for the purpose for which it is being shared.
- Shared only with those who have a need for it.
- Be accurate and up to date.
- Be shared in a timely fashion.
- Be shared accurately.
- Be recorded proportionately demonstrating why a course of action was chosen – I did this because…….. I ruled this out because……. I chose this because……
- Be shared securely

Operational Risk Management Meeting Process



SaferNEL
Professional Resolution and Escalation Procedure
Revised February 2023

Effective Escalation Supports Effective Safeguarding

1. Purpose

This is a good practice inter agency procedure. Its purpose is to resolve cross agency disagreements and disputes which impact on the safeguarding of children and their families and adults with assessed care and support needs, in a manner that is timely and does not negatively impact on the day-to-day safeguarding.
NB Disagreements between professionals within the same agency should consult their internal escalation process

2. Background

North East Lincolnshire Safeguarding Children Partnership (SCP), and the Safeguarding Adults Board sets out expectations that people working directly with adults at risk, children and their families, work within multi-agency plans and processes. This may range from Early Intervention to more complex matters in relation to Child in Need, Child Protection and Looked after Children processes and adult safeguarding processes.

Good practice includes the expectation that there is professional and constructive challenge amongst colleagues within agencies and between agencies. Where a member of staff from any agency is worried that concerns or agreed actions regarding a child are not being addressed or acted upon in a timely and consistent manner, it is expected that the escalation protocol should be used to reach a satisfactory outcome that is in the best interests of the child.

Escalation is a process of formally challenging a decision made by another professional, group or organisation. Escalation procedures ensure that all professionals have a quick and straightforward means of resolving professional differences in order to safeguard the welfare of children and young people and adults with care and support needs.

3. Professional Disagreement

When working with children and their families and adults with care and support needs professional disagreement can be positive, as challenge allows for review and can foster creative ways of working, however, disagreements can impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. Disagreements always require resolution. Problem resolution is an integral part of professional co-operation and joint working to safeguard children.

There are a range of situations in which professional disagreements arise, however they are most likely to arise as a result of differing views of thresholds, a lack of understanding of roles and responsibilities, requirements for multi-agency meetings, and the need for action and communication.

Examples are

- Disagreements over the handling of referrals between agencies can impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. There are differing views in respect of whether referrals meet the SCP threshold for Child in Need or Child Protection;

- Disagreements over the outcome of assessments;
- One professional disagrees with the action of another in relation to a particular course of action, such as closing involvement with a child or family or excluding a child from school.
- One worker or agency considers that another worker or agency has not completed an agreed action for no acceptable or understood reason.
- One agency considers that the plan for a child is inappropriate and that a child's needs are not being met.
- Disagreement in relation to the appropriate placement/setting for children and young people with complex needs (e.g., perceived place of safety);
- There is significant delay in discharging a child for whom there are safeguarding concerns from hospital or disagreement in respect of the outcome of a medical examination;
- A member of staff or an agency considers that the child's safeguarding needs are better met by a Child Protection Plan or by a Child in Need Plan and has requested that a Child Protection Conference be called and feels that this has been refused.
- A range of professionals have concerns about an agency's response to safeguarding concerns.
- There is disagreement over the sharing of information and/or provision of services.

4. Key Principles/ Agency responsibilities

NEL Safeguarding Children Partnership and the Safeguarding Adult Partnership expects all agencies to adopt a proactive approach towards problem solving which enables professional disagreements to be resolved as close to front line practice as possible. Where difficulties or disagreements arise between agencies, the process of resolution should be kept as simple as possible.

Effective working together depends on an open approach, clarity of roles and responsibilities and genuine, and honest, relationships between agencies. All agencies across the partnership have agreed to work in a culture of genuine partnership working and have committed to the following principles.

- **The safety and wellbeing of individual children and young people is the paramount consideration in any effective challenge and escalation.**
- All staff and agencies have a duty to take action to escalate concerns if they believe there is a risk that relates to the immediate safety or wellbeing of a child.
- If it is considered there is an immediate risk, contact should be made either with emergency services or the Integrated Front Door for children and SPA (Single Point of Access) for adults on the day the concern arises.
- All agencies are responsible for ensuring that workers are supported and know how to appropriately escalate concerns and disagreements about a child's safety and wellbeing.
- Seek to resolve the issue in a timely way, based on evidence and assessment, and at the practice, rather than the management level.
- Avoid disputes which place children at further risk by obscuring the focus on the child or which delay decision making.
- Keep the focus on what is always in the child's best interests.
- At every point, all agencies' staff should ensure discussions and outcomes are recorded in the agency records and the child's record.

