Safeguarding Adults Procedure

Multi Agency Procedure for protecting adults at risk of harm. This document is to be read in conjunction with the Wigan Borough Multi Agency Safeguarding Adults Policy.

Reviewed July 2023

Contents

Principles

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

Identifying the risk of Abuse or Neglect

Every person has the right to live a life free from abuse and neglect.

Safeguarding adults at risk of abuse is everyone's responsibility and raising a concern cannot be considered someone else's responsibility. The public along with professionals or organisations have a responsibility to make a referral.

Anyone can report a concern where they believe an adult who may have care and/or support needs may be at risk of harm under the following:

Categories and Indicators of Abuse

The main forms of abuse and neglect are generally classified under the following ten headings. This should not be considered a definitive list, but an illustrative guide as to the sort of behaviour that may give rise to a safeguarding concern:

1. **Physical abuse** - The non-accidental infliction of physical force that results (or could result) in bodily injury, pain, or impairment.

2. **Domestic abuse** - Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional and includes forced marriage.
3. **Sexual abuse** - Direct or indirect involvement in sexual activity without consent. This could also be the inability to consent, pressure or inducement to consent or take part.
4. **Psychological (emotional) abuse** - Acts or behaviour that impinges on the emotional health of; or that causes distress or anguish to individuals. This may also be present in other forms of abuse.
5. **Financial or material abuse** - Unauthorised, fraudulent obtaining and improper use of funds, property, or any resources of an adult at risk of abuse.
6. **Modern slavery** - Includes 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.
7. **Discriminatory abuse** - Discriminatory abuse exists when values, beliefs, or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. This can include hate incidents or crimes, where someone is targeted because of their beliefs, culture, or ethnicity.
8. **Organisational (Institutional) abuse** - Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the adult, including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, for example, or in relation to care provided in one's own home from domiciliary services. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.
9. **Neglect and acts of omission** - Ignoring or withholding physical or medical care needs which result in a situation or environment detrimental to individual(s). Ill-treatment and wilful neglect of a person who lacks capacity are now criminal offences under the Mental Capacity Act.
10. **Self-neglect** - Self-neglect is recognised as a safeguarding issue; having consideration for an individual's right to choose their lifestyle, balanced with their mental health and capacity to understand the consequences of their actions or capacity to take action to meet their own medical needs. Self-neglect is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions and can include hoarding behaviours.
11. **Exploitation** – while this is not a national category, it is recognised in Wigan Borough because of its impact across all categories. Examples would be sexual exploitation, criminal exploitation (this would include county lines), financial exploitation (this would include cuckooing) etc.

Tier Reporting

The tier system was introduced by Wigan following the implementation of the Care Act as the Care Act heavily focuses on early intervention/prevention. And it could prevent low level safeguarding

incidents escalating to a Safeguarding alert if appropriate actions / measures were put into place by providers of services to avoid repeated incidents.

Concerns falling within Tiers 1 and 2 level should be dealt with in house by the managing provider agency, with Tier 2 reports being sent to the appropriate Quality Performance Officer (QPO) or service equivalent. However, Tier 3 and above **must** be put forward as a Safeguarding alert requiring a response, to Wigan Adult Social Care.

Tier 1 – Managed within own organisation.

It is anticipated that most work on the least harmful levels of abuse will be dealt with internally by services once the service has received training in the Tier system and has access to the associated Alert Guidance Table. All concerns should be documented on a Tier 1 form along with explanations of what actions have been taken and why those actions were taken. Providers must have a clear policy in place and have staff trained on their internal procedures.

These incidents and related documents will be scrutinised by the Local Authority Provider Management Market Development Team (PMMD). The QPO in the course of their duties will work with providers and support as much as possible to ensure high quality services are delivered and maintained.

Tier 2 – Shared with agreed statutory service contact

All reports of poor quality of care regarding service providers should initially be responded to by the agency, possibly using their complaints policy, and all completed Tier 2 reports must be emailed to PMMD Duty at: PMMD@wigan.gov.uk or to the agreed alternative statutory service contact. It is anticipated most of these reports may be more about poor quality of care and service rather than abuse, for instance low staffing numbers, environmental issues etc. However, should any element of a report, following scrutiny, fall under Tier 3, an alert concerning those issues should be raised.

If reports involve adults at risk who are an open case to a Social Worker, it is good practice for providers to contact them to inform them of any issues and the outcome of any internal investigations.

Any such reports should also be discussed when the Local Authority or Integrated Commissioning Board (ICB) who annually review all the adults who they provide services to or arrange placements for. The purpose of the review is to look at whether an adult at risk's needs are being met.

Where a case does not meet the criteria for an alert, any such reports of poor quality received in respect of that individual should be discussed at the review in order to address the issues and thus prevent abuse occurring.

Providers must have a clear policy in place and have trained staff on its internal procedures.

Tier 3 – Safeguarding Adult Referral

Tier 3 and above is the point at which a safeguarding alert is to be raised directly with Wigan Adult Social Care using the alert form found at https://apps.wigan.gov.uk/adultsafeguardingreferrals/ or by telephoning 01942 828777. In instances of emergency please telephone 999.

Responding to an Alert

The Care Act 2014 states that the safeguarding statutory duties apply to an adult aged 18 and over who has needs for care and support and meets the following criterion:

S42 (1) Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) -

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

Duty to make enquiries.
S42 (2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

Resolution Protocol

At any point if there is a professional disagreement as to actions or lack of actions that cannot easily be resolved, resolution can be sought by use of the Resolution Protocol found here: https://www.wigansafeguardingadults.org/Docs/Guidance/Resolution-Protocol-COVID-19-revision.pdf

The Vulnerable Adult Risk Management Process (VARM)

These are safeguarding enquiries carried out on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act. These enquiries may relate to an adult who:

a) Is believed to be experiencing, or is at risk of, abuse or neglect
b) Does not have care and support needs (but might just have support needs).

