



Liverpool
City Council

Liverpool inter-agency safeguarding adults procedures



Safeguarding is everyone's business





Where quality matters



Information Sheet

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This document will be made available in different formats upon request.
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Contents

Foreword

1. Introduction
2. Adult safeguarding
3. What to do if you suspect abuse or neglect and how to report a safeguarding concern
4. An overview of the local authority's response to concerns about abuse or neglect
5. The role and responsibilities of managers of commissioned provider services in safeguarding adults from abuse or neglect
6. The role and responsibilities of team leaders/managers of commissioning, social work and integrated team in safeguarding adults from abuse or neglect
7. The role and responsibilities of the social worker/enquiry officer in safeguarding adults from abuse or neglect
8. Strategy meeting
9. Adult safeguarding plans
10. Record keeping in adult safeguarding
11. Referring a domestic abuse case for a multi-agency risk assessment conference (MARAC)
12. Escalation Process

Appendices

- Appendix A: Merseyside Risk Identification Tool (MeRIT)
- Appendix B: Agenda for a safeguarding adults strategy meeting...
- Appendix C: Liverpool's Dignity in Care Charter
- Appendix D: Quality Assurance
- Appendix E: Useful contacts and information

Foreword

Welcome to Liverpool's inter-agency safeguarding adults procedures which should be read in conjunction with the North West safeguarding adults policy.

www.merseysidesafeguardingadultsboard.co.uk/procedures/adults-procedures/

The procedures have been reviewed and updated to meet the requirements of the Care Act 2014, Department of Health Statutory Guidance and learning from safeguarding adults reviews. They are designed to support current good practice in adult safeguarding and outline the arrangements that apply to Liverpool.

The principle that underlies the Care Act is that of promoting people's wellbeing, and of making sure that professionals always recognise that each person's needs are different, and respond accordingly. The Care Act makes it very clear that it is the person not the process that determines how safeguarding is taken forward by professionals.

We are committed to promoting the wellbeing of adults and preventing abuse and neglect. When abuse does take place it will be dealt with swiftly, effectively and in ways which are proportionate to the issues that have been identified with the person's chosen outcomes at the heart of safeguarding.

These procedures explain how agencies and people will work together to support and safeguard adults with care and support needs who are experiencing, or at risk of, abuse or neglect and as a result are unable to protect themselves.

We would welcome your comments on this document. Contact details can be found on the information sheet at the front of this document

1. Introduction

The [Care Act](#) sets a clear framework for how local authorities should protect adults at risk of abuse or neglect. The Act places a duty on local authorities to make enquiries, or cause others to do so, if it believes that an adult in its area:

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

The purpose of the enquiry is to establish whether any action needs to be taken to stop or prevent abuse or neglect and if so by whom.

In order to respond appropriately where abuse or neglect may be happening, anyone in contact with the adult at risk must understand their own role and obligations within these procedures.

1.1 Aims of the inter-agency safeguarding adults procedures

These procedures aim to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- address what has caused the abuse or neglect
- support good practice and sound professional judgement when dealing with safeguarding concerns
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- ensure that information on allegations and incidents of abuse or neglect are collected, monitored and reviewed in order to inform future practice
- complement other related policies, procedures and guidance.

1.2 Working together to protect adults at risk of abuse and neglect

The adult safeguarding procedures are built on strong multi-agency partnerships working together with adults to prevent abuse and neglect where possible, and provides a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

The procedures describe how the local authority and partner agencies will work together to protect adults at risk of or experiencing abuse or neglect. They explain:

- the various types of abuse and neglect
- what to do if you suspect abuse or neglect
- how the local authority and partner agencies will respond to concerns of alleged abuse or neglect
- the roles and responsibilities of those involved in safeguarding adults

1.3 When to use these procedures

These procedures **MUST** be used where there is a concern, allegation or disclosure of abuse or neglect in relation to any adult at risk who is a resident of the City of Liverpool. They apply to adults who have needs for care and support and because of those needs are unable to protect themselves from abuse and neglect.

1.4 Outside the scope of these procedures - prisoners and persons in approved premises

Adults in custodial settings i.e. prisons and approved premises. Prison governors and Her Majesty's Prison and Probation Services have responsibility for these arrangements

www.gov.uk/government/organisations/national-offender-management-service

The Safeguarding Adults Board (SAB) does however have a duty to assist prison governors on adult safeguarding matters. Local authorities need to assess for care and support needs of prisoners which take account of their wellbeing. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contribute towards safeguarding offenders.

1.5 Inter-authority safeguarding adults

Safeguarding procedures from the area where the abuse took place must be used, irrespective of who the placing authority is or with which GP the person is registered.

ADASS Protocol for out of area safeguarding adults arrangements
available at:

www.adass.org.uk/out-of-area-safeguarding-adult-arrangements

2. Adult safeguarding

2.1 What is safeguarding?

Safeguarding is defined as:

“Protecting an adult’s right to live in safety, free from abuse and neglect.”

(Care and support statutory guidance, Chapter 14)

2.2 What are abuse and neglect?

Abuse or neglect is any behaviour towards a person that deliberately or unknowingly causes him or her harm, endangers their life or violates their rights. This may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions

Domestic abuse – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence

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

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

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possession or benefits

Modern slavery – Slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force people into a life of abuse, servitude and inhuman treatment

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

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

Neglect and acts of omission - including ignoring medical, emotional or physical 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 or heating

Self-neglect – this covers a wide range of behaviour around neglecting to care for one's own personal hygiene, health or surroundings. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. This may include hoarding when the hoarding becomes a serious risk to an adult with care and support needs. See link to Liverpool hoarding protocol for further guidance: www.liverpool.gov.uk/council/strategies-plans-and-policies/adult-services-and-health/safeguarding-adults-procedure/

Source: Chapter 14.17 Care Act Statutory Guidance

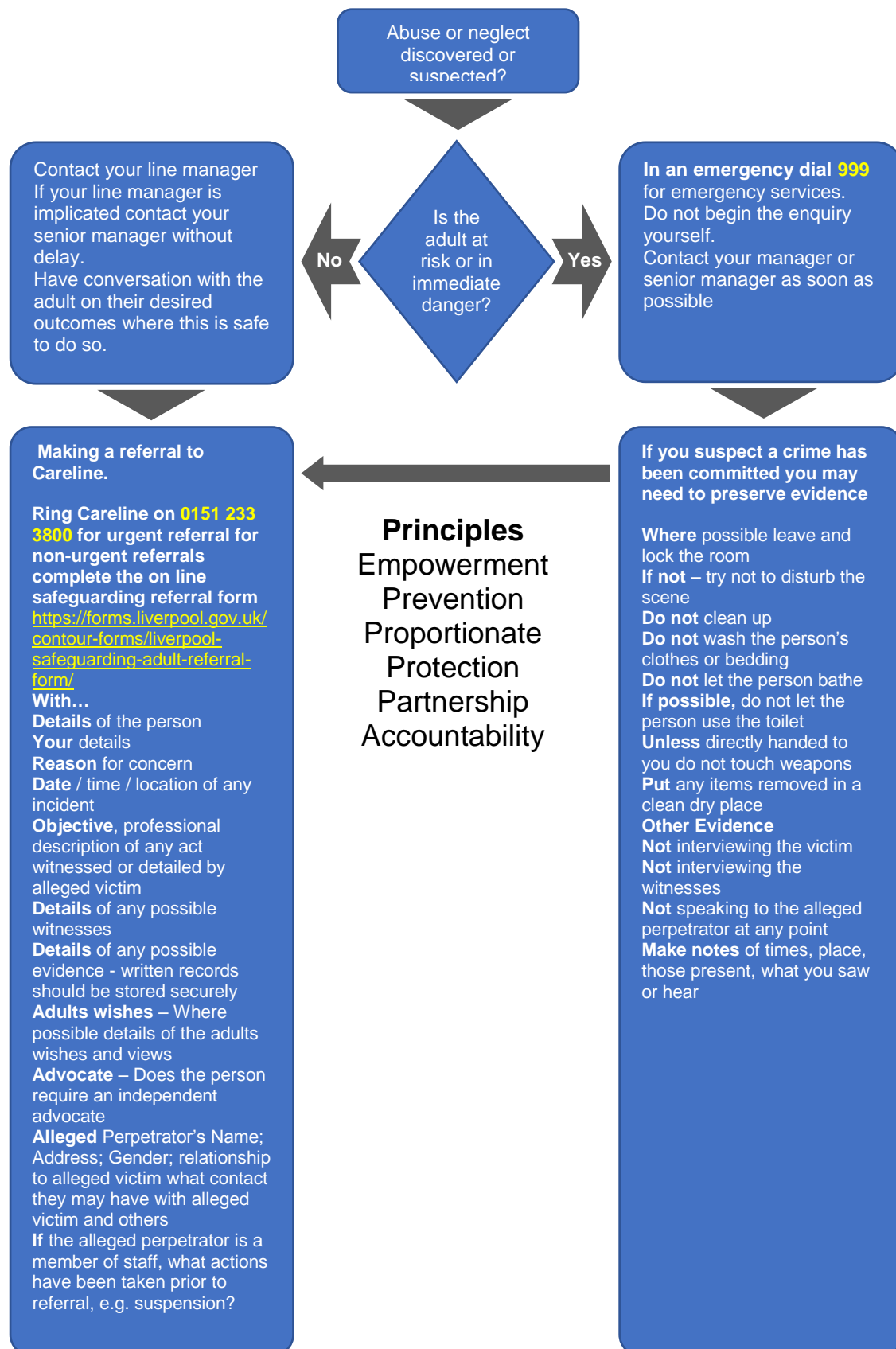
This is not an exhaustive list, there can be other types of abuse which may include:

Radicalisation – radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. Radicalisation's aim is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause's legitimacy. This may be through face-to-face encounters or through social media. Click on the link below for further information: www.gov.uk/government/publications/channel-guidance

Hate crime – crimes committed against someone because of their disability, gender identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police. Click on the link below for further information www.gov.uk/report-hate-crime

Mate crime – The term Mate Crime is generally understood to refer to the befriending of people who are perceived by perpetrators to be vulnerable for the purpose of taking advantage of/exploiting and/or abusing them.

3. What to do if you suspect abuse or neglect and how to report a safeguarding concern



3.1 Reporting a safeguarding concern

This section describes the procedure for reporting a safeguarding concern, the considerations and immediate actions necessary when adult abuse is disclosed, occurring, suspected or witnessed.

3.2 Who can report a safeguarding concern?

Anybody can raise a safeguarding concern for themselves or another person. Often abuse and neglect can be prevented from occurring in the first place if issues are identified and raised as soon as they happen so that they can be addressed at the earliest point. Those working with adults (paid or unpaid) have specific professional, organisational and legal responsibilities to ensure where there is a safeguarding concern, that this information is shared with **Careline 0151 233 3800** and other organisations appropriately. For non-urgent safeguarding referrals the online safeguarding referral should be completed: <https://forms.liverpool.gov.uk/contour-forms/liverpool-safeguarding-adult-referral-form/>

3.3 Anonymous reporting

It is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the referrer's identity or contact details are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. However, if the referrer's identity has been withheld, the adult safeguarding process will proceed in the usual way. This will include information being recorded as an adult safeguarding concern.