- Agencies must have a method to track and clearly record that the case that have been escalated and is in professional disagreement and at which level.
- Care should be taken to agree a way of managing conflict, which allows the children and families to understand the issues under discussions.
- This protocol is not in place of the Safeguarding Childrens Partnership members complaints processes and should not be used when there is a direct complaint about a specific professional. This would require a referral to the complaint's procedures to the organisation where the professional works.

5. Immediate risk of significant harm

When any professional considers a child or adults with assessed care and support needs is at immediate risk of significant harm, then the individual must ensure their concerns are escalated on the same working day using established safeguarding procedures.

Where professionals consider that the practice, or the decision making of other professionals is placing children OR vulnerable adults at risk of harm, they **must** be assertive act swiftly and ensure that they challenge any relevant professionals in line with this policy.

- The safety of individual children or vulnerable adults is the paramount consideration in any professional activity.
- Resolution should be sought within the shortest timescale possible to ensure the child is protected

6. Outside of Working Hours

All statutory agencies have an on call manager and director system. Where escalation requires urgent resolution, and it is outside of Monday – Friday 9am - 5pm staff are advised to use the on call process.

7. Safeguarding Lead within Agencies/ Organisations

The role of the Safeguarding Lead within agencies/ organisations is to be point of contact within the organisation for all matters requiring resolution in respect of escalation of safeguarding matters. The Safeguarding Lead will be at the following level

- Detective inspector (Link to flowchart LINK)
- Named nurse within health organisations
- CSC service manager
- Education head teacher/ principal
- Advanced practitioner/ head of safeguarding

The Safeguarding Lead will be the Safeguarding Lead within the organisation and will have an overview of all safeguarding matters. Please note for the police the contact will depend on the issue requiring escalation, please refer to the police contact list (LINK to document provided) The Safeguarding Lead role within the procedure is to ensure that practitioners and managers within their agency use the procedure effectively and that matters unresolved at level 2 are raised with them. If the Safeguarding Lead from the agency escalating the issue and the other Safeguarding Lead cannot resolve the issue the escalating Safeguarding Lead should refer the matter to the SCP team in line with level 4 of the procedure.

8. Escalation to Resolution process

Escalation to Resolution Process Escalation can be via telephone, face-to-face or internet meeting. All escalations should be recorded to ensure that the procedure is effective, transparent and for NEL SCP auditing purposes. Escalation via e-mail is not recommended as effective multi-agency working requires professional challenge in a suitable format and escalation is to resolve conflict and areas of concern relating to children and their families. Any escalation should follow the steps below with the timescales stated.

Step 1: Attempt Resolution/Direct Professional to Professional Discussion

Differences of opinion or judgement should be discussed amongst frontline professionals to attempt to achieve a shared understanding and agree a local resolution, in line with the plan, or to ensure a plan is developed if needed. This must occur immediately with an acknowledgement and mutually agreed plan of action, including timescales within 48 hours (**2 working days**)

Step 2: Direct Manager to Manager Discussion

If Step 1 does not resolve the issue then each professional should discuss the issue with their line manager or safeguarding supervisor. The line manager should review the concerns and ensure that they are justified and meet the purpose of this protocol. The line manager should then liaise with the other professional's line manager in an attempt to reach a resolution. Consultation with senior managers withing each organisation can be used if this would be felt to assist resolution. The discussion between managers must occur within **4 working days** of Step 1, with a mutually agreed plan of action including timescales.

Step 3: Direct Safeguarding Lead

If Steps 1 and 2 do not reach a mutually agreeable resolution then the agencies Safeguarding Lead should be contacted immediately to liaise with the other agency's Safeguarding Lead or assist as appropriate to resolve the conflict. A mutually agreeable plan of action including timescales should be in place with 48 hours (**2 working days**) This may involve a resolution meeting to ensure the learning points are recorded and brought forward.