Who can be referred?	This can include people with complex needs, learning disabilities, mental health issues, older people, and people with a physical disability or impairment who may have support needs but not care needs. It may also include adult victims of domestic abuse, sexual exploitation, hate crime, female genital mutilation, forced marriage, modern slavery, human trafficking, honour-based violence, and anti-social abusive behaviour. It may included people who are making unwise decisions that are placing them at significant risk of harm or death.
Criteria for referral	• The person MUST have capacity to make decisions and choices. • The person does not meet the criteria for section 42 safeguarding (The Care Act 2014). • A risk of serious harm (that is life threatening and/or traumatic) or death by self-neglect, fire, deteriorating health condition, non-engagement or being targeted by the local community, is the victim of hate crime or anti-social behaviour or the victim of sexual violence. • There is a significant risk to the health and safety of others in the community.
Further information	The information regarding the Vulnerable Adult Risk Management process can be found here: Wigan policy and procedure (wigansafeguardingadults.org) The referral form is here: https://www.wigansafeguardingadults.org/Docs/Professionals/VARM-referral-template.docx

Information Sharing in Safeguarding

The 7 Golden Rules

Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children and adults.

1	Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are **not barriers** to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2	**Be open and honest** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3	**Seek advice** from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4	Where possible, **share information with consent**, and where possible, **respect the wishes** of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information **without consent** if, in your judgement, there is a lawful basis to do so, such as where safety may be a risk. **You will need to base your judgement on the facts of the case**. When you are sharing or requesting personal information from someone, **be clear** of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5	**Consider safety and well-being:** base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6	**Necessary, proportionate, relevant, adequate, accurate, timely and secure**: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see principles).
7	**Keep a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Safeguarding adults: sharing information | SCIE

To help make the decisions about information sharing easier, there is a following flowchart of key questions for information sharing to support you.

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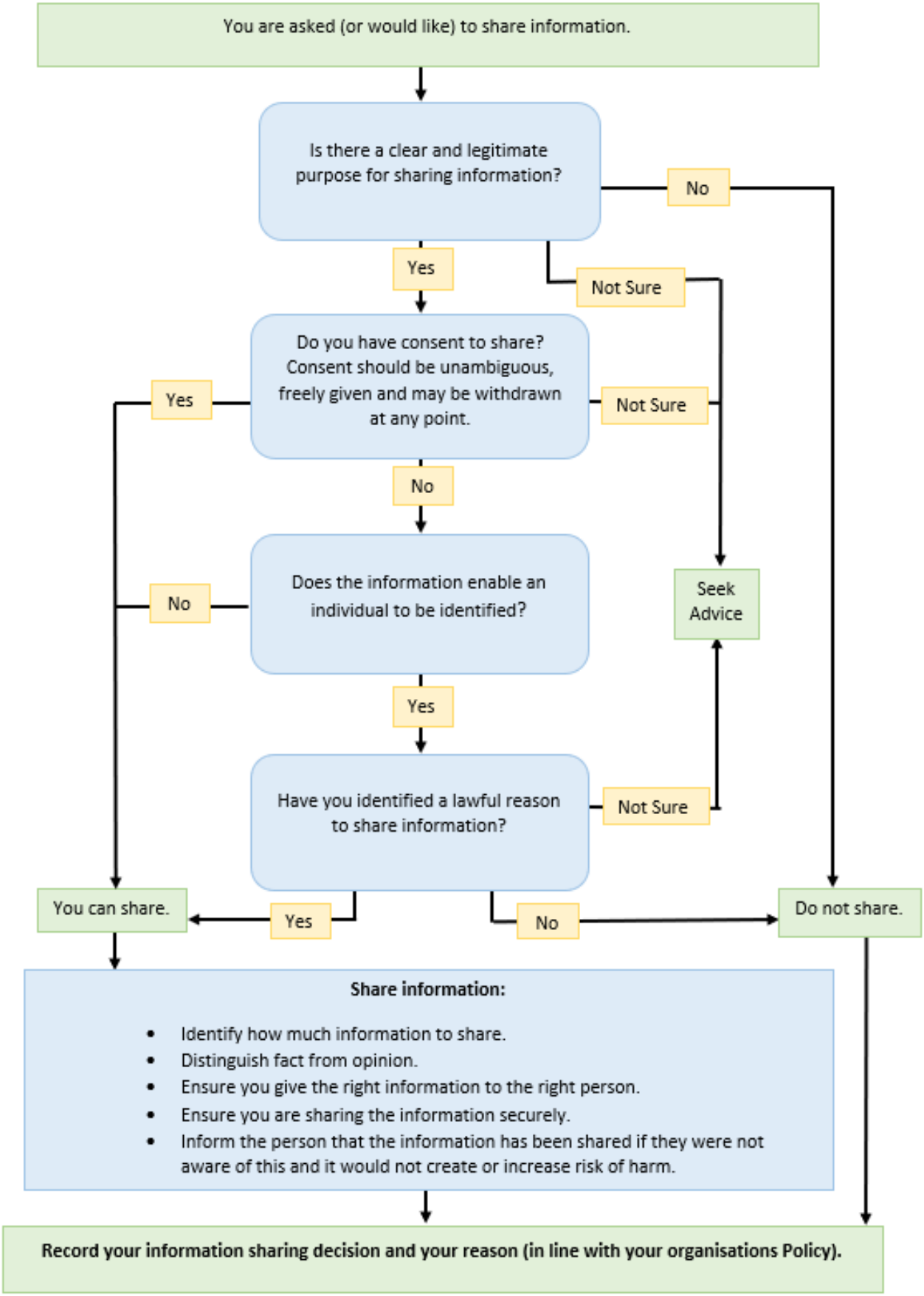
Information Sharing Flowchart



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Disclosure

A disclosure happens when:

- The adult communicates that they have been (or are worried they may be) abused or neglected; or
- Any other person reveals that they have seen an incident of abuse or neglect, or found evidence that indicates it may be, or is occurring.