3.4 Consent and involvement of the adult in reporting the safeguarding concern

Adults have a legal right to make decisions about their lives. Wherever possible, gain the person's consent and seek their views unless doing so is likely to increase the risk to them or put others at risk. Integral to effective person-centred approaches to adult safeguarding is speaking to the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging meaningfully with the adult at an early stage, is key to promoting good person-centred practice.

From the very first stages of concerns being identified, the adult's views should be gained. This will enable the person to give their perspectives about the alleged abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The adult's safety and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your line manager.

3.5 When an adult does not want information shared and there is a professional responsibility to do so

Where an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not override a professional's responsibility to raise a safeguarding concern and to share key information with relevant professionals e.g. where others are at risk or a crime has been committed.

If there appears to be significant risk to the adult, and no one else, consideration would need to be given to whether their wishes should be overridden. The adult's wishes should not stop professionals from fulfilling their responsibilities in relation to duty of care regarding appropriate sharing of information.

In these situations, the adult must always be:

- advised about what information will be shared, with whom and the reasons for this
- advised that their views and wishes will be respected as far as possible by the local authority or other agencies in relation to any response they may have a duty to make
- provided with information regarding what happens when a local authority is advised of a safeguarding concern
- assured by the professional passing this information to the local authority, that their lack of consent to the information being shared, and their views and wishes regarding actions they do or do not want taken in relation to the situation as far as it affects them directly will also be explained to the local authority.

3.6 Where an offence may have been committed

If it is suspected that an offence may have been committed, there should always be a conversation with the adult regarding whether they wish the police to be involved.

If the adult does not want the police to be involved this does not override a professional's responsibility to share information regarding a potential or actual offence with them.

Such situations should always be approached sensitively. The adult should be advised that the police will be contacted and assured that the police will be informed that they do not wish to pursue this matter or speak to the police. It is for the police to determine if they feel it is necessary for them to speak to the adult or if there is further action they may need to pursue.

3.7 Adults who lack capacity to make relevant decisions

If the adult lacks capacity to make informed decisions about the incident and their ability to maintain their safety and they do not want a safeguarding concern to be raised, and / or other action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005.

3.8 Procedure for reporting a safeguarding concern

If something happens to you, or someone you know or are working with, or you see or hear about something which could be adult abuse do the following:

- in an emergency you must dial 999 for either the police or ambulance services. You do not have to wait for permission from your line manager to do this
- where appropriate action should be taken to prevent harm, however, **YOU MUST NOT PUT YOURSELF AT RISK**
- where appropriate talk to the adult as soon as possible unless this would put them, others or you at risk, about what they want to happen, what action they do or do not want taken, or want to take themselves
- if you are a member of staff, explain your responsibility to share information or raise a safeguarding concern
- follow your organisation's procedures for reporting safeguarding concerns to the local authority contact Careline 0151 233 3800
<https://forms.liverpool.gov.uk/contour-forms/liverpool-safeguarding-adult-referral-form/>

You are:

- not asked to verify or prove that information is true
- required to log your concerns and report them to an appropriate person for example your manager/the person in your organisation who is responsible for referring the safeguarding concern to the local authority
- expected to make a referral directly to Careline completing the online referral form for non-urgent safeguarding concerns
<https://forms.liverpool.gov.uk/contour-forms/liverpool-safeguarding-adult-referral-form/> call **0151 233 3800** for urgent concerns such as physical assault

Only the police have the responsibility to establish if a criminal offence has been committed.

Reporting a safeguarding concern through the formal channels will enable a proper assessment or enquiry to be co-ordinated. This will avoid any confusion or conflict between complaints, disciplinary and safeguarding processes.

All those making a complaint or allegation or expressing a concern, whether they are staff, service users, carers, members of the public, can be reassured that:

- they will be taken seriously
- their comments will be treated confidentially but their concerns may be shared if they or others are at risk
- if they are a service user action will be taken to minimise the risk of further abuse, reprisals or intimidation
- if they are staff they will be given support and afforded protection if necessary e.g. under the Public Interest Disclosure Act 1998; Crime & Disorder Act 1998, s. 115
- if a concern is raised in good faith they will be supported whatever the outcome of the enquiry
- they will be dealt with fairly and in a non-discriminatory manner
- they will be kept informed of action that has been taken and its outcome as far as possible.

3.9 You will not be criticised for following procedure

Failure to report a concern, allegation or disclosure will be viewed extremely seriously and may result in any or all of the following:

- criticism of your practice
- disciplinary action

- suspension
- dismissal
- a report being forwarded to your professional body.

3.10 Any such failure will be regarded as colluding with the abuse

If you suspect a crime has been committed you may need to preserve evidence for forensic examination, so avoid touching/moving objects or furnishings and request a forensic medical examination and treatment of any injuries/conditions before any other intervention.

NB - The victim is the primary crime scene and should be treated as such. (See page 11 - Flow chart how to raise an adult safeguarding concern.) In all cases of concern, allegation or disclosure of abuse you must inform your manager/person within your organisation responsible for referring safeguarding concerns to the local authority as soon as possible.

If you suspect your manager is involved in the abuse you must report to a senior manager as soon as possible.

If someone makes an allegation or discloses abuse to you, you must make a note as soon as possible of what they said. Make sure that you use the person's own words.

You must never keep secrets, even if the person asks you not to tell anyone else. You must always share concerns, allegations or disclosures with your manager/person within your organisation responsible for reporting safeguarding concerns to the local authority.

3.11 Co-operation

You will be expected to co-operate with the enquiry. You may be required to provide a statement, attend a strategy meeting or be interviewed by the police.

Do not discuss what has happened with members of staff who have no direct involvement in the situation.

If a family member is raising the concerns, you should explain the safeguarding process to them and the next steps. If the family is unaware of an incident you should take advice in relation to the appropriate timing of sharing information with them.

3.12 Making a referral

The person responsible for making the referral to Careline to raise a safeguarding concern should wherever possible provide the following information:

Allegation /concern

- details of the person
- details of the person raising the concern
- reason for concern
- date / time / location of any incident
- location of victim
- details of the person's views and wishes if known/what the person wants to happen and if they have given consent for you to contact adult social care. If you do not know the adult's views, the reason you were not able to talk to them (this should only be if there was a concern that this might put them or others or you at risk)
- if the person has 'substantial difficulty' understanding/being involved with the enquiry
- details of family or a friend who can support the adult
- if the person requires an independent advocate
- objective, professional description of any act witnessed or detailed by alleged victim
- details of any possible witnesses
- details of any possible evidence - written records should be stored securely.

Alleged perpetrator

- name
- address
- gender
- relationship to alleged victim
- location of the perpetrator at the time of the referral if known what contact they may have with alleged victim and / or others
- if the alleged perpetrator is a member of staff, what actions have been taken prior to referral, e.g. suspension?
- If the alleged perpetrator is another service user if they require an independent advocate.

3.13 Responding to disclosure

- incidents of abuse or crimes may only come to light because the abused person tells someone
- the person may not consider that they are being abused when they tell you what is happening to them
- disclosure may take place many years after the actual event
- disclosure may take place when the person has left the setting where the abuse took place
- even if there is a delay, the information must be taken seriously
- reassure the person that you are taking what they say seriously.

If someone makes an allegation or discloses abuse to you:

DO ✓

- stay calm and try not to show shock
- listen carefully
- be sympathetic
- tell the person that:
 - telling you was the right thing to do
 - you will treat the information seriously
 - it was not their fault
 - you will have to report the information to your manager/Careline
- write down what the person said to you as soon as possible and actions taken by you and others
- if known what the adult's views of the incident are, and what they want to happen and if they have given consent for you to contact Careline.

DO NOT ✗

- question the person about the incident
- ask the person who, what, why, where, when questions. This is the role of the police
- promise to keep secrets
- destroy any evidence
- make promises that you cannot keep, for example, "this will not happen to you again"
- confront anyone who is thought to be responsible for what has happened, and do not tell them that concerns have been raised about them
- be judgmental, for example, 'why didn't you run away?'
- gossip about the incident.

WHEN IN DOUBT SEEK ADVICE FROM YOUR MANAGER.

4. An overview of the local authority's response to concerns about abuse or neglect

Safeguarding Adults Procedures Overview		
Safeguarding Concern	<p><u>Safeguarding Concern Reported</u></p> <p>Identification of abuse or neglect Immediate safety needs are met Concern is referred to Careline 0151 233 3800 https://forms.liverpool.gov.uk/contour-forms/liverpool-safeguarding-adult-referral-form/</p> <p><u>Concern decision-making by Careline</u></p> <p>Check actions taken to address immediate risk Checks made and additional information gathered Provision of information and advice Decision made whether Care Act s42 Duty of Care enquiry triggered</p>	Making Safeguarding Personal
Safeguarding Enquiry	<p><u>Safeguarding enquiry made/coordinated by local authority</u></p> <p>Gain views, consent and desired outcomes of adult duty to refer to advocate if required (Care Act s68) Gather and share information Agree what enquiries are needed and who will do this</p> <p><u>Risk assess and plan interim safeguarding plan</u></p> <p>Make enquiries or cause them to be made Identify what actions should be taken in adults case The enquiries made and actions taken are lawful and proportionate</p>	Making Safeguarding Personal
Safeguarding Plan	<p><u>Safeguarding Plan</u></p> <p>Plan is person centred and outcome focused Plan is proportionate and least restrictive Timescales for review and monitoring of plan are agreed All involved are clear about their roles and responsibilities</p>	Making Safeguarding Personal

4.1 What happens when a safeguarding concern is raised?

Careline Adult Services is the single point of contact for receiving safeguarding adults concerns which operates seven days a week 24 hours a day.

As soon as a concern is reported, staff in Careline will ascertain the adult's safety. The decision to carry out a safeguarding enquiry does not depend on the person's eligibility to receive local authority services but should be taken wherever there is reasonable cause to think that the person is experiencing, or is at risk of, abuse or neglect.

The local authority staff receiving or identifying information that could indicate there is a safeguarding concern will undertake basic checks with reference to any pre-existing relevant information, as they would for any other information or referral received. This should include, where appropriate, checks with the police and checks with health partners, specifically Mersey Care NHS Trust if there is information to suggest that the adult has mental ill health.

If the information received and / or identified through these initial basic checks stage appears to indicate the adult affected meets the criteria below then the information should be treated as a safeguarding concern and the local authority's duty to undertake an enquiry or cause others to do so is triggered. This could range from a conversation with the adult or if they have substantial difficulty understanding the enquiry their representative or advocate to a more formal multi-agency plan or course of action.

Criteria for a safeguarding enquiry under s.42 of the Care Act 2014

An adult:

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

If the safeguarding concern can be dealt with at the point of contact in line with the requirements of the Care Act and in line with making safeguarding personal the safeguarding episode will be closed on Liquidlogic.

All safeguarding concerns must include a discussion with the adult or, where relevant their representative. The social worker in Careline will make contact with all relevant parties involved in the enquiry to notify of the closure of the case and any other relevant information. The method of contact will be determined by the nature of the case. The service user's desired outcomes and whether they have been met, along with any feedback from the service user/representative must be recorded on Liquidlogic management information system.

Careline will let the referrer know what will happen with the information they have shared and where relevant provide the referrer with details of the neighbourhood team dealing with the safeguarding concern.

4.2 Carers and safeguarding

An unpaid carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with. Unpaid carers are also covered by these procedures where the criteria above is triggered.