Step 4 : Urgent resolution required SCP Independent Chaired Meeting

If the Safeguarding Leads cannot resolve the issue that is causing conflict between professionals and agencies, a meeting should be convened with an independent chair selected from the SCP partner organisations where the agencies can discuss the case and conflict issue in a chaired and minuted meeting, the resolution being agreed and recorded. The meeting should take place ASAP with a date set within 24 hours of Step 3 and meeting in 5 days (8 days)

Step 4 : Non-urgent and/or lessons learned

Safeguarding Leads can advise that the learning points from a non-urgent case should be referred to the next Quality Assurance subgroup for interagency consideration. The group may make recommendations for individual agencies to review performance and/or involvement, or for SCP procedural review and development

At every stage of discussion the actions should take place within the stated timescales and be followed up in writing between the agencies and in the single agency record

SaferNEL Safeguarding Professional Resolution and Escalation Procedure		
Stage	**Action**	**Role**
1	Attempt resolution professional to professional	• Front line staff in agencies (CSC, health, police, Focus) • Non-teaching staff/ School DSL
2	Line manager to line manager resolution	• Health organisational service lead • Refer to Police chart regarding contact • Focus advanced practitioner/ Head of safeguarding • Head teacher/ principal
3	Safeguarding lead to safeguarding lead resolution	• Refer to Police chart regarding contact • Named nurse • CSC service manage • Education safeguarding lead
4	SCP/ SAB independently chaired meeting	SCP Chair/ SAB Chair

RECORDING TEMPLATE FOR ESCALATION/CONFLICT RESOLUTION PROCEDURE

The recording template for Escalation and Conflict Resolution procedure (see Page 7) is optional but for audit purposes or for Managers dealing with escalations, it would be a useful tool for ensuring consistency of different parties' records. More important is that records indicate the key headings as follow:

1. Case name or PID number OR NHS Number
2. Names, agency and status of those making contact
3. Stage of escalation (1,2 3 or 4)
4. Type or nature of contact made – (whether or not it is a call, email, meeting etc.)
5. The issue or factors that are in dispute
6. Summary of the discussion
7. Actions and next steps agreed with decision made
8. Names and status of decision-makers
9. Dates of completion of each stage

NORTH EAST LINCOLNSHIRE SAFEGUADING

Escalation Procedure Form

Case:	
Agency:	
Practitioner:	
Manger or Senior:	

Case details and issue to be resolved. In this box please provide details of:

a) the source of conflict, in what framework the conflict has arisen: E.g. referral, decision at a meeting, plan for a child, other (please specify)
b) the details and nature of the conflict e.g. is this an agreement about the decision made by the other party, an assessment of risk, child care plan etc.

Please complete the boxes below dependent upon what stage the procedure is being used as per the guidance for completion:

Stage:	Type of contact: (telephone, meeting, email, other)	Contact between: (relevant practitioners and line managers) Names to be inserted	Summary of discussion	Outcome of discussion and further action agreed or next steps if appropriate	Date
1.					
2.					
3.					
4.					

Guidance Note
Raising a Safeguarding Adults Concern to the
Safeguarding Adults Team North East Lincolnshire.
2024 Revision

If you wish to raise a concern to the safeguarding adults team for consideration as an enquiry under Section 42 of the Care Act 2014, this can be done via the Single Point of Access (SPA) by calling 01472 256 256 (24 hours/7days). Some guidance regarding the type of incidents that should be reported as safeguarding adults issues can be found at the end of this note, however the list is not exhaustive, and each case will be considered dependent upon the individual circumstances.

If any concern requires any immediate action, the appropriate responsive services (i.e. ambulance, police, etc.) should be contacted prior to the submission of any safeguarding concern.

If you need advice regarding whether or not you need to raise a safeguarding concern, or any safeguarding actions please contact:
Single Point of Access (SPA) 01472 256256 at any time 24/7.

Frequently Asked Questions:

What type of incidents are reportable under the safeguarding adults process?

A safeguarding concern should be raised for any incident where a disclosure of alleged abuse has been made by an adult at risk, or their representative (as outlined in Section 42 of the Care Act 2014, and the statutory Care and Support Guidance Oct 2014) as outlined below:

Safeguarding duties apply where there is reasonable cause to suspect that an adult:

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

Incidents may be moderate or more serious in nature for example where there are negative outcomes for the individual(s) that have impacted upon their physical or psychological well-being, or their financial circumstances.