If abuse is disclosed to you, even partially, then:

- Make sure you are the right person to assist further, if not; offer the assistance of the appropriate colleague or manager. If the adult asks that no further action is taken, you will need to explain that you will need to discuss this matter with the identified colleague or manager.
- Make it clear to the adult that you have an obligation to share the information should the disclosure raise any implications for the safety of a child, another person, the adult themselves or where there is a wider public interest (e.g., the alleged source of risk has access to other vulnerable adults).
- Where indicated use the appropriate procedures for adults at risk of harm or abuse.
- If you are the appropriate person to make an enquiry where abuse is suspected follow the detailed procedures for your own agency.

Good practice when responding to a disclosure

- Accept what the person is saying – do not question the person or get them to justify what they are saying, reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person, but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

Urgent action may be required to safeguard the adult when they request this, or when they cannot safeguard themselves. If this is the case, then contact emergency services by telephoning 999 to ensure their immediate safety.

Advocacy

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to support people to express their wishes and feelings, help them in understanding their options, and in making their own decisions, this responsibility applies whether the person has capacity or not.

The Care Act S67(2) States:
"The authority must, if the condition in subsection (4) is met, arrange for a person who is independent of the authority (an "independent advocate") to be available to represent and support the individual for the purpose of facilitating the individual's involvement" Care Act 2014 (legislation.gov.uk)

The advocacy duty will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If it appears to the authority that a person has care and support needs, then a judgement must be made as to:

- Whether that person has substantial difficulty in being involved, and
- If there is an absence of an appropriate individual to support them.

An independent advocate must be appointed to support and represent the person for the purpose of assisting their involvement if these two conditions are met and if the individual is required to take part in one or more of the following processes described in the Care Act:

- A needs assessment
- A carer's assessment
- The preparation of a care and support or support plan
- A review of a care and support or support plan
- A child's needs assessment
- A child's carer's assessment
- A young carer's assessment
- A safeguarding enquiry
- A safeguarding adult review.
- An appeal against a local authority decision under part 1 of the care act (subject to further consultation).
- Judging 'substantial difficulty'.

Local authorities must consider, for each person, whether they are likely to have substantial difficulty in engaging with the care and support process. The Care Act defines four areas under S67(4) where people may experience substantial difficulty. These are:

- Understanding relevant information
- Retaining information
- Using or weighing information
- Communicating views, wishes and feelings.

Application of Wigan Local Authority duties and practitioners responsibilities regarding advocacy in practice are explored in the Safeguarding Adults Procedure.

Capacity and Consent

WSAB believe that adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances. Refer to the Mental Capacity Act earlier in this document with the Legal Framework.

In determining the appropriate intervention, consideration should be given to the following:

- **Self-determination** - is the adult at risk of abuse able to make their own decisions and choices and do they wish to do so? If yes, all discussions held with the adult at risk of harm must be documented in accordance with the organisational record keeping policy
- **Mental capacity** - does the person subject to abuse have the capacity for self-determination, the capacity to understand to what they are consenting, or alternatively the capacity to refuse?
- **Risk** - does the adult at risk appreciate and understand the nature and consequences of any risk they may be subject to and do they willingly accept such risk?

Completing or Receiving a Safeguarding Referral / Alert / Tier 3

Content	Is there a clear description of the incident(s)? What are the facts? Why is this a concern? Is it legible? Have dates and times been included?
Source of referral	Who is referring? Name, job title and relationship to the individual
Source of risk	Who is the alleged source of risk and what is their relationship with the individual? Note: if a paid carer, there is immediate concern regarding wider public interest and the PiPoT process.
Is individual aware of referral?	Safeguarding concerns may override consent if there are justifiable reasons for making that decision.
Indication of urgency / risk of death / need for hospital or police	If the individual is in immediate danger of significant harm or death, or they are the victim of a violent crime; emergency services must be contacted (police/ambulance): telephone 999.
Indication of mental capacity	Is there an indication as to whether the individual has capacity to understand what has happened? Are they aware of this referral?
Does the person ***appear*** to meet the criteria?	a) Has needs for care and support (whether or not the authority is meeting any of those needs), b) Is experiencing, or is at risk of, abuse or neglect, and c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. If no: consider signposting for alternative support.
Additional information	E.g., are any other professionals/services involved with the individual? Are there any other residents in the household (including children)? Is the person at risk a carer? What kind of accommodation is it? What is access like? Are there any pets in the household?