4.3 Where it is unclear if the adult is covered by the criteria in the Care Act

If Careline decides it is appropriate to undertake an enquiry but it is unclear whether the adult meets the criteria for an enquiry under the Care Act, it should be assumed the adult meets the criteria until further information is available to inform this decision, or until the safeguarding concern is addressed.

Careline will take account of the information it already has, does not have, or needs, in order to determine the most appropriate response to the safeguarding concern. This must include consideration of:

- any immediate risk to the adult or others
- the adult's wishes
- the adult's capacity, representation and advocacy issues
- any risks and protective factors for the adult
- any risks and protective factors for others.

If the action undertaken through the 'enquiry' at this point results in it being established that:

- this is not a safeguarding concern or
- the safeguarding concern has been resolved and
- the adult is no longer at risk of abuse or neglect (real or suspected).

then the local authority's duty under Section 42 will have been discharged and the enquiry is concluded at this point. If the issue cannot be resolved at this stage Careline will forward the enquiry on to a social work neighbourhood manager to allocate to a social worker to make further enquiries.

Where the Section 42 criteria are met but it would not be proportionate for a social worker to visit, Careline social workers can undertake the enquiry. This will include telephone discussions with the adult or their representatives, and, where relevant the care provider. These enquiries should follow the guidance

in Section 6 and Section 7 of this document in the same way as enquiries completed by neighbourhood teams.

If at any point during the Careline enquiries it becomes apparent that a social work visit will be needed, then the enquiry should be reassigned to the relevant neighbourhood team by the Careline social work team leader.

Where a concern is received outside office hours and the risk to the adult is deemed to be significant or immediate then the Careline out of hours team should progress with the enquiries following the guidance in section 6 and section 7 of this document.

4.4 Non Section 42 statutory safeguarding enquiries

Where a concern raised does not meet the criteria under Section 42 of the Care Act, the local authority may still choose to undertake a non-statutory safeguarding enquiry. This will include all allegations of forced marriage, female genital mutilation and so called honour based violence which will prompt an immediate safeguarding enquiry and strategy meeting. Cases of modern slavery and domestic abuse gold status that do not meet the criteria for a S42 enquiry should be also be considered.

4.5 Quality concerns

Distinguishing between poor practice and neglect/abuse will often require a professional judgement. It is important to consider the impact of the incident on the adult, whether others may be at risk of harm, and what the proportionate response to the concern should be.

Where there are isolated incidents of poor practice and no harm has occurred these incidents will be addressed by the provider under a quality concern in line with Liverpool's guidance for reporting safeguarding concerns. If poor practice has resulted in harm for the person concerned, abuse is likely to be indicated. However, it is important to consider the nature, seriousness and individual circumstances of the incident in reaching a decision.

4.6 Dealing with historic allegations of abuse where the adult is no longer at risk

One of the criteria for undertaking statutory enquiries under the Care Act Section 42 duty is that the adult is experiencing or is at risk of, abuse or neglect. Therefore, the duty to make enquiries under the Care Act relates to abuse or neglect, or a risk of abuse or neglect that is current or where there is considered to be a potential risk of them experiencing abuse or neglect in the future.

Concerns relating to historic abuse or neglect, where the person is no longer at risk will be considered to determine whether they demonstrate a current or potential risk of harm to other adults and also whether they require criminal or other enquiry through parallel processes (for example complaints, inquests, regulatory, commissioning, non-statutory enquiry, health and safety investigations etc).

As a result, where an adult safeguarding concern is received for an adult who has died the same considerations will apply, and an enquiry will be made where there is reasonable cause to believe that other identifiable adults are experiencing, or are at risk of, abuse or neglect.

In cases where an adult has died or suffered serious abuse or neglect, and where there is concern that agencies should have worked more effectively to safeguard the adult there is a statutory requirement for the Safeguarding Adults Board to undertake a Safeguarding Adults Review under Section 44 of the Care Act.

4.7 Safeguarding enquiry by a social worker

A manager will be appointed for every enquiry undertaken under Section 42 of the Care Act 2014. The manager is responsible for overseeing the safeguarding enquiry and ensuring the local authority's duty under Section 42 of the Care Act is discharged appropriately.

4.8 Principles and approach underpinning all responses to safeguarding concerns

All responses to safeguarding concerns by the local authority, or commissioned provider organisations', must always be underpinned and informed by the six key safeguarding principles; empowerment, prevention, proportionality, protection, partnership and accountability.

All responses to safeguarding concerns should involve a conversation with the adult or their representative or advocate if the adult has substantial difficulty understanding the enquiry. The conversation should take place at the earliest opportunity, and, as the enquiry progresses, in order to establish the adult's wishes.

5. The role and responsibilities of managers from commissioned provider services in safeguarding adults from abuse or neglect

This section explains the responsibilities of commissioned provider agencies in relation to adult safeguarding, including the Care Act statutory guidance and the responsibility for reporting and responding to safeguarding concerns. This section should be read in conjunction with the North West safeguarding adults policy, relevant sections of the procedures and guidance for reporting safeguarding concerns.

Provider agencies should produce for their staff a set of internal guidelines which relate clearly to the Care Act statutory guidance and inter-agency procedures which set out the responsibilities of all staff to operate within it. These should include guidance on:

- identifying adults who are particularly at risk
- recognising risk from different sources and in different situations and recognising abusive or neglectful behaviour from other service users, colleagues, and family members
- routes for making a referral and channels of communication within and beyond the agency
- organisational and individual responsibilities for whistleblowing
- assurances of protection for whistle blowers
- working within best practice as specified in contracts
- working within and co-operating with regulatory mechanisms
- working within agreed operational guidelines to maintain best practice in relation to:
 - challenging or distressing behaviour
 - personal and intimate care
 - control and restraint
 - gender identity and sexual orientation
 - medication
 - handling people's money and
 - risk assessment and management.

Source: Care Act Statutory Guidance 14.205

5.1 Provider services

Core responsibilities of managers from provider services in relation to adult safeguarding concerns/enquiries

Immediate action

In an emergency dial **999**

Ensure safety of adult

Discuss adult's wishes where safe
to do so

Make a referral to **Careline**
0151 233 3800

Consider HR issues/DBS

Enquiries conducted by social worker

Await advice from social worker
undertaking the safeguarding
enquiry

Support adult and staff

5.2 Generic procedure for all incidents of abuse or neglect

- The following relates to incidents which would not constitute an emergency.
- In an emergency you must dial **999** for the police and/or ambulance services.
- In all other circumstances you must follow the guidance.

If an adult is at risk of or experiencing abuse or neglect you must contact:
Careline: **0151 233 3800**

<https://forms.liverpool.gov.uk/contour-forms/liverpool-safeguarding-adult-referral-form/>

If you are raising a safeguarding concern, you must give all relevant information including the adult's desired outcomes and any other organisations you have contacted.

5.3 Information for making a referral

The quality of information given when making a referral is very important (see section 3).

5.4 Care Quality Commission (CQC)

If your organisation is registered with CQC you must complete a Regulation 18 (2) to inform them of the incident.

You can contact CQC:
Tel: 0300 061 6161
Fax: 0300 061 6171
Email: Enquiries@cqc.org.uk

5.5 Suspension of staff

If a member of your staff or volunteer is the alleged perpetrator you have a responsibility to risk assess the situation and decide if suspension is appropriate or not in the given circumstances. The decision to suspend must be your decision and must be made in line with your internal employment policies and procedures.

The police have the responsibility to determine if a crime has been committed. If the police are pursuing a case through the criminal justice route you should negotiate with the police as to when it is appropriate for internal disciplinary proceedings to begin.

A coordinated / negotiated approach will help to ensure the best outcome for both the criminal process and internal disciplinary processes.

5.6 Disclosure and Barring Service

An employer or volunteer manager must make a referral to the Disclosure and Barring Service (DBS) if the following criteria have been met:

- they have dismissed or removed the person from working with children or adults at risk of abuse or neglect (or would or may have done so if they had not left or resigned etc); because
- the person has engaged in relevant conduct in relation to children and/or adults at risk of abuse or neglect i.e. an action or inaction (neglect) that has harmed a child or adult or put them at risk of harm or
- satisfied the harm test in relation to children or adults at risk of abuse or neglect i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or adult at risk of abuse or neglect still exists.

Further information regarding the Disclosure and Barring Service can be found by accessing the link below:

<https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

5.7 Record keeping

You must keep accurate records of the incident and action taken (see section 10).

5.8 Requests for information

You must respond promptly to requests for information from social workers/enquiry officers to support the prompt conclusion of safeguarding enquiries.

5.9 Strategy meetings

You may be asked to attend a strategy meeting (see section 8).

5.10 Recommendations

Following the conclusion/outcome of a safeguarding enquiry the social worker/enquiry officer may make recommendations to prevent similar concerns occurring again or changes to improve support services/practices etc. You must keep the social worker/enquiry officer updated on progress in relation to the implementation of the recommendations.

If for any reason the recommendations cannot be implemented or there is a delay with the timescales for implementing the recommendations, you should contact the social worker/enquiry officer without delay.

5.11 Delegating responsibility in the manager's absence

Arrangements must be made for acting managers/senior carers to follow the guidance in the absence of a manager.

6. The role and responsibilities of team leaders/managers from commissioning, social work and integrated team in safeguarding adults from abuse or neglect

This section explains the role of the team leader/manager in relation to an adult safeguarding enquiry, the considerations to be taken into account when receiving a safeguarding referral, risk assessing the information, the adult's views and wishes if known, allocation of the safeguarding enquiry right through to its closure.

Whilst work with the adult may frequently need the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans in relation to medicines management or pressure ulcers.

If the safeguarding enquiry relates to dentists, opticians and pharmacies you should consider NHS England. For NHS services, other than those mentioned above, you should consider Liverpool Clinical Commissioning Group.

6.1 Core responsibilities for team leaders / managers

On receipt of referral

Risk assess the information

Interrogate internal systems

Complete initial action plan this has to be recorded on the SG record and within the safeguarding episode case notes

Allocate referral to social worker

Assess urgency of response/visit

Consider adult's wishes and views if known

Oversee/ensure

Agree initial actions with the social worker

Network discussions have taken place

You have received feedback from network discussions

Decide if further action is necessary

Set further review times / dates

Document all decisions taken

If the alleged perpetrator is a service user inform their social worker

Approve the closure of the safeguarding enquiry /case

Ensure

Wherever possible enquiries are to be completed within the time frame allowance

Social Worker undertaking the enquiry has closed the enquiry appropriately

Incidents are closed on Liquidlogic

All parties involved in the enquiry or networking are informed that the case is closed

NB if another organisation is taking the lead in the enquiry, the case is not closed until your team has received an outcome and it is closed on Liquidlogic

Dates of discussions held and the name of the organisation who are completing the enquiry should be recorded on the safeguarding episode

It is the team manager's / team leader's responsibility to manage safeguarding enquiries.

6.2 The wider implications of a safeguarding enquiry

All enquiries should be of a forensic quality. At the beginning of an enquiry consideration should be given to the potential wider outcomes. The information/evidence gathered could become part of legal proceedings in the Crown Court, Magistrate's Court, High Court, Court of Protection or the Coroner's Court. The enquiry could form part of disciplinary proceedings or an industrial tribunal.