Where emergency or urgent actions are required to secure the health and well-being of the person(s) alleged to have been abused – these should continue to be telephoned through to the appropriate responsive services (i.e. ambulance, police, GP, etc.) as is the recognised practice. N.B. other notifications should also be made to the Care Quality Commission (CQC) [for registered providers] and where appropriate, the Health and Safety Executive in line with registration and/or legislative requirements. Any suspected criminal activity should be reported to the police.

Once any urgent issues have been addressed, the safeguarding concern should be reported by calling the SPA on 01472 256256 at the earliest opportunity. Any other adult social care requests can also be made using this number. If your concern requires any urgent health or social care response, please highlight this when you make contact with the SPA.

What will the Safeguarding Team do with the information received?

Safeguarding concerns are passed to the safeguarding adults practitioner on duty (Mon – Fri, office hours only). The practitioner will review the information received and begin to assess risk and determine an appropriate response. If required, they may contact you, or other key persons for further information to assist them in doing this.

The practitioner will then evaluate the information and decide on a suitable response taking into account; risk, mental capacity issues, consent, and proportionality. The practitioner will contact you to inform you of their decision about whether or not a safeguarding enquiry is to take place, or whether there are any other recommended actions.

If a safeguarding enquiry is to take place, the practitioner will inform you of the name of the allocated practitioner handling the case.

The safeguarding team will aim to notify you of this outcome within one working day of the submission of your concern. If you do not receive feedback within this timescale, please contact the team on 0300 330 2860 to ensure that your concern has been received.

Special Note to Regulated Care Services

In addition please be aware that the '*Lower Level Incident Reporting'* and '*Raising a Safeguarding Adults Concern to the Safeguarding Adults Team'* processes are for your notifications to Focus only. Any CQC notifications that you are required to make to CQC to maintain compliance with your registration will still be required as is normal procedure outlined in the CQC Fundamental Standards.

If you need to discuss the referral process, or have any general safeguarding adults queries, please contact the Single Point of Access on 01472 256 256.

EXAMPLES OF SAFEGUARDING INCIDENTS AND WHERE THEY MAY LIE ON THE SAFEGUARDING CONTINUUM

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	**Lower Level Incident Reporting** (regulated Care Providers only)	**Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access** (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
Type of Abuse	**Type/Impact of Incident**		
Physical	• Staff error causing no / little harm, e.g. skin friction mark due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting' • Isolated incident involving service user on service user • Inexplicable very light marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks on a number of occasions • Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries	• Assault • Grievous bodily harm/assault with weapon leading to irreversible damage or death
	• Adult does not receive prescribed medication (missed / wrong dose) on one occasion - no harm occurs	• Recurring missed medication or errors that affect more than one adult and/or result in harm • Deliberate maladministration of medications • Covert administration without proper medical authorisation	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual	• Isolated incident of teasing or low-level unwanted sexualised attention (verbal) directed at one adult by another whether or not capacity exists	• Recurring sexualised touch or masturbation without valid consent • Contact or non-contact sexualised behaviour which causes distress to the person at risk • Being made to look at pornographic material against will/where valid consent cannot be given	• Being subject to indecent exposure • Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without valid consent (rape) • Voyeurism

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	**Lower Level Incident Reporting** (regulated Care Providers only)	**Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access** (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
Psychological	• Isolated incident where adult is spoken to in a rude or inappropriate way - respect is undermined but no or little distress caused • Occasional taunts or verbal outbursts which cause no or little distress	• Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Frequent verbal outbursts • Humiliation • Emotional blackmail e.g. threats of abandonment/harm • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, overriding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks
Financial	• Money is not stored safely or recorded properly	• Adult's monies kept in a joint bank account – unclear arrangements for equitable division of interest • Adult denied access to his/her own funds or possessions • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards • Personal finances removed from adult's control	• Fraud/exploitation relating to benefits, income, property or Will • Theft
Neglect	• Isolated missed home care visit - no harm occurs • Adult is not assisted with a meal / drink on one occasion and no harm occurs • Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet on one occasion.	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge, no adequate planning and harm occurs • On-going lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence	• Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
Discriminatory	• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period	• Inequitable access to service provision as a result of diversity issue • Recurring failure to meet specific care/support needs associated with diversity • Being refused access to essential services • Denial of civil liberties e.g. voting, making a complaint • Humiliation or threats on a regular basis	• Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury/attempted murder/honour-based violence