Initial Enquiry

Confirm risk of harm (category or categories)	Physical abuse, Domestic Abuse, Sexual Exploitation, Sexual Abuse Psychological abuse, Financial or material abuse, Modern Slavery, Discriminatory abuse, Organisational abuse, Neglect and acts of omission, Self-Neglect, Hoarding.
Level of risk of harm (immediate safety / potential criminal	Is an intervention required immediately? Does it appear that a crime may have taken place?

activity, need for police)	Do the police need to have priority to conduct an investigation? (Note that the individual must still be protected).
Impacting health needs (e.g., pressure ulcer)	Have they any known medical needs or issues? Is there a medical professional involved (e.g., District Nurse)
Individual ***does*** meet 3-point criteria (S42) – ***Decision to proceed***	a) Has needs for care and support (whether or not the authority is meeting any of those needs), b) Is experiencing, or is at risk of, abuse or neglect, and c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
Individual ***does not*** meet 3-point criteria (S42)	**Vulnerable Adult Risk Management** – The adult does not meet the criteria for Section 42 safeguarding, the person has mental capacity and a referral to VARM is considered necessary due to concerns around serious harm or death and / or risk of serious harm to others. If not appropriate for the VARM process, signposting for alternative support may be useful. Consider Prevention Hub, We Are With You etc.
Wider Public Interest	These are some examples and are not exclusive: Does the alleged source of risk have caring responsibilities for anyone else? Is there an environmental risk to others in the building? Is there a need to refer to the PiPoT process? Is there a need to inform CQC?
Immediate protection planning	Is any action required to remove the alleged source of risk, or ensure the safety of the individual? Does the individual require personal or professional support. Is the individual in distress?
Mental capacity (may be assessed by another professional currently involved e.g., District Nurse, GP)	An MCA assessment must be completed where it appears there is an inability to make a decision caused by an impairment of, or disturbance in the functioning of the mind, or brain. The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things: • Understand information given to them. • Retain that information long enough to be able to make the decision. • Weigh up the information available to make the decision. • Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand. Remember the assumption of capacity and that assessing capacity is decision specific, also that fluctuating capacity must be considered.
Additional information	Are they previously known to Adult Social Care? Are they previously known to Children's Social Care?
Do Not	Do not question the individual further if you suspect a crime. Do not question the alleged source of risk if you suspect a crime. Do not remove or move any physical evidence if you suspect a crime.
Do	Ensure the individual's safety and record everything they tell you about the incident(s). Ensure you record potential witness contact details. Coordinate with the police and health colleagues as required.

Strategy Discussion / Meeting

A strategy discussion and/or meeting should take place as soon as there is any indication that a formal enquiry or a risk management response may be needed. All actions are usually to be determined within one Strategy meeting; it is not good practice to have more than two.

Consideration is to be given as to which professionals are to be invited to the strategy meeting, for example, Quality Performance Officer (QPO) or service provider. Everyone who is invited, must be informed as to why their attendance is required.

The Strategy meeting is a professionals meeting, even though the person will not be present, their voice and perspective should be fed into the Strategy meeting.

The organisation responsible for the alleged source of risk will be present when it is safe to do so and at the discretion of the chair. The organisation will also need to be made aware of the alert prior to the Strategy meeting taking place.

The purpose of the Strategy discussion / meeting is to plan the formal enquiry into the allegations to establish the facts of what has occurred, and the actions required to safeguard the individual or others. Alternatively, it is to establish that the case warrants a risk management response, in many cases this will be because the individual is a risk to themselves and there is no other source of risk.

All information that is shared with other agencies must be:

- Justified: valid and clear reasons
- Auditable: the decision making can be evidenced
- Proportionate: information given is balanced against 'need to know'
- Appropriate: suitable for that purpose
- Necessary: only what is essential to the process

Brief background information on adult(s) and the care setting (if appropriate)	Pen picture, current circumstances, relevant information about support needs/ services received/ family relationships. Which involved professional knows the adult best? They should share their perspective.
Nature of concerns / allegations	Types of abuse alleged, any history, impact on the adult. From the professional who raised the safeguarding concern where possible. Discussion of any criminal element to the abuse.
Views and wishes of adult (and /or advocate /family)	It is essential that the views, needs and desired outcomes of the adult at risk are central to the Strategy discussion/meeting. Unpaid carer view. Consider: what has happened, what they want to happen now, how they want to be involved in the process, what is their desired outcome and the support the person feels they need to be safe.
Mental Capacity	What is the adult's decision-making capacity? Are there any concerns about the adult's capacity to make the relevant decisions regarding their own safety and understand the consequences? Is mental capacity being assumed/ has it been assessed / is a further assessment needed? Has everything been formally documented to ensure defensible decision making. Does person's executive functioning need to be determined?

Planning	The creation or revision of a Protection or Support Plan to address needs and mitigate risks. Ensure that the health, social care, communication, cultural needs, or other specific needs of the adult have been identified and are included in the planning process. Contingency plans must be included. Identify all the assessments that will be necessary and who will do them, avoid duplication or unnecessary stress to the individual.
Actions	What enquiries and assessments need to be completed and by whom? Are any legal actions required? E.g., Court of Protection, Inherent Jurisdiction, Best Interests Assessment. The severity and potential impact of the experience to the health, safety and mental wellbeing of the adult and the immediate actions to support them in this. While many enquiries will require a social worker, what aspects should be carried out by other professionals with the necessary skills and knowledge? E.g., it may be a health professional who has the closest relationship with the individual and is best placed to explore a particular concern with them. *The local authority may decide that another organisation should carry out the enquiry, but the local authority will retain overall accountability. The local authority must satisfy itself that the organisation will meet agreed timescales and follow-up actions.*
Risk to others	Is there a wider consideration of risk to other? E.g., Environmental factors, Person in a Position of Trust (PiPoT) is the alleged source of risk. Agreement on who will contact key people to inform them of potential risk where necessary (including other local authorities). Are there any potential risks to children that haven't yet been identified? Agreement on who will arrange a Child Protection referral.
Next steps	**No further action** - the case is closed to safeguarding. **Risk Management Response** – there are ongoing risks that need to be managed from a multi-agency perspective, but it is not necessary to complete a formal enquiry. **Formal Enquiry** – further investigation is necessary to clarify different aspects of the alleged abuse and determine how to protect the adult and others in the future. **2nd Strategy Meeting** – Missing information. **Vulnerable Adult Risk Management** – The adult does not meet the criteria for Section 42 safeguarding, the person has mental capacity and a referral to VARM is considered necessary due to concerns around serious harm or death and / or risk of serious harm to others.
Recording	A record of the Strategy Meeting must be made, with clear decision making and why those decisions were made. There should be a record of what actions have been agreed and who is to complete those action and the timescales. A date for the enquiry report to be completed, or Risk Management Response Review meeting is to be agreed and recorded.