6.3 On receipt of a safeguarding adult referral

It is your responsibility to:

- establish whether there is more than one victim involved in the proposed enquiry
- where the enquiry does involve more than one victim, make contact with each team leader/manager, to whom the enquiries have been sent to establish which team leader/manager will co-ordinate the proposed enquiry
- establish the adult's capacity
- when capacity is determined, establish the adult's wishes, preferences etc
- establish if an independent advocate is required
- risk assess the information and assess the immediate safety and wellbeing of the adult
- record that the adult is safe and the date on Liquidlogic
- complete initial action plan on the safeguarding episode and within the safeguarding episode case notes
- allocate the referral to an appropriate social worker
- ensure that there is sufficient information available in order to assess the urgency of any response/visit
- agree initial actions with social worker
- build in further review dates with the practitioner responsible
- if the adult is not covered by this procedure a referral should be made to an appropriate service
- if the adult is already in receipt of services or an open case to assessment and care management this should not preclude a further enquiry
- if the alleged perpetrator is known to services their social worker/team manager should be informed.

6.4 Disclosure/sharing of information

Safeguarding adult enquiries have to sit alongside statute and other guidance. Enquiries should be transparent and ethical. It is not appropriate to conduct an enquiry without being transparent about the reasons why there is an enquiry being conducted. Depending on the circumstances it may be necessary to discuss the findings and the outcome with organisations or family members so that they are equipped with the relevant information to develop or be part of protection plans. You should inform relevant parties if you have requested input from an Independent Mental Capacity Advocate/Care Act Advocate.

- it is not appropriate to disclose who the alerter is
- it is not appropriate to disclose that the concern was raised by a whistleblower, any staff/former member who is acting within a whistleblowing capacity will be referred to as an 'anonymous referrer' to ensure their identify is protected
- information should not be disclosed to an alleged perpetrator
- all disclosure / sharing of information should be risk assessed. The sharing of personal information must always be discussed with your manager, legal services or data protection officers within the authority and must not breach the General Data Protection Regulations 2018.

For further information, please refer to General Data Protection Regulations 2018:

www.eugdpr.org/

6.5 Court proceedings

For the purpose of court proceedings, a witness is competent if they can understand the questions and respond in a way that the court can understand. Police have a duty under legislation to assist those witnesses who are vulnerable and intimidated. A range of special measures are available to facilitate the gathering and giving of evidence by vulnerable and intimidated witnesses. Consideration of special measures should occur from the onset of a police investigation. In particular:

- immediate referral or consultation with the police will enable the police to establish whether a criminal act has been committed and this will give an opportunity of determining if, and at what stage, the police need to become involved further and undertake a criminal investigation
- the police have powers to initiate specific protective actions which may apply, such as Domestic Violence Protection Orders (DVPO)

- a higher standard of proof is required in criminal proceedings (beyond reasonable doubt) than in disciplinary or regulatory proceedings (where the test is the balance of probabilities) and so early contact with police may assist in obtaining and securing evidence and witness statements
- early involvement of the police will help ensure that forensic evidence is not lost or contaminated
- police officers need to have considerable skill in investigating and interviewing adults with a range of disabilities and communication needs if early involvement is to prevent the adult being interviewed unnecessarily on subsequent occasions. Research has found that sometimes evidence from victims and witnesses with learning disabilities is discounted. This may also be true of others such as people with dementia. It is crucial that reasonable adjustments are made and appropriate support given, so people can get equal access to justice
- police investigations should be coordinated with health and social care enquiries but they may take priority
- guidance should include reference to support relating to criminal justice matters which is available locally from such organisations as Victim Support and court preparation schemes
- some witnesses will need protection and the police may be able to get victim support in place.

6.6 Allocation of safeguarding enquiries

If the case is already open to a social worker, you must consider whether it is appropriate that they automatically become the officer to undertake the safeguarding enquiry. An informal approach by a social worker who is well known to the person and their carer(s) may appear to be appropriate. However, an informal approach may overlook the seriousness of the situation. Similarly, a social worker becoming the enquiry officer may damage a positive and effective working relationship with a person or his/her family.

6.7 Networking

Gathering information is a crucial part of the decision making process. You should complete and agree the action plan with the allocated social worker dependent on the information gathered so far. Please note networking can be done by telephone and details of telephone calls/conversations must be recorded on the chronological sheet.

An example of the networking process would be as follows:

- there may be information regarding the adult and alleged perpetrator on Liquidlogic
- clarification of information from the referrer is necessary but contact should be **risk assessed** to ensure it is appropriate in each case
- if it appears a crime has been committed, discussions with the police are essential
- if the alleged perpetrator is an adult with needs for care and support, liaison with their care management team or a referral for that person should be made through Careline
- capacity and consent issues may need to be considered and a decision to involve an Independent Mental Capacity Advocate (IMCA)/advocate may be required
- in a regulated service discussions with the Care Quality Commission will be necessary
- in a service commissioned by the local authority, discussions with the contract manager will be necessary
- if part of the referral is a complaint, the adult services complaints team needs to be consulted
- in a service commissioned by the local authority, the Quality Assurance and Adult Safeguarding Unit (QAASU) could have information relevant to the case.

NB - If the referral relates to a care provider careful consideration of the facts established should be considered prior to any contact with them. This should be decided on a case by case basis. You should receive feedback from the networking process. The information gathered should inform further actions.

6.8 Strategy discussions

Every enquiry will need strategy discussions to decide who will lead it. What are the safeguarding concerns, the adult's wishes and how the safeguarding enquiry needs to proceed etc. This discussion will include the manager allocating the referral and all relevant or potential agencies involved in the safeguarding enquiry; e.g. police, health, complaints section, etc. However, if there are a number of enquiries indicated, which may need to run concurrently, a formal strategy meeting will almost certainly be required.

REMEMBER – involvement and engagement with the adult throughout is key to promoting personalised approaches to adult safeguarding.

6.9 Strategy meetings

Decide if there is enough evidence to call a strategy meeting. If a strategy meeting is required, the team leader/manager must contact the relevant community manager to discuss the outcome of the networking process, purpose of the strategy meeting and proposed attendees.

6.10 Managing the enquiry

You must supervise the work of the social worker throughout the enquiry.

You should ensure all actions and decisions are recorded including the decision not to take any further action.

In cases where the police are undertaking an investigation in relation to a safeguarding issue you must ensure that regular contact is maintained with the Protecting Vulnerable Persons Unit (PVPV), and ensure records are updated accordingly.

You must ensure a timely completion to the case.

You must ensure the enquiry has been closed appropriately:

- adult has been informed
- recommendations have been implemented
- safeguarding plans have been implemented and date for review and who will review has been agreed
- incident closed on Liquidlogic
- incident closed in case file and appropriate documentation attached in safeguarding episode within Liquidlogic
- chronology sheet is complete and signed off
- service user's feedback has been captured – i.e. do they feel safe, have their desired outcomes been achieved
- sign off outcome report
- **all those involved in the enquiry are informed that the case is completed and closed.**

6.11 Timescales

Networking/strategy discussions – wherever possible within **24 hours** of receipt of referral.

Initial strategy meeting – wherever possible within **five working days** of receipt of referral.

Wherever possible the enquiry should be concluded – within **28 days** of receipt of referral or **28 days** of reconvened strategy meeting.

6.12 Closure of cases

It is essential that cases are closed appropriately with conclusions, service user's outcome(s) and relevant feedback recorded on Liquid logic. The authority has a statutory duty to send statistical returns to the Department of Health in relation to safeguarding adult referrals.

Ensure that:

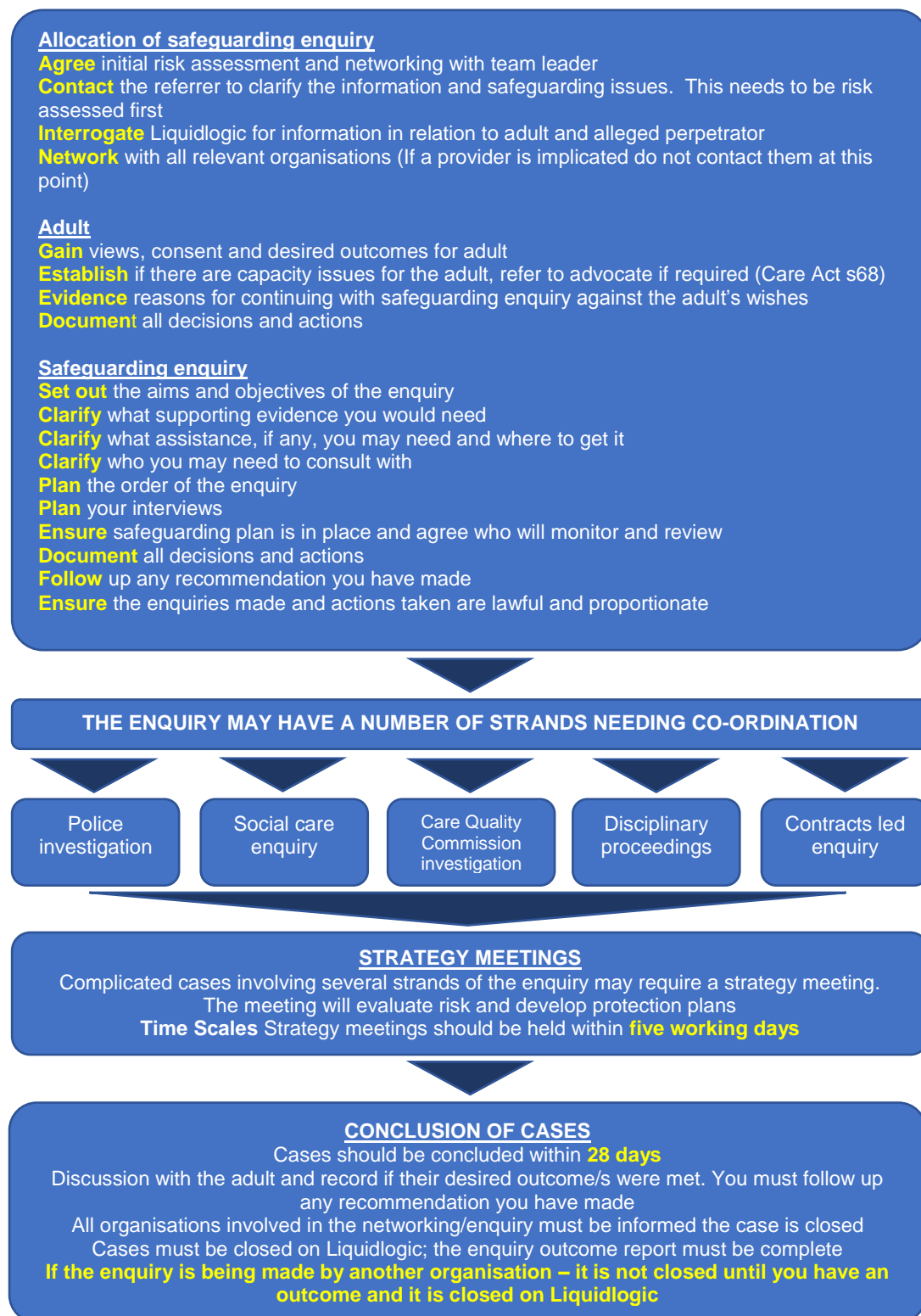
- **wherever** possible enquiries are completed within the timeframe
- **discussion** has taken place with the adult, or if they have substantial difficulty understanding, their representative or advocate in relation to the adult's desired outcomes and if they were met or not met
- **social worker** has informed the relevant agency of any recommendation they have made and a date has been set to review the implementation of the recommendations with the agency
- **social worker** has reviewed the safeguarding plan
- **social worker** has closed the enquiry appropriately
- **incident** is closed on Liquidlogic
- **all parties** involved in enquiry/networking are informed that the case is closed.