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	**Lower Level Incident Reporting** (regulated Care Providers only)	**Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access** (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
Organisational	N/A	• Lack of stimulation/opportunities to engage in social and leisure activities • Adult not enabled to be involved in the running of service • Denial of individuality and opportunities to make informed choices and take responsible risk • Care-planning documentation not person-centred • Service design where groups of service users living together are incompatible • Poor, ill-informed or outmoded care practice: no significant harm • Denying adult access to professional support and services such as advocacy • Rigid/inflexible routines • Adult's dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled underclothing • Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments • Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted • Failure to refer disclosure of abuse • Failure to support vulnerable adult to access health, care, treatments • Punitive responses to challenging behaviours	• Staff misusing position of power over adults • Over-medication and/or inappropriate restraint managing behaviour • Widespread, consistent ill treatment • Entering into a sexual relationship with a patient/client,
Domestic Violence	N/A	• An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality • Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage. (Care and Support Guidance 2014, para. 14.20)	
Modern Slavery	N/A	• Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. (Care and Support Guidance 2014, para. 14.17)	

Level of Harm	Lower Level	Moderate/Significant	Severe/Critical
Method/Level of Report	Lower Level Incident Reporting (regulated Care Providers only)	Raise Safeguarding Concern to Safeguarding Adults Team via the Single Point of Access (Also contact emergency services and/or liaison with Police, particularly those that are severe/critical in nature or where criminal activity is suspected).	
Self-Neglect	N/A	• This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. (Care and Support Guidance 2014, para. 14.17)	

The examples above are based on the ADASS (Association of Directors of Adult Social Services) [North East] Safeguarding Threshold Guidance 2011, and the Care and Support Guidance 2014, and are for illustrative purposes only.

The Statutory Care and Support Guidance 2014 para. 14.17 states: *'Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria at paragraph 14.2 (Section 42(1) of the Care Act 2014) will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.'*

If you are in any doubt about how your concern should be reported please contact the Single Point of Access on 01472 256256 and ask to speak to the duty safeguarding practitioner (office hours only). In an emergency situation, please contact the relevant emergency services on 999.

Guidance Notes:
Reporting of Non- Urgent Lower Level Safeguarding Incidents to the Safeguarding Adults Team North East Lincolnshire
2024 Revision

The following process has been developed for use by registered care providers only, and should be read in conjunction with the Reporting of Safeguarding Concerns Guidance that forms part of the local Multiagency Safeguarding Adults Policies and Procedures produced by NEL Safeguarding Adults Board. The purpose of the process is to enable the sharing of information about lower level safeguarding incidents that may not need to progress to a formal safeguarding enquiry, but that still require notification to the safeguarding team in order to meet best practice and fulfil CQC requirements.

It is intended that the use of this process will minimise the bureaucracy and duplication associated with raising a formal concern for lower level incidents that may be more appropriately managed via an internal action and/or management review within your own service. The following notes have been issued to answer some frequent asked questions, and to assist with decision making regarding which incidents may be reported using this process.

What type of incidents are reportable using the 'lower level' reporting process?
The process will apply to lower level/lower risk safeguarding adults incidents only. The types of incident that are included in this process are outlined in **Appendix I** attached. The guidance found in Appendix I has been developed using the Association of Directors of Adult Social Services (ADASS), [North East], Safeguarding Threshold Guidance 2011. The ADASS document has been approved by the NEL Safeguarding Adults Board and has been agreed to be implemented locally via the revised process attached. **N.B. Only minor, non-urgent, lower level incidents may be reported using this process**.

For incidents where there have been significant injuries, or those that are moderate, or more serious in nature, for example where there are negative outcomes for the person(s) at risk, and/or significant interventions required – these should be referred through as safeguarding concerns to the safeguarding team and/or responsive services (i.e. ambulance, police, etc.) as appropriate.