Risk Management Response (RMR)

Not all risks can be eradicated, but they can be mitigated to prevent or reduce the impact of harm. Some risks are general and some specific, but in each RMR process the risk should be defined in relation to a specific situation, that is, what is the presenting risk and /or who or what is the risk. Undertaking a comprehensive risk assessment involves collating evidence-based information, evaluating that information, balancing possible positives of a course of action against potential disadvantages and using professional judgment to ascertain the potential risk of harm.

Adequate risk assessment can rarely be done by one person alone and a coordinated approach is usually required. Good relationships between professionals, the adult and their carers makes the assessment easier and more accurate and may improve the likelihood of risk reduction.

A risk assessment needs to identify and balance different perceptions of risk, including the adult, their carers and professionals; the adult's right to make informed choices about taking risks should be safeguarded and encouraged. Decisions about risk, however, do need to balance any risk to the public and the needs and wishes of the adult. All decision must be recorded as well as the reasons why those decisions were made.

If the adult lacks capacity to make decisions, the risk assessment must take account of the views of family members or friends important to the adult and who have an interest in their wellbeing or, where appointed, their Attorney or Independent Mental Capacity Advocate (IMCA).

Is a Risk Management Response the right safeguarding pathway for the individual?	There is no other source of risk, or source of risk is no longer present in their life. No further enquiry is necessary. The risk of harm is due to the individual's own behaviour. This may include what is deemed to be unwise decisions. Examples may be: Hoarding behaviours, self-neglect, domestic abuse or harmful relationships. **Multi-agency** – it is essential that RMR remains as a multi-agency pathway under S42 safeguarding adults.
Involving the adult	Adult feels more in control. Adult is empowered and has ownership of the risk(s). There is improved effectiveness and resilience in dealing with a situation. There are better relationships with professionals. Improved information sharing to manage risk, involving all the key stakeholders. Key elements of the person's quality of life and well-being can be safeguarded. Is representation required? Consider: IMCA / other advocacy
Risk to others	Is there a wider consideration of risk to other? E.g., Environmental factors, hazardous or disruptive behaviours. Are there any potential risks to children that haven't yet been identified and actioned? Agreement on who will arrange a Child Protection referral. Are there other people with care and support needs who are being placed at risk?
Assessments	Consider: **risk** - level of risk and mitigating actions. M**obility** – occupation therapy / physiotherapy / reablement / falls. F**inancial** – budgeting / debt management / unhealthy gambling or spending. **Carers** – unpaid carer involvement; are they a risk factor or a mitigating factor, do they have support needs? **Mental Health** – do they require a mental health or a mental capacity assessment? **Physical Health** – do they require an assessment for tissue viability, or medication, etc? **Trauma informed** – all assessments are to be conducted from a trauma informed perspective, to ensure clarity of emerging issues that have

	resulted in the risks and to enable the appropriate person-centred support.
Planning	The development of a longer-term risk management response plan to address needs, manage risks and where possible, mitigate risks. Ensure that the health, social care, communication, cultural needs, or other specific needs of the adult have been identified and are included in the planning process. Ensure clarity in the roles of each professional and the individual themselves in working with the RMR plan and the outcomes.
Contingency planning	Contingency plans must be included, e.g., if the risk cannot be mitigated, what is the agreed response to any unwise decisions and / or risk of harm? If the agreed response is ineffective, what is the agreed emergency response? Where possible this is to be agreed with the individual. If it is not agreed with the individual, this must be recorded and the reasons why it was not agreed with them and the decisions that were made.
Trauma informed	Remember the principles of being trauma informed, listen sensitively. In cases of self-neglect, hoarding or self-harm remember that this may be a symptom of historical trauma and an unhealthy way that the person deals with their emotions. It may indicate a need for longer term multi-agency work to be considered even at this stage of managing risk under a Section 42 RMR.

Enquiry

The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk.

The objectives of an Enquiry into abuse or neglect are to:

- Establish facts.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection, support, and redress and how this might be met.
- Protect from abuse and neglect in accordance with the wishes of the adult.
- Make decisions as to what follow-up actions should be taken regarding the person or organisation responsible for abuse or neglect.
- Enable the adult to achieve resolution and recovery.

If during the Enquiry new information is available or circumstances change, and it is deemed not appropriate to continue to proceed through the Section 42 enquiry, there is the option to take a Section 42 Risk Management response or close the Section 42 safeguarding process. Any decision to change the Section 42 safeguarding pathway or close the case to safeguarding must be recorded, including the reason the decision was made.

The adult should experience the safeguarding process as empowering and supportive and in line with the principles of Making Safeguarding Personal.

Roles in the Enquiry	What is your role? What was decided at strategy? Prepare for every interaction with the person at risk, their carers / family and with other professionals. Refer to line management when needed.