Consideration must be given to who and how those involved in the enquiry are informed of the outcome/any recommendations and closure of the enquiry etc. Does this require individual face-to-face meetings or a multi-agency meeting with actions/recommendations, identified responsibilities for implementing actions and monitoring safeguarding plans?

NB - if another organisation is undertaking the enquiry, the case is not closed until your team has received an outcome and it is closed on Liquidlogic. Dates of discussions held and the name of the organisation that is completing the enquiry should be recorded on the safeguarding episode.

7. The role and responsibilities of the social worker/enquiry officer in safeguarding adults from abuse or neglect

This section explains the role and responsibilities of the social worker/enquiry officer in relation to adult safeguarding concerns/enquiries. The flow chart below provides an overview of the role of the social worker/enquiry officer when dealing with a safeguarding enquiry.



7.1 Adult's views and wishes

Wherever possible there should be a conversation with the adult at the earliest opportunity to establish:

- their views and wishes, what do they want to happen
- if the adult feels in immediate danger or at risk, and what they want to do about this or what protective factors they have put in place themselves
- what action, if any, the adult wants taken
- what outcomes the adult wants from the safeguarding enquiry.

Discussions with the adult should be maintained throughout the enquiry establishing what they want to happen, and if this has been achieved in line with making safeguarding personal.

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

Where the adult has substantial difficulty being involved in the enquiry and has no one suitable to support them you must make a referral for an independent advocate.

Please click on the link below to make a referral to **VoiceAbility** for an independent advocate:

www.voiceability.org/about-us/advocacy-experience

7.2 What happens if the adult does not want any action taken?

Adults have a legal right to make decisions about their own lives. If the adult has capacity but does not want any action taken, their wishes should be respected wherever possible. However, there will be exceptions when a professional must override the adult's wishes for example when others are at risk of abuse or neglect, a breach of regulation, professional code of conduct of a criminal offence appears to have been committed.

Where there is a requirement to override an adult's wishes the adult must be informed of this and all information documented providing evidence of any alternative considered and the rationale for overriding the adult's wishes.

REMEMBER – involvement and engagement with the adult throughout is key to promoting personalised approaches to adult safeguarding.

7.3 The wider implications of a safeguarding enquiry

All enquiries should be of a forensic quality. At the beginning of a safeguarding enquiry consideration should be given to the potential wider outcomes. The information / evidence gathered could become part of legal proceedings in the Crown Court, Magistrate's Court or the Coroner's Court. The safeguarding enquiry could form part of disciplinary proceedings or an industrial tribunal.

7.4 Disclosure/sharing of information

Safeguarding adult enquiries have to sit alongside statutory and other guidance. Enquiries should be transparent and ethical. It is not appropriate to conduct an enquiry without being transparent about the reasons why there is an enquiry being conducted. Depending on the circumstances it may be necessary to discuss the findings and the outcome with organisations or family members so that they are equipped with the relevant information to develop or be part of safeguarding plans. You should inform relevant parties if you have requested input from an independent advocate.

- it is not appropriate to disclose who the alerter is
- it is not appropriate to disclose that the concern was raised by a whistle blower, any staff/former member who is acting within a whistleblowing capacity will be referred to as an anonymous referrer to ensure their identity is protected
- information should not be disclosed to an alleged perpetrator
- all disclosure / sharing of information should be risk assessed
- the sharing of personal information must always be discussed with your manager, legal services or data protection officers within the authority and must not breach the General Data Protection Regulations 2018.

For further information, please refer to General Data Protection Regulations 2018

www.eugdpr.org/

7.5 What the safeguarding enquiry will involve:

- on allocation establish wishes, preferences, wellbeing of adult
- ensuring support and care for person throughout the enquiry, keeping them informed, include advocates, family and representative

- where relevant, ensure there is complete transparency during the enquiry
- establish status of referrer prior to clarifying information in referral
- planning an enquiry possibly in collaboration with other agencies
- ensure liaison with regulatory bodies where relevant e.g. the Care Quality Commission
- identifying supporting evidence which will need to be examined
- coordinating the input of other agencies/professionals
- when necessary, assessing capacity and consent issues. This may need to be done in a multi-disciplinary forum
- ensuring that you gain access to the service user believed to be at risk of abuse or neglect and following the council's guidance where there are issues with access liverpool.gov.uk/council/strategies-plans-and-policies/adult-services-and-health/safeguarding-adults-procedure/
- deciding who is best placed to conduct interviews
- collating and evaluating information and evidence
- completing a risk assessment
- developing safeguarding plans
- follow up recommendation
- documenting all actions and decisions on Liquidlogic.

7.6 The role of the social worker undertaking the safeguarding enquiry

- capacity, wellbeing issues to be considered
- make a referral for an independent advocate where required
- through discussion with the adult or where applicable their representative/advocate identify the service user's desired outcomes
- co-ordinate the different strands of the enquiry
- agree initial risk assessment(s) and networking with manager
- complete sufficient enquiries in order to make an initial assessment of the situation
- ensure network discussions take place with all relevant agencies
- complete a risk assessment
- establish the facts/identify who/where the allegations have come from
- maintain contact with the adult throughout the enquiry
- the networking discussions should inform the urgency of any response/visit
- ensure that all relevant agencies are kept well informed of developments
- ensure the enquiry is transparent

- provide a verbal report to your manager by the end of the networking process and at other agreed intervals
- attend and provide a verbal report to strategy meetings when applicable
- ensure minutes of strategy meetings are attached to the safeguarding episode in Liquidlogic
- develop safeguarding plans and agree who is responsible for monitoring and reviewing
- make recommendations and make sure they have been implemented
- document all actions and decisions on Liquidlogic
- ensure all scanned documentation is legible and complete
- ensure the actions/recommendations/adult's outcomes in the enquiry outcome report have been undertaken and recorded on Liquidlogic
- provide appropriate feedback to all relevant parties involved in the safeguarding enquiry
- ensure appropriate closure of case on Liquidlogic.

7.7 Networking

Gathering information is a crucial part of the decision-making process. Please note networking can be done by telephone. Details of telephone calls/conversations must be recorded on the chronology sheet.

7.8 Importance of contacting the police

If you think a crime may have been committed, you must make a referral to the police. If you are in any doubt you must take advice from the Liverpool Protecting Vulnerable Persons Unit (PVPV). The PVPV terms of reference are to investigate possible offences which occur:

- within the family or extended family
- in respect of the person being cared for by any person in a position of trust (voluntary or professional) at the time of the alleged offence
- all allegations of physical, financial, sexual abuse and neglect where the complainant is an adult with care and support needs and because of those needs unable to protect themselves and the offence involves some aspect of abuse of trust, power or influence by the suspect
- all police recommendations to be discussed with manager.

You must consult with the police as early as possible in the safeguarding enquiry. This will assist gathering and preserving evidence.

Delay may result in forensic and other evidence being lost or diluted and

statement evidence becoming contaminated. If you start the enquiry without first consulting the police you run the risk of contaminating possible evidence. If the police are involved at an early stage this evidence can be collected and preserved.

All police referrals must be emailed to the Liverpool Protecting Vulnerable Persons Unit (PVPV) at the address below.

Liverpool Protecting Vulnerable Persons Unit (PVPV)

Tel: 0151 233 2323 or 0151 233 2331 / 2321

Email: Central.MASH@merseyside.pnn.police.uk

Out of Hours - the above numbers are operative during office hours. Out of hours in a non-emergency you must contact the police on **101**.

7.9 Achieving best evidence

Special measures were introduced through legislation in the Youth Justice and Criminal Evidence Act 1999 (YJCEA) and include a range of measures to support witnesses to give their best evidence and to help reduce some of the anxiety when attending court.

Measures in place include the use of screens around the witness box, the use of live-link or recorded evidence-in-chief and the use of an intermediary to help witnesses understand the questions they are being asked and to give their answers accurately.

If an Achieving Best Evidence interview is necessary, the police will take the lead on this. You should take your lead from the police.

The police may establish, during their investigation that the complainant is likely to meet the criteria for consideration as a Vulnerable Witness (s.16, Youth Justice & Criminal Evidence Act, 1999) which means that they might be granted special measures e.g. screens, video-link, a supporter with them when giving evidence, etc.

Ministry of Justice - Achieving Best Evidence in Criminal Proceedings:

Available at:

www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf

7.10 The role of the Care Quality Commission

The Care Quality Commission (CQC) must be informed of any issues of abuse highlighted in organisations for which they have regulatory responsibility. CQC will attend strategy meetings where the concern involves alleged breaches of regulations.

Care Quality Commission (CQC) Safeguarding People Webpage:

Available at: www.cqc.org.uk/content/safeguarding-people

Telephone Contact for CQC: 03000 616161

7.11 ADASS cross boundary protocol

This agreement states that “the authority where the abuse occurred should always take the initial lead on the safeguarding referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence has been committed.”

ADASS Protocol for out of area safeguarding adults arrangements
available at:

www.adass.org.uk/out-of-area-safeguarding-adult-arrangements

ADASS Protocol for inter-authority safeguarding enquiries of adult
abuse and neglect:

Available at: <https://www.adass.org.uk/.../adass-guidance-inter-authority-safeguarding-arrangement...>

7.12 The enquiry

An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry, their representative or advocate to a much more formal multi-agency plan or course of action.

All safeguarding enquires must be underpinned and informed by the six safeguarding principles empowerment, prevention, proportionality, protection, partnership and accountability. All enquiries should involve a conversation with the adult or their representative or advocate at the earliest opportunity. Discussions with the adult must be maintained as the enquiry proceeds.

It is important to think about the safeguarding enquiry procedure in order to ensure all enquiries are made. Safeguarding adults is a multi-agency responsibility and when appropriate our partner organisations should be an integral part of enquiries.

You need to think about the following issues:

- has the initial referrer been contacted, has this been risk assessed
- have you ascertained the adult's views and wishes
- Is there anything which suggests that a criminal act may have taken place – if yes, the police must be contacted
- are there clinical or specialist areas of the enquiry you may not have an understanding of – where will you get advice/information in relation to this?
- next step on the basis of the networking process a decision must be made whether a strategy meeting is necessary. Indicators to suggest that a strategy meeting is required may include but is not exclusive to:
 - serious complex cases
 - a history of safeguarding concerns
 - forced marriage, female genital mutilation and so called honour-based violence
 - modern slavery
 - domestic abuse gold status
 - multi-agency involvement with a person
 - several agencies have concerns and the sharing and pooling of information is desirable
 - several people are or could be at risk
 - there are indications that a number of safeguarding enquiries are being undertaken (or could be)
 - the seriousness of the incident.

You must be prepared to present your evidence and risk assessment at the strategy meeting

7.13 Evidence

Evidence can mean many things an example of which is:

- direct observation
- verbal statements
- physical evidence
- previous referrals
- criminal intelligence
- documentation – e.g. care plans, risk assessments, weight charts, turning clocks, fluid balance charts, etc.

7.14 The intelligence/investigation/enquiry cycle

The following diagram is a well-recognised process which helps to ensure a thorough enquiry which stands up to scrutiny. The direction assists with control of the enquiry, active planning, pro-active information gathering and if documented correctly scrutiny over rationale in decision making.