What is the notification process for Lower Level Incidents?
For minor incidents (as outlined in Appendix I), where no emergency actions are required, the incident(s) should be managed internally and logged on the Safeguarding Adults Incident Log Sheet **Appendix II**. This log sheet should be maintained and retained within your service and a copy emailed to the Safeguarding Team on a monthly basis using the process outlined in **Appendix III**. This would include the submission of a nil return in the event that there are no incidents to report.

What will the Safeguarding Team do with the information received?
The safeguarding team will review the log sheets to identify any trends or concerns. The team may contact you for further information in some cases, and following discussion with you may initiate a safeguarding concern if it is felt that an incident or series of incidents constitute a more moderate or significant concern. If there are no concerns or queries, the logs will be filed electronically for information within the team.

A copy of the referral log will routinely be shared with the contract monitoring team of the Humber and North Yorkshire Integrated Care Board at NEL Place (the ICB), and/or with the Care Quality Commission (CQC) on their request.

A file containing paper versions of your monthly submissions should also be maintained and retained within your service. This file should be made available to any visiting Contract Compliance Officers from the ICB on request.

The evidence of the internal investigation, management review, and/or actions that you have taken following each incident should be recorded and stored in accordance with your organisation's usual record keeping policies and procedures.

When should I submit my monthly log sheet?
Please e-mail a copy of the log to the safeguarding team on a monthly basis (including any nil return) by the **14th** of each month. For example the log sheet for January will be due on 14th February, February on 14th March, March on 14th April, and so on.

If you have any comments or ideas that you would like to submit regarding this, or any other safeguarding process, please contact any member of the team by telephoning 0300 300 2860 , or email your suggestions to focus.safeguardingadultsreferrals@nhs.net

EXAMPLES OF LOWER LEVEL SAFEGUARDING INCIDENTS

The following types of incidents may be considered for recording and notification via the Safeguarding Adults Incident Log Sheet. In all cases the incident could be addressed via agency internal processes / procedures, e.g. disciplinary, case management, or consideration given to a referral to the safeguarding adults team.

It is not a 'given' that any concerns falling into this process would not be subject to a safeguarding enquiry by the safeguarding team and an evaluation of each case needs to be made. The safeguarding team are available to assist you with your initial decision making and you should contact the team if you are undecided about the 'level' of safeguarding incident that you are dealing with

The characteristics of a Lower Level Incident are:

- No significant injuries
- One off – minor incidents
- Little or no negative impact/outcomes for the adult(s).

Type of Abuse	Type/Impact of Incident
Physical	• Staff error causing no / little harm, e.g. skin friction mark due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting' • Isolated incident involving service user on service user • Inexplicable very light marking found on one occasion • Adult does not receive prescribed medication (missed / wrong dose) on one occasion - no harm occurs
Sexual	• Isolated incident of teasing or low-level unwanted sexualised attention (verbal) directed at one adult by another whether or not capacity exists
Psychological	• Isolated incident where adult is spoken to in a rude or inappropriate way - respect is undermined but no or little distress caused • Occasional taunts or verbal outbursts which cause no or little distress
Financial	• Money is not stored safely or recorded properly
Neglect	• Isolated missed home care visit - no harm occurs • Adult is not assisted with a meal / drink on one occasion and no harm occurs • Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet on one occasion.
Discriminatory	• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period

If you are in any doubt about whether a concern can be classified as a Lower Level Incident, then you should contact the safeguarding adults team via the Single Point of Access (SPA) on 01472 256256 and ask to speak to the duty safeguarding practitioner (office hours only).

CONFIDENTIAL

SAFEGUARDING ADULTS INCIDENT LOG SHEET

Safeguarding Adults
NORTH EAST LINCOLNSHIRE

Name of Service:
Month:
Completed by:
Email Address:
Contact Number:

Date	Name of Service User affected:	Type of Alleged Abuse	Brief Summary of Incident	Summary of Actions Taken

When completed at the end of each month, please e-mail to: focus.safeguardingadultsreferrals@nhs.net

NOTIFICATION PROCESS

To notify the Safeguarding Adults Team of lower level incidents, a Safeguarding Adults Incident Log Sheet should be completed and e-mailed to the Safeguarding Team by the 14th of each month using the safeguarding team group e-mail:

focus.safeguardingadultsreferrals@nhs.net

The subject line of the e-mail should contain the text: **SA Log Sheet** – followed by the name of your service and the month to which the sheet relates.