	Keep to timescale; if you cannot meet the timescale, this must be recorded and the reasons for the delay.
Professional curiosity	There must be a genuine interest in the narratives, facts and histories that are presented. Demonstrate the ability to question information and objectively evaluate it, rather than optimistically accept accounts at face value. This may mean having difficult conversations and may indicate a need to prepare for the meeting and also ensure there is space created with a line manager or colleague to debrief after.
Information sharing	Remember to avoid duplication or asking the person at risk to continually retell their story. If a professional involved in the Enquiry already has the information necessary to the Enquiry, it is a requirement that it is shared. Please note: the exceptions to this are related to criminal investigations or legal proceedings. Is there new information that needs to be shared with Children's Services or the Police. Is there an animal(s) at risk that needs protection? E.g., someone who hoards animals.
Communication	Who will keep the adult, carers, relatives informed of the status of the Enquiry? Who will notify the person who raised the concern of the status of the Enquiry? Where relevant, how will the employer be kept up to date? What has been agreed with regard to professionals sharing information between them during the enquiry?
Assessments	Try not to duplicate information, share information as necessary. All assessments must be completed by the appropriate professional who has the skills and knowledge to complete it competently and objectively. Has mental capacity been assessed (again if necessary)?
Voice of the person at risk	How is the individual at risk involved? Has appropriate advocacy been employed? Where necessary or wished for, have translation services (including BSL and Makaton) been considered? Have the individuals wishes and feelings about the process and outcome been recorded? If the person needs to go to a different residence, do they have a pet that needs to be taken into consideration?
Voice of the carer or family member	Do you know who the family are, and is the adult at risk able to express a preference for contact? Do you know who the carer is, and do they agree that is their role? Is independent advocacy required? This may mean that a difficult conversation is necessary if there is an issue. Where appropriate has the carer or relative's opinion been recorded and taken into consideration?
Preparing for report and case conference	Make sure that if a case conference is required the report is sent to the Wigan Safeguarding Adults Team, you can expect a date for conference to be set for approximately four weeks later. A fact sheet guidance for writing reports is available here: Adult Safeguarding Report Writing Factsheet (wigansafeguardingadults.org)
Trauma informed	Remember the principles of being trauma informed. In cases of self-neglect, hoarding or self-harm may be a symptom of historical trauma and an unhealthy way that the person deals with their emotions. It may indicate a need for longer term multi-agency work to be considered even at this stage of an enquiry.

RMR Review / Case Conference

A RMR Review, or a Case Conference is a similar, conclusive activity. The purpose of both is to ensure that everything that could be done to support and protect the person at risk, has been done, and to share relevant information. The meeting can be held after a RMR process has been established long enough to review, or an enquiry leading to Case Conference has been completed. It meets to consider the following:

- The outcomes of the RMR / enquiry
- Whether the adult continues to be at risk of harm or neglect
- The need for an ongoing protection plan to keep them safe.
- To ensure that the views, wishes and best interests of the adult have been central to the process.
- To make sure effective risk management arrangements are in place.
- To ensure (where appropriate) allegations have been put to individuals alleged to have caused harm and they have been given an opportunity to respond.
- To consider what legal or statutory actions or redress may be needed.
- To identify any further actions and timescales.
- If appropriate, close the RMR process or enquiry.

Sometimes a formal meeting is not needed. If this is the case, the social worker will review the outcomes of the RMR process or enquiry and agree plans with the adult or their representative to keep the person safe, making sure their views and wishes have been respected.

Reports	To be shared prior to meeting and again during the meeting. Ensure people are reminded to read any documentation provided prior to the meeting.
Questions and discussions	Any issues to be raised, recommendations to be discussed and agreed. Any further recommendations as a result of the discussions to be added and recorded. Have the outcomes achieved what professionals needed; to ensure the long term safety of the person at risk? Are there lessons to be learnt?
Voice of the individual and their carer / advocate	Is there evidence that the person at risk has had a voice in the process and has been empowered? Has the person and their carer's wishes and opinions been evidenced in the reports? Have they been included in the meeting itself?
Making Safeguarding Personal	Have the outcomes achieved what the person wanted? Did the person have the information they needed in an accessible format? Did they find it easy to contact someone? Did they feel informed?
Future safety planning	What are the plans for the short term and long-term future to ensure the person at risk remains safe from harm? Is there a need for long term intervention under RMR that requires the same ongoing level of multi-agency work and risk mitigation? E.g., working with someone who has hoarding behaviours, or other behaviours that continue to place them at risk of harm.
Outcomes	Record of outcomes in relation to risk, responsibilities of statutory duties, MSP and wellbeing. Outcome in relation to activity: is the case to no be closed with NFA? Will the case be transferred to mainstream case management? Are there ongoing concerns? (See Future safety planning). Who will inform the original referrer of the outcome?

Outcomes

Examples of the kind of outcomes that people might want are:

- To feel safer
- To understand their rights
- To maintain a key relationship
- To get new friends To have help to recover
- To have access to justice, or an apology, or to know that disciplinary or other action has been taken
- To know that this won't happen to anyone else
- To maintain control over the situation
- To be involved in making decisions
- To have exercised choice
- To be able to protect themselves in the future
- To know where to get help.

If the outcome of the safeguarding enquiry is that no further safeguarding intervention is required, consideration must be given to what other advice or action the person needs to promote their welfare and manage any risks that remain.

If the outcome of the enquiry is that further safeguarding intervention is required, a number of actions may be taken. This may include disciplinary, complaint or criminal investigations regarding individuals, or improving care standards via contracts managers and Care Quality Commission (CQC) regarding organisations.