7.15 Working with partner agencies

The social worker undertaking the enquiry may need advice or assistance from other specialist organisations. Below is an example of the responsibilities of other key investigative organisations.

7.16 Clinical concerns

Care home

Where there is a safeguarding concern that includes a clinical issue in a care home, staff should contact Mersey Care Safeguarding Service Adult Safeguarding Team.

The Mersey Care nurse will make enquiries in relation to clinical issues that are part of a safeguarding enquiry. The social worker should contact the Mersey Care nurse on the number below to discuss clinical issues to be investigated and arrangements for visiting the service user.

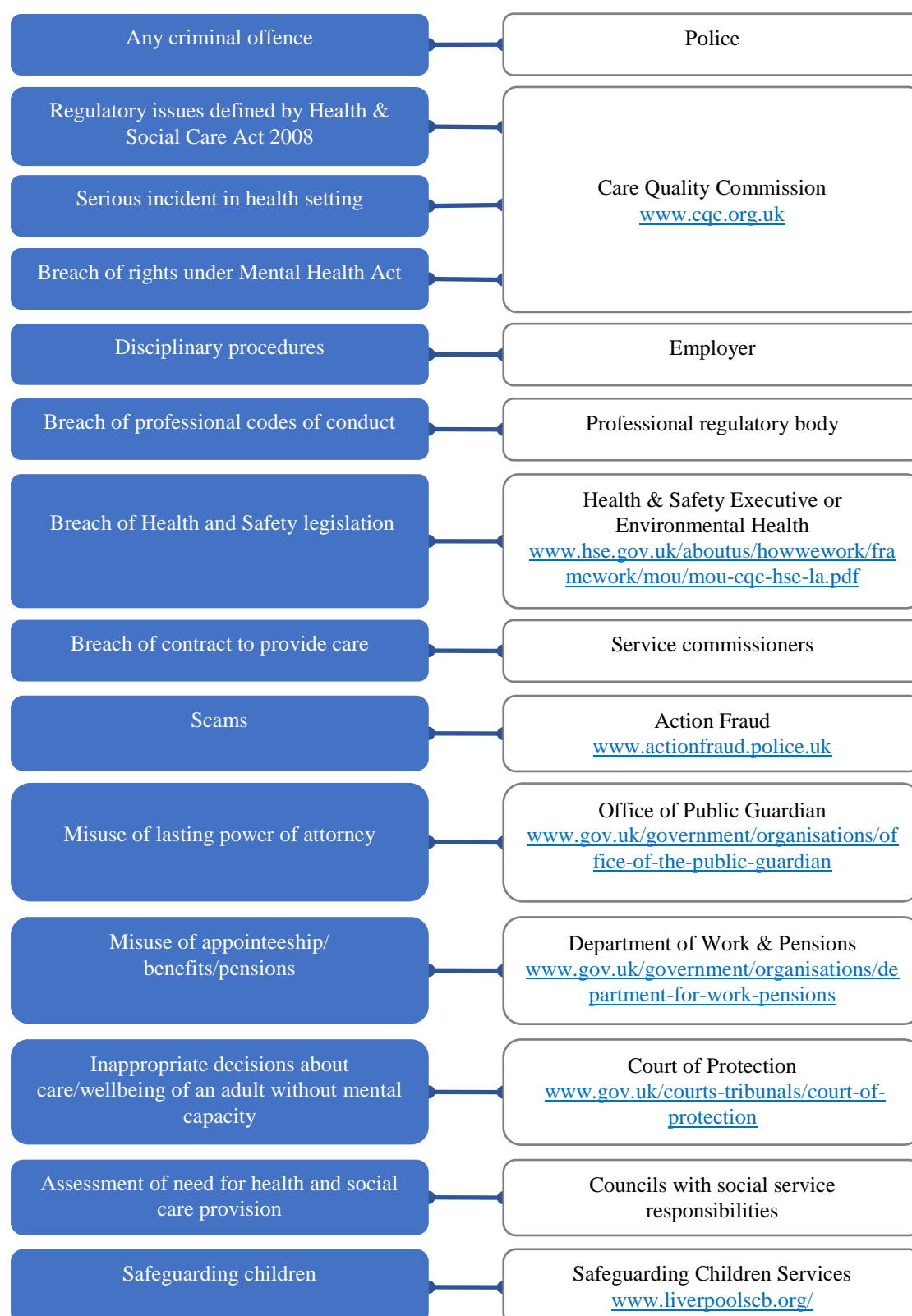
The Mersey Care safeguarding nurse will provide a clinical report for the social worker with recommendations. This will support the decision making around the conclusion of the enquiry.

The Mersey Care safeguarding nurse will also develop a safeguarding action plan where required in relation to clinical issues and complete follow up visits where relevant.

Mersey Care Safeguarding Adult Team will be available 9am – 4.45pm Monday – Friday (excluding bank holidays) to take phone calls on the Safeguarding Adults Duty Line: 07717576890 to provide advice and guidance relating to clinical issues that may arise as part of a safeguarding enquiry.

Any direct safeguarding referrals, the clinical commissioning group safeguarding service receive will be referred to Careline as per multi-agency safeguarding adults policy.

7.17 Roles of other key investigators



7.18 Closure of case

It is essential that cases are closed formally and that all of the different elements of the case have been concluded. There are specific tasks that the social worker leading the enquiry should complete at the end of the case:

Ensure that:

- **discussion** takes place with the adult in relation to their desired outcome/s
- **ensure** safeguarding plans are complete and all those involved in the safeguarding plan understand their roles and responsibilities including responsibility for implementing action, raising any concerns, compliance with timescales and responsibility for monitoring and reviewing
- **set** a date to follow up any recommendations you have made as part of your safeguarding enquiry to check if they have been implemented
- **case** is closed on Liquidlogic, ensuring that the outcome/s, feedback and the date the person was made safe is recorded
- **all parties** involved in safeguarding enquiry /networking are informed that the case is completed and closed.

7.19 Informing others that the enquiry is closed

Consideration must be given to who and how those involved in the enquiry are informed of the outcome, any recommendations, safeguarding plans and closure of the enquiry. Depending on the unique set of circumstances you need to consider what the most appropriate method of communication is for each person/organisation which may include:

- a closure letter
- a telephone conversation
- a face-to-face meeting
- a multi-agency meeting – this would not necessarily require the same arrangements as a strategy meeting.

This should be done case by case and agreed with the line manager and recorded on the enquiry outcome report/safeguarding plan.

NB - if another organisation is undertaking the enquiry, the case is not closed until your team has received an outcome and it is closed on Liquidlogic. Dates of discussions held and the name of the organisation that are completing the enquiry should be recorded on the safeguarding episode.

8. Strategy meeting

Purpose of the strategy meeting(s)

A strategy meeting is an inter-agency forum to plan the process of the enquiry and any subsequent protection planning. This is a meeting of professionals to examine the information and evidence presented by the various agencies. This is a decision making forum in relation to the best way forward with the enquiry.

This is the forum to:

- assess the risk to individuals or groups
- decide if an enquiry will be conducted
- establish roles and responsibilities within the enquiry
- decide which organisation will take the lead in the enquiry
- develop safeguarding plans.

8.1 The meeting will not provide any of the following:

Guidance on the initial stages of the enquiry process. This should have been done in conjunction with your line manager. Outcomes - the meeting is not a tribunal to apportion blame. The enquiry should determine the outcomes, conclusion and the finding(s) shared through the appropriate channels

8.2 Timescale for strategy meeting

If the networking process indicates that a strategy meeting is needed, then it should be called within five working days of the initial alert. Reconvened strategy meetings are to be called within seven working days. The reason for a longer timescale should be agreed and recorded at the initial meeting.

8.3 Calling a strategy meeting

Following the network process there may be indicators to suggest that a strategy meeting is required, this may include but is not exclusive to:

- forced marriage, female genital mutilation and so called honour based violence cases (**automatic referral for a strategy meeting**)
- domestic abuse gold status
- modern slavery
- serious complex cases
- history of safeguarding concerns
- multi-agency involvement with a person

- several agencies have concerns and the sharing and pooling of information is desirable
- several people are or could be at risk
- there are indications that a number of safeguarding enquiries are being undertaken (or could be)
- the seriousness of the incident.

If following the networking process your manager agrees that a strategy meeting is needed, the manager/team leader will contact the community manager to discuss. The community manager will need to know the outcome of the networking process, the adult's views and wishes if known, the purpose of the strategy meeting and who needs to attend the meeting. If the community manager agrees with the rationale for holding a strategy meeting you must contact business support.

Strategy meetings are held on the same day and at the same location each week. The social worker allocated to the safeguarding enquiry needs to give a list of those who should be invited to the diary secretary and the invitations will be sent.

8.4 Attendance at strategy meetings

Attendance at strategy meetings is mandatory. The question of who should attend strategy meetings will depend on the nature of the allegation and who the alleged perpetrator is. It is good practice to include the adult and/or their representative wherever possible. The manager and social worker responsible for the safeguarding enquiry will need to decide this on the basis of the information received from the networking process.

8.5 Inviting provider agencies / commissioners

Thought must be given to the appropriateness of inviting provider agencies to strategy meetings. It may not be appropriate to invite provider agencies to strategy meetings if the organisation is implicated in any way with the issues of concern. Commissioners of services may need to be invited to the meeting.

8.6 Role of the chair

The chair of the strategy meeting has a number of significant roles to play in ensuring the aims and objectives of the meeting are met.

Before the meeting:

- familiarise themselves with the information
- consider the need for a confidential slot

- brief the minute taker of any difficult areas that may arise.

During the meeting, the chair should ensure the following:

- feedback information from previous related meetings
- agenda is available
- explain the purpose of the meeting and the remit the meeting is conducted under
- the confidentiality agreement has been stated
- the number of safeguarding concerns
- go through risk assessments and any reports
- keep meeting focused and on track
- that a safeguarding plan is formulated
- ensure wishes and feelings and outcomes which the adult wishes to achieve are integral to the enquiry
- ensure all attendees are able to have a say
- ensure the minute taker understands what is being said and is noting action points as appropriate.

8.7 Conflicts and disagreements

Safeguarding is a collaborative process and agreement is normally reached through open dialogue between organisations. If conflict or disagreement does occur this needs to be recorded in the minutes. Decisions should not be made by a voting process. The chair may need to consider legal advice when reaching a decision. In the event that a consensus cannot be reached the chair will make a decision on the evidence presented, giving a clear rationale for the decision which will be documented. Decision making must be measured against information and evidence presented within the legal framework and the duty of care.

8.8 Agenda for strategy meetings

An agenda for issues to be discussed at the strategy meeting can be found in the appendices of this document. (See appendix B agenda for strategy meetings.)

8.9 Record of strategy meeting

The strategy meetings will be recorded and minutes will be sent out to participants within ten working days.

9. Adult safeguarding plans

As part of the safeguarding enquiry you may need to develop an adult safeguarding plan to formalise and coordinate the range of action to protect the adult, and to support the adult to recover from the experience of abuse or neglect.

The plan should outline the roles and responsibilities of all people and agencies involved, and should identify who will monitor and review the plan, and when this will happen. This should be recorded on the adult's safeguarding plan.

Safeguarding plans should be person-centred and outcome-focused. The safeguarding plan should be made with the full participation of the adult, or their representative or advocate as appropriate. Wherever possible, the safeguarding plan should be designed to reflect and aim to achieve the adult's desired outcomes.