If there are no incidents to report, a nil return should be sent.

E-mail notifications of logs or any other incidents must NOT be made to individual team members, as this could mean that a message may be missed due to practitioners being out of the office or on leave etc.

On receipt of the e-mail by the safeguarding team, the logs will be reviewed by the safeguarding practitioner(s) and one of the three following actions will be taken.

1. No further action – the log will be placed on file for information
2. Further information required – this will be requested by a follow-up call. Once the further information requested has been received, either actions 1 or 3 will be taken.
3. Progress to a Safeguarding Enquiry – a referral will be logged and contact will be made with you to discuss how the enquiry will proceed.

As the log sheets are submitted following the end of each month – only non urgent, lower level incidents may be reported using this method (see Appendix I). If you have any doubts about whether an incident constitutes a low level incident, please contact the safeguarding team to discuss the matter with the duty practitioner via the Single Point of Access (SPA) on 01472 256256.

The log sheet should be completed with the following details.

<table>
<tr><td>Date</td><td colspan="2">Date of Incident</td></tr>
<tr><td>Name of Service User(s) affected:</td><td colspan="2">Name of ‘Adult (s)’at Risk</td></tr>
<tr><td rowspan="2">Type of Alleged Abuse</td><td colspan="2">Type of alleged abuse .: One or more of the following:</td></tr>
<tr><td>Physical
Sexual
Psychological</td><td>Discriminatory
Neglect
Financial</td></tr>
<tr><td>Brief Summary of Incident</td><td colspan="2">Please provide an outline of the incident to include the name(s) of any person about whom there is an allegation and their relationship to the person affected. If the incident involves a staff member, please include their job title.</td></tr>
<tr><td>Summary of Actions Taken</td><td colspan="2">Please list all actions taken/planned following the event such as:
Advice sought, i.e. from GP, other professional
Internal investigation
Disciplinary action
Care Plan review
Notification to CQC etc..</td></tr>
</table>

Appendix G

Allegations Management Records Retention and Disposal

In relation to

People in a Position of Trust Protocol

Introduction

This Records Retention and Disposal Policy sets out the requirements for the retention, and ultimate disposal, of personal information held on individuals who have come to the attention of the Designated Adult Safeguarding Manager (DASM) in respect of North East Lincolnshire Safeguarding Adults Board's (SAB), People in a Position of Trust (PiPoT) Protocol.

The purpose for recording PiPoT concerns is to:

- To provide a searchable database that the DASM can access to consider allegations and manage risk.
- Identify patterns of behaviour which may indicate an individual poses a risk to adults at risk from abuse or neglect.
- Identify those individuals who fail to disclose to new employers' previous dismissals for safeguarding reasons.
- When appropriate, to share information with providers in order that they can make informed decisions regarding the risk individuals pose to adults.
- Provide an auditable and defendable record of the management of concerns.
- Enable accurate information to be given in response to any lawful request for information.
- Prevent unnecessary re-investigation of repeated concerns.
- Identify those responsible for vexatious or malicious complaints.
- To assure the SAB, service users and the community that adults with care and support needs are protected from harm.
- To provide assurance to professionals in cases where malicious or false allegations are made.

This policy provides for the systematic review, retention and destruction of concerns recorded or created in the course of the DASM's business. It contains guidelines regarding how long records should be kept, how and when they should be reviewed and how they should be disposed of once they have become redundant.

It is the SAB's policy that personal information will normally be destroyed on a date determined in accordance with the terms of this document. However, the policy must remain flexible enough to allow the destruction or retention of particular records where it is appropriate and lawful and in the wider public interest to do so.

In addition to specifying what records must be kept, this retention policy dictates how the records must be kept and for how long and provides for regular reviews to ensure each individual's information is only retained for as long as it remains appropriate. This will ensure that the SAB complies with the law, in terms of its duties under the Data Protection Act 2018, Freedom of Information Act 2000, Human Rights Act 1998, and will promote efficiency in terms of eliminating the holding of unnecessary/redundant information (in all its forms).

Purpose

The aim of this policy is to: -

• ensure that the DASM holds the information he/she needs to support the decisions they have made; in effect, an audit trail.