Social workers must be able to clarify the detail of what is being proposed in related employment and care support issues, and criminal justice (e.g., police investigations, prosecutions, and court actions) approaches relating to the safeguarding concern or identified risk. They also need to use approaches to promote wellbeing.

Outcomes from the enquiry must be shared with the individual, their family / carer and with the original referrer as appropriate.

Appendix 1 - Wigan Safeguarding Adults Practice Standards

	Personal Statement of Standard	Evidence of Standard Met
1	I value each person as an individual, recognising their rights, strengths, and choices in having control in how they choose to live their lives.	Able to promote rights, can evidence assessments from a strengths perspective while recognising gaps. Knows how to enable people to feel in control.
2	I actively listen to people, their carers and families and work in a personalised way that is collaborative and builds trust.	Thinks 'family', able to build trusting relationships, applies consideration of culture. Always completes a carers assessment where appropriate.
3	I work with the person to agree safeguarding outcomes that are important to them but also ensures that there is meaningful improvement to the person's circumstances.	Makes a record of the outcomes the individual wants, evidences a meaningful improvement to the individual's circumstances that is measurable and can be audited
4	I can evidence that I work to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.	Able to discuss how they do this on a person-to-person basis. Understands their role in prevention and reduction of risk, evidences that they do risk assessments.
5	I can demonstrate my understanding of relevant law and my duties and responsibilities within the legislative framework in accordance with my role.	Knows what legislation applies to them and their role. Understands the limits of their role and who to go to. Able to provide examples of the accountability they have.
6	I understand safeguarding adults and the safeguarding process fully, relevant to my role within it.	Able to clearly identify each stage of the safeguarding process and what happens at each stage, relative to their responsibilities.
7	I can evidence that I document decisions and why those decisions were made in a clear and timely manner.	Able to explain why they need to record decisions. Evidence provided of records completed appropriately.
8	I share information appropriately with the individual and other professionals involved in the safeguarding.	Knows the 7 Golden Rules for information sharing. Able to provide examples of when information should and should not be shared.
9	I know how to use the Resolution Policy when an agreement cannot reasonably be reached without it.	Able to identify where the Resolution Policy can be found. Can explain when the Policy should be used.
10	I understand the Mental Health Act and the Mental Capacity Act and the need to assess and document a person's mental capacity, relevant to my role working with them.	Provide evidence that consideration of someone's capacity is considered for specific decisions, and where relevant to role is formally assessed.
11	I ensure that the person is clearly able to advocate for themselves or that they have suitable representation in accordance with good practice and the law.	Understands that this may not always be linked to capacity. Able to provide examples of where advocacy should be sought. Understands the need for independent advocacy.
12	I am aware of the consideration for 'wider public interest' and the needs of the community.	Able to explain what a 'Person in Position of Trust' is. Demonstrates confidence in sharing information about someone who is a potential source of risk to vulnerable adults.

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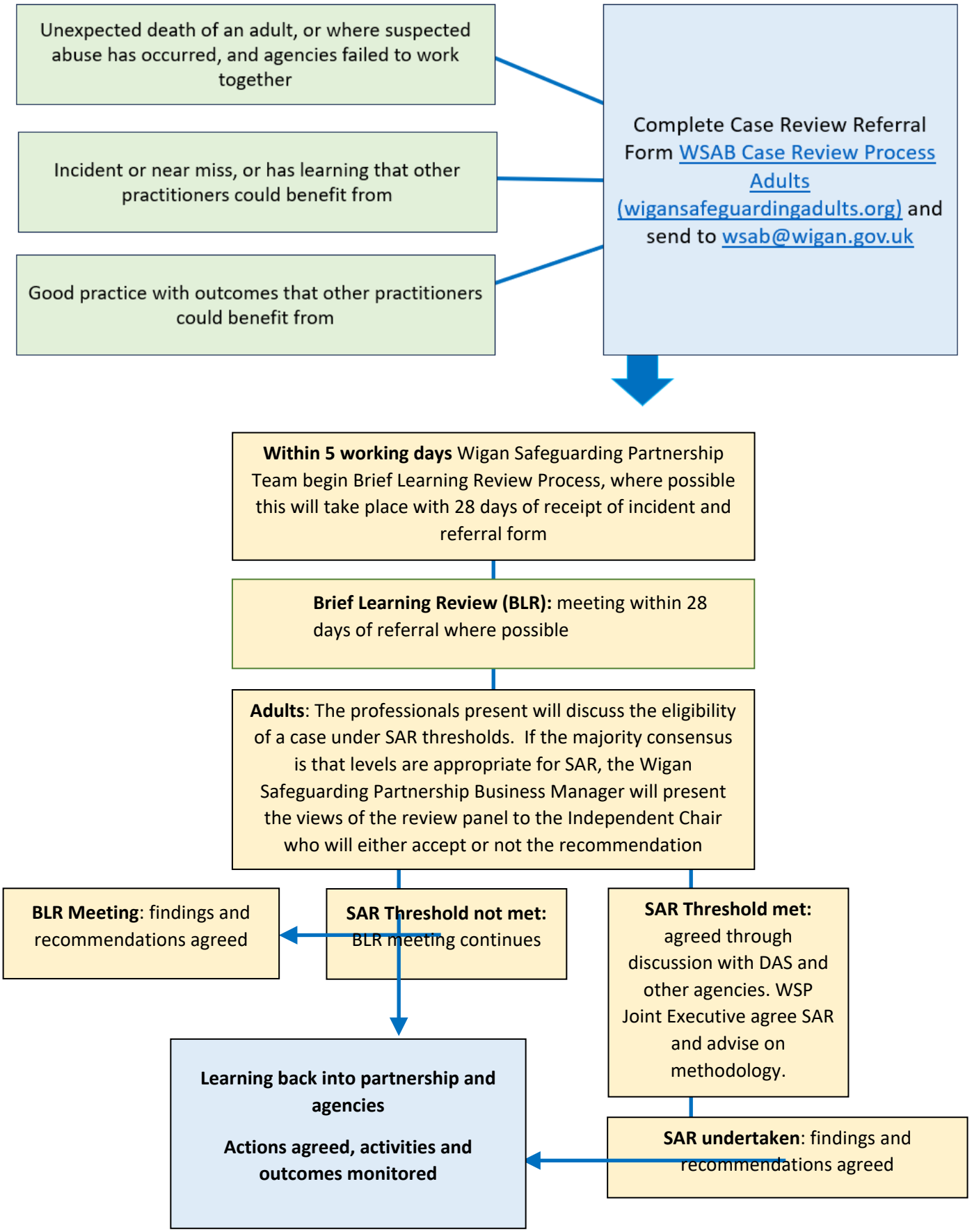
Appendix 2 - Referral Process for Brief Learning Reviews and Safeguarding Adult Reviews