• provide evidence of incidents of misconduct whether alleged or proven.

• establish the context of the information i.e. who created which elements of the record, during which business process(es) and how the file is related to other records (if any).

• ensure that the record reliably includes all the information, which was actually used in, or created by, the decision-making process and that its integrity and authenticity can be demonstrated.

• ensure that the record is present and can be accessed i.e. it is possible to locate and access the information.

• ensure that integrity can be maintained for as long as the record is needed, despite any changes in data storage locations or migration between hardcopy and other permanent storage media; and

• ensure that information is not retained for longer than is necessary, in accordance with the law.

Information received in relation to DASM referrals and decisions in relation to substantiated or unsubstantiated cases is retained for a period after their determination. Information is also retained in some cases which are not determined because the alleged misconduct did not take place in a regulated setting; an exception applies in respect of referral information in non-determined cases where there is clear evidence that the referred person was not involved in the harm/risk to an adult at risk that formed the basis of the referral and/or the allegations which were made would have no bearing on a consideration of unsuitability in the future; in those cases the referral information is destroyed unless an exemption applies.

Record Retention Guidelines

Substantiated concerns

Cases which are determined to be substantiated are retained for 3 years after the date of the PiPoTs death (if notified to the SAB) or until eighty (80) years after the final entry on the record, whichever is the earlier subject to assessment of the evidence, potential residual risk and the retention criteria set out below. They will be reviewed at 5-year intervals to ensure their retention is still necessary.

Unsubstantiated concerns

Cases which are determined to be unsubstantiated are retained for 3 years after the date of the PiPoTs death (if notified to the SAB) or until eighty (80) years after the final entry on the record, whichever is the earlier subject to assessment of the evidence, potential residual risk and the retention criteria set out below. They will be reviewed at 5-year intervals to ensure their retention is still necessary.

Malicious concerns

Cases which are determined to be malicious are retained for a minimum of 3 years after the date of the person making the malicious concern (if notified to the SAB) or until eighty (80) years after the final entry on the record, whichever is the earlier subject to assessment of the evidence, any potential residual risk or necessity for retention. They will be reviewed at 5-year intervals to ensure their retention is still necessary.

False concerns

Cases which are determined to be false should be assessed at the time of determination and details of the PiPoT and referrer in those cases should be destroyed immediately unless there is an exceptional reason for retention. Skelton anonymised details of the allegation should be retained for audit purposes. If the entire record is to be retained, then review should take place within 40 days from determination and reassessment at 3-year intervals for the duration of retention.

General Guidelines

In the case of all records, at the expiry of the minimum retention period, the records should be reassessed, and the level of residual risk reviewed within 40 working days of that date and a decision taken as to whether there is any justification for further retention. Where the decision is to retain the information for a further period, that decision should be recorded on the record to include brief details of reasoning for further retention along with a new review date.

If the records are to be destroyed, all documents related to that case must be considered to include:

- Original case documents — if necessary, to be returned to the supplying person/organisation in a secure manner. Those which do not need to be or cannot be returned should be destroyed in accordance with the terms of this policy.
- All other records and documentation regardless of media type - database entry, other documents such as file notes, notes of telephone conversations etc should be securely destroyed.

Data protection Principle

The 7th Data Protection Principle (Data Protection Act 1998 Schedule 1), insofar as the record relates to personal information, requires that:

"Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data."

Independent Inquiry into Child Sex Abuse (IICSA)

Currently the retention and destruction of children's services records are affected by the national Independent Inquiry into Child Sex Abuse (IICSA). This means that until the inquiry has concluded the council cannot destroy certain records of a child protection nature, even those records that have reached the end of their minimum retention period. *Any DASM records of this nature will also be retained.*

Complaint/Appeals

Any individual whose details are recorded within the records who object to the retention of their information can request a review of the necessity of the record, in the first instance by writing to DASM at the address listed below. If still not satisfied, then can invoke North East Lincolnshire Councils complaints procedure found at www.nelincs.gov.uk who maintain the database on behalf of the SAB.

Any queries or complaints from individuals regarding the operation of this policy should be addressed to:

North East Lincolnshire Safeguarding Adults Board
Municipal Offices,
Town Hall Square,
Grimsby
DN31 1HU