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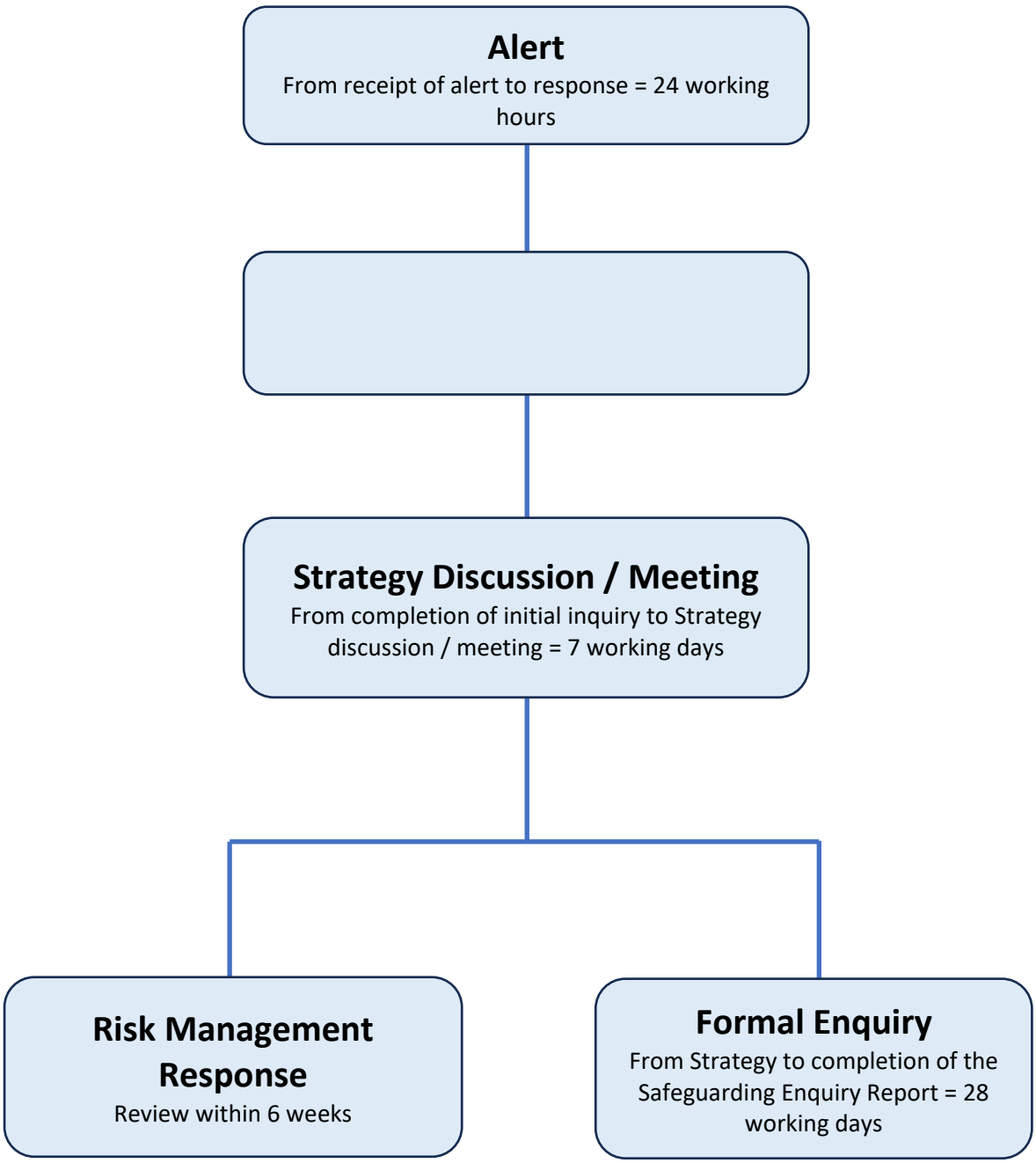
Appendix 3 - Safeguarding Adults Timescales

The timescales below determine the longest that any of these steps are to take. Where there is an unavoidable delay, this must be clearly recorded and the reason why the delay is necessary.



If a case is being transferred from Risk Management Response, the Formal Enquiry timescale still applies from the time of transfer. At all times record the decisions made and why they were made.

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