The safeguarding plan should not be risk averse. Plans should reflect a positive risk taking approach and be clear how the plan will promote the adults wellbeing.

Timescales for monitoring and review of the plan should be set individually when formulating the plan, and should reflect the circumstances and level of risk involved.

If the adult has the capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make. The focus should therefore be on harm reduction. It should not however limit the action that may be needed to protect others who are at risk of harm. If the person lacks capacity to make decisions in this area, then a decision made must be in the person's best interest.

There will be occasions where the adult's desired outcomes cannot be met or where doing so would cause unacceptable risk of harm to the adult or others. Adult safeguarding plans will need to balance the duty of care to safeguard the adult with their right to self-determination. In cases where the adult is not able to understand and make safe decisions, the adult safeguarding plan may need to include restrictions on the adult's choices and lifestyle. Any support or decision that is designed to restrict unsafe choices or behaviour needs to be lawful, proportionate, and least restrictive.

9.1 Positive risk management

Risk is the probability that an event will occur with beneficial or harmful outcomes for a particular person or others with whom they come into contact. Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people to take positive risks so that they achieve personal change or growth.

Positive risk management does not mean trying to eliminate risk. It means managing risks to maximise people's choice and control over their lives.

Positive risk taking recognises that in addition to potentially negative characteristics, risk taking can have positive benefits for people, enabling them to do things which most people take for granted. In the right circumstances, risk can be beneficial, balancing necessary levels of protection with preserving reasonable levels of choice and control. A balance has to be achieved between the wishes of adult at risk of abuse or neglect, and the common law duty of care.

9.2 Risk management and personalising choice and control

The goal is to manage risks in ways which improve the quality of life of the person, to promote their independence or to stop these deteriorating if possible. Not all risks can be managed or mitigated but some can be predicted.

Risk management entails a broad range of responses and may involve preventative, responsive and supportive measures to reduce the potential negative consequences of risk, and to promote the potential benefits of taking agreed risks. These will occasionally involve more restrictive measures and crisis responses where the identified risks have an increased potential for harmful outcomes.

9.3 Interface between adult safeguarding plans and care and support plans.

An adult safeguarding plan is not a care and support plan, it will focus on care provision only in relation to the aspects that provide protection against abuse or neglect, or which offer a therapeutic or recovery based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention the adult safeguarding plan must be specific as to how this intervention will achieve this outcome.

9.4 What sort of actions should be included in adult safeguarding plans?

Adult safeguarding plans can cover a wide range of interventions and should be as innovative as is helpful for the adult. The adult safeguarding plan should include, relevant to the individual situation:

- positive actions to promote the safety and wellbeing of an adult, and for resolution and relevant to the individual situation
- positive actions to promote the safety and wellbeing of an adult, and for resolution and recovery from the experience of abuse or neglect

- positive actions to prevent further abuse or neglect by a person or an organisation.

The safeguarding plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for the adult, and how this should be dealt with (e.g. who to contact or how to escalate concerns).

9.5 Monitoring and reviewing the safeguarding plan.

The social worker should monitor the plan on a continuing basis, and lead review processes within the timescales agreed on the plan. The purpose of the review process is to:

- evaluate the effectiveness of the adult safeguarding plan
- evaluate whether the plan is meeting/achieving the adult's outcomes
- evaluate levels of current and ongoing risk.

The adult safeguarding plan will no longer be required when the adult is no longer at risk of abuse or neglect, or risks have reduced to the level that they can adequately and appropriately be managed or monitored through single agency processes, for example assessment and support planning processes, community policing responses, health service monitoring.

10 Record keeping in adult safeguarding

The importance of good record keeping is essential for all organisations. Accurate records are vital to ensuring the accountability of organisations. If challenged it is essential to be able to demonstrate that decisions were made lawfully. All records are legal documents and can be admissible in civil, criminal and coroner's courts.

Record keeping is an integral part of professional practice and should support the process. It is not separate from the process and not an optional extra to be fitted in if time and circumstances allow.

When abuse or neglect concerns are raised managers need to look at past concerns, risks and patterns.

10.1 Key question

Are your written records good enough to trigger your memory about why you made a decision or took a specific action?

If the answer is no – then just writing down an action may not be enough. The content of the record needs to be written in a way that means it can act as an aide-memoire potentially many years later.

A record should explain what you did and why you did it. When decisions are made, the reason for making a decision should be explained¹.

10.2 What to record

It is essential to demonstrate how an assessment of risk, responsibility, rights, autonomy and protection of a person was undertaken. All records should include the following:

- all entries must provide factual information, for example, times, dates, names of people present at meetings
- all contact, either face-to-face or by telephone, with the person, carers, alleged abuser must be recorded
- initial discussions with manager on receipt of referral must be logged
- all network discussions with other professional agencies must be recorded
- all discussion with the adult regarding their wishes the outcomes must be recorded and updated as necessary. (The local authority is required

¹ Pritchard, J with Leslie, S. 2011. Recording Skills in Safeguarding Adults. London: Jessica Kingsley Publishers, p24

to complete statistical returns in relation to discussion with the adult or their representative or advocate regarding the adults desired outcomes and if they were met)

- all decisions made, actions taken and the responsibility for carrying out decisions must be recorded on the chronology sheet
- when differences of opinion occur in relation to possible harm/abuse to an adult, a recorded discussion must take place between the persons holding the different views
- records must be clear, accurate and contemporaneous
- each organisation must be able to provide a chronology of actions taken
- all interviews must be written contemporaneously on the statement sheet(s).

10.3 Documentation which must be kept on file

- the referral
- the chronology sheet
- any rough notes must be kept
- any letters or email correspondence
- any documents which constitute supporting evidence
- records of strategy meeting minutes
- assessments of mental capacity and best interests decisions
- witness statements
- risk assessments
- safeguarding plan
- safeguarding enquiry outcome report.

10.4 Service user as perpetrator

If the alleged perpetrator is a service user then information about his/her involvement in a safeguarding enquiry, including the outcome of the enquiry, should be included on his/her case records.

REMEMBER: If it has not been documented it has not been done!

11. Referring a domestic abuse case for a Multi- Agency Risk Assessment Conference (MARAC)

Where the adult experiencing domestic abuse with care and support needs and due to those needs is unable to protect themselves a safeguarding concern should be raised under the adult safeguarding procedures.

Agencies should also complete the Merseyside Risk Indicator Toolkit (MeRIT) following a disclosure of domestic violence (abuse) please see Appendix A. This will provide an assessment on the level of risk and following the guidance included with the MeRIT form, relevant referrals can be made including (if needed) a referral to Multi Agency Risk Assessment Conference (MARAC).

If the victim is high risk a referral should be made to the MARAC (see chart below). This can be done with the consent of the victim but for those cases where consent is refused agencies will need to consider if the referral should continue. High risk victims can be referred to MARAC without the consent of the victim if the case meets the MARAC referral criteria.

If the risk score does not meet the MARAC threshold for referral and you believe that the victim is at high risk of further abuse, you can still refer the case to MARAC using your professional judgement. A MARAC Quality Assurance Form should be completed alongside the MeRIT Risk Assessment and MARAC Referral form. All forms should be sent to the MARAC email box for the attention of the MARAC Co-ordinator. The Co-ordinator will assess the referral. If the referral would be better suited to discussion in another forum, the Co-ordinator will return your referral and QA Form with guidance for action.

For support on how to complete the risk assessment referral or quality assurance form call the Safer and Stronger Communities MARAC Officers on **0151 233 7016** or email **MARAC@liverpool.gcsx.gov.uk**

When referring high risk victims to MARAC, all referrals should also be sent to the Independent Domestic Advisor Service who will advocate on behalf of the victim as part of the MARAC process.

MARAC Referrals:

marac@liverpool.gcsx.gov.uk

idva.service@localsolutions.cjsm.net

Liverpool MARAC Combined Operating and Information Sharing Protocol 2018-2019

Available from: marac@liverpool.gcsx.gov.uk

11.1 Immediate danger

Consider any immediate danger to you or person and if in doubt dial **999**

11.2 Merseyside Police response

The duty of the officer is to ensure both the safety of victims, and witness

- if injuries have occurred ensure that the victim receives medical attention if appropriate
- ensure that each party is spoken to separately in a place where the suspect cannot overhear, allowing the victim to speak freely
- explain the investigation process and procedures to victim and/or witness and make it clear that the police take these matters seriously
- provide the victim with details of specialist agencies who provide help and information for people suffering domestic abuse
- provide information of the local availability of refuges, victim support, outreach services and a place of safety.

11.3 Initial referrals

The initial referral is passed on to a specialist unit dealing with domestic violence:

Merseyside Police
0151 777 4815 / 4880 / 4866 / 7076

11.4 Domestic violence (abuse) local support services

A list of agencies that can provide information for the person subjected to domestic violence can be found in Appendix E of this document. Agencies can be approached in order to gain information and support.

11.5 Merseyside Risk Indicator Toolkit (MeRIT)

This is the agreed risk assessment used in Liverpool which will enable you to identify the severity of the risk for victims of domestic violence (abuse).

11.6 Liverpool Multi-Agency Risk Assessment Conference (MARAC)

Part 1 – Identifying a case

RISK INDICATOR MeRIT (Merseyside Risk Indicator Toolkit)

Victim identified as high or very high risk – this will also include police call outs, significant concerns and agency concerns. Use risk indicator and guidance on intervention tools.

CONSENT FOR INFORMATION SHARING

Agency work:

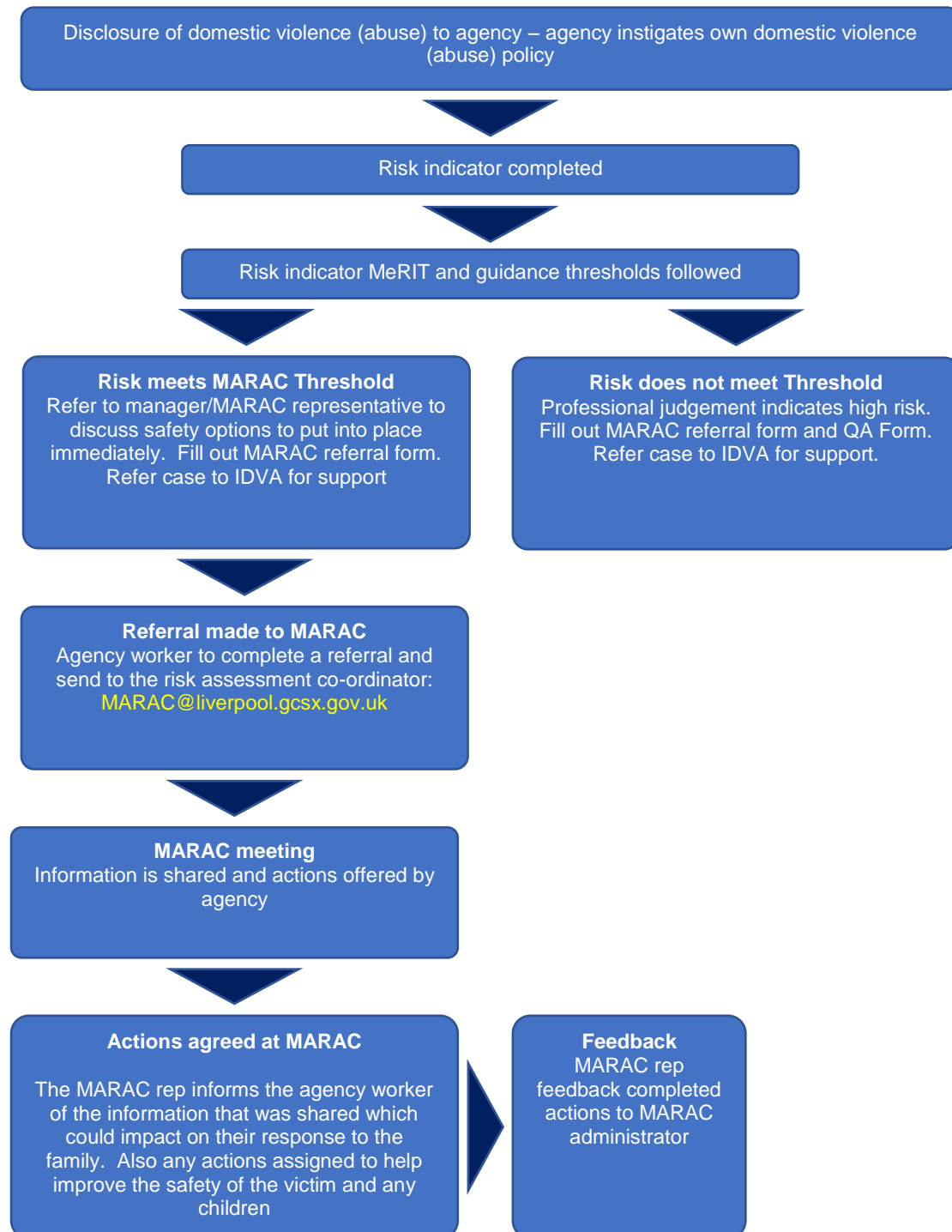
- Explains process to victim and receives consent to share information
- Consent is recorded on agency's case file and also on referral form with details of when and how consent was obtained
- Does not receive consent from victim but agency decides that a referral is necessary
- Agency worker completes 'information sharing without consent' form and consults guidance document – copy of form is kept on agency's file and the box to share information without consent ticked on referral form and brief details as to why the information is being shared

REFERRAL FORM COMPLETED

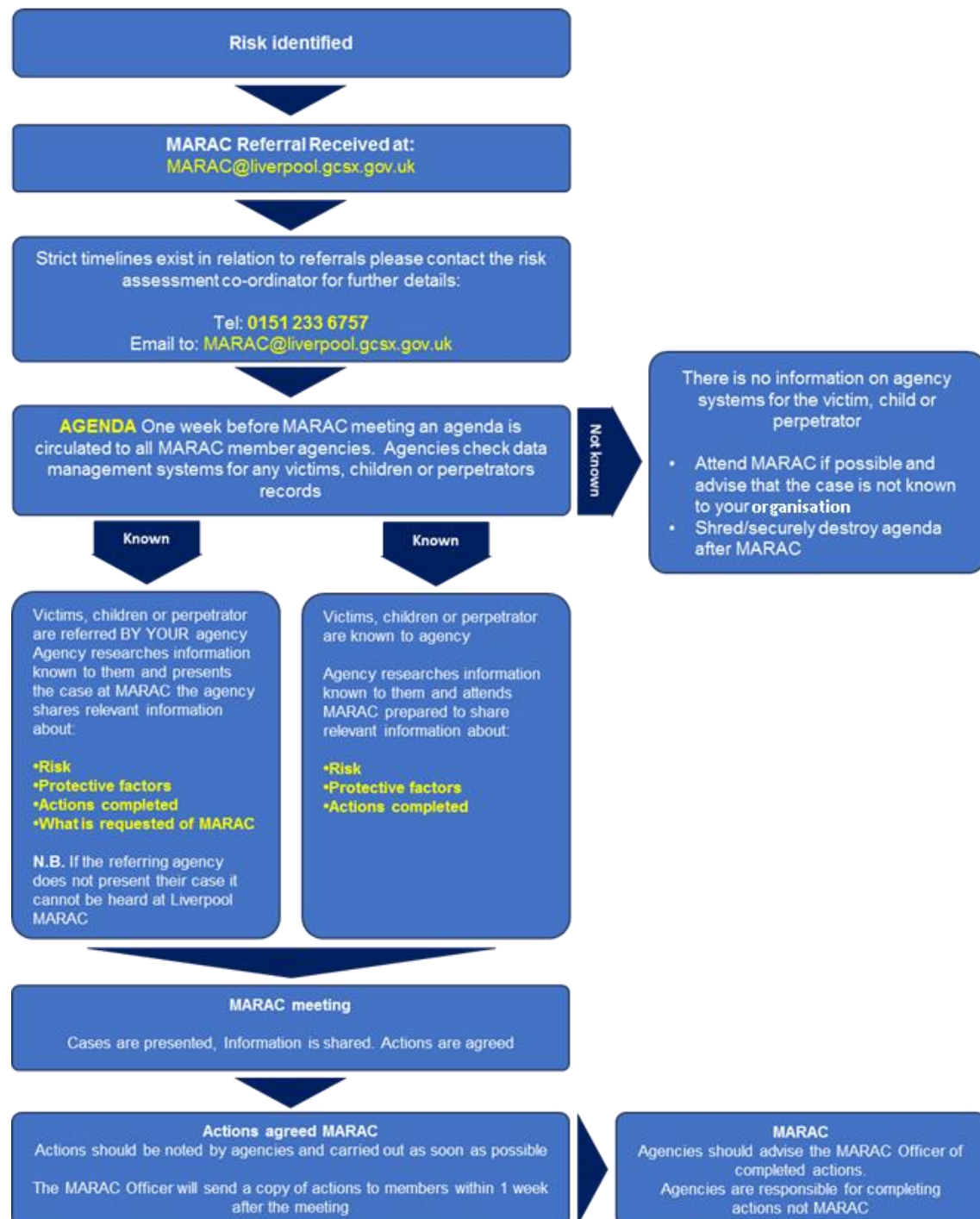
Agency completes MARAC referral form (and QA form if the referral is based on professional judgement) including relevant information, level of risk and whether or not the person has consented to the referral.

All details should be checked on the MARAC referral from **by the referring agency** including dates of birth, addresses etc.

Part 2 – Referral process



Part 3 – MARAC process



12. Escalation process – Resolving professional differences

Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard adults.

Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard an adult or there is disagreement regarding the findings/conclusion/outcomes of a safeguarding enquiry

Where professionals consider that another professionals practice is placing an adult at risk of harm, they must be assertive, act swiftly and ensure that they challenge the professional in line with these procedures.

An adult's safety is the paramount consideration in any professional activity. As a guide, professionals should attempt to resolve differences through discussions within one working week or a timescale that protects the adult from harm (whichever is shortest).

The people who disagree should attempt to resolve the problem. A discussion must take place as soon as possible and could be a telephone conversation or a face-to-face meeting.

Any worker who feels that a decision is not safe or is inappropriate can initially consult their supervisor/manager to clarify their thinking if needed. They should be able to evidence the nature and source of the concerns and should keep a record of all discussions.

If the problem is not resolved, the worker should contact their supervisor/manager within their own agency who should speak with the equivalent supervisor/ manager in the other agency.

If the disagreement cannot be resolved at this stage, then the expectation is that escalation should continue through the appropriate tiers of management in each organisation until the matter is resolved.

At all stages of the process, actions and decisions must be recorded in writing on the person's file and shared as appropriate with relevant personnel, which should include the worker who raised the initial concern.

If it has not been possible to resolve the professional differences between the agencies concerned (and after the Merseyside Safeguarding Adults Board (MSAB) agency members have been involved), the matter should be referred by the concerned agency to the chair of the MSAB, who may then either seek to resolve the issue directly with the relevant senior managers, or convene a Resolution Panel.

The agency raising the dispute must e-mail the details through to:

MerseysideSAB1@wirral.gov.uk
<https://www.merseysidesafeguardingadultsboard.co.uk/escalation-policy/>

Appendix A Merseyside Risk Identification Tool (MeRit)

Name of victim:

ALL QUESTIONS MUST BE TICKED		Yes	No
1	Are there issues around separation/divorce, regardless of timescale?		
2	Is the victim pregnant?		
3	Are there any child contact issues?		
4	Is the victim socially isolated?		
5	Is there emotional abuse present?		
6	Is there financial abuse present?		
7	Is there extreme jealousy present?		
8	Have threats been made to the victim?		
9	Has the victim been harassed/stalked? (By the perpetrator or a 3 rd party related to the perpetrator)		
10	Is the victim a repeat victim (known to your agency)?		
11	UNREPORTED previous incidents? (if so, how many?)		
12	Does the victim have a learning disability and/or mental health issues?		
13	Does the perpetrator have a learning disability and/or mental health issues?		
14	Have the incidents escalated on terms of severity and/or frequency?		
15	Is the victim unemployed?		
16	Is the perpetrator unemployed?		
17	Does the perpetrator have a history of violence?		
18	Has the perpetrator ever been violent to the children? (or made threats of violence to children)		
19	Has the perpetrator even been violent to pets? (or made threats of violence to pets)		
20	Has the perpetrator ever self harmed/threatened to self-harm and/or threatened suicide?		
21	Has the perpetrator ever sexually abused the victim or been sexually inappropriate? (including threats)		

BACKGROUND TO THE RELATIONSHIP

(If applicable include information on injuries to the victim and/or their demeanour)

ALL QUESTIONS MUST BE TICKED		Yes	No
22	Alcohol present (perpetrator only)		
23	Alcohol present (victim only)		
24	Alcohol present (both)		
25	Drugs present (perpetrator only)		
26	Drugs present (victim only)		
27	Drugs present (both)		
28	Is the victim un-cooperative?		
29	Does the victim appear afraid? (please note demeanour)		
30	Does the victim feel s/he is at risk? (if yes, give details)		
31	Does the victim deny an assault has taken place (when there are signs of an assault)?		
32	Were children present? (If so where?)		
33	Did children witness the incident?		
34	Was there damage to the property/belongings?		
35	Was there physical violence?		
36	Were the victim and perpetrator violent to each other?		
37	Was violence used in self-defence?		
38	Did the perpetrator strangle/attempt to strangle or place his/her hands around the victim's throat?		
39	Was a pre-meditated weapon present?		
40	Was an opportunity weapon present?		

WHAT HAPPENDED LEADING UP TO AND DURING THE INCIDENT

WHAT FACTS WERE LEADING UP TO AND DURING THE INCIDENT?

Please place a cross in each box that correspond to the question number, where an answer of 'yes' was provided.

SIGNIFICANT FACTORS	BREAKDOWN	VIOLENT
	1.	
2.		
	3.	
		4.
		5.
		6.
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37.		
		38.
		39.
		40.

Add the total number of ticks for each column and place in the corresponding box below. Then multiply the total number of ticks in each box (e.g. 12 x 3 x 6 = 216)

SIGNIFICANT FACTORS	BREAKDOWN	VIOLENT	TOTAL
x	x	=	

Level of Risk	Guidance on interventions (this is not an exhaustive list)
HIGH = 72+	<ul style="list-style-type: none"> • Referral to MARAC • Referral to IDVA to be considered • Multi-agency work, information sharing and action/safety planning • Sanctuary/target hardening (where it is safe to do so) – security measures, mobile phone etc • Police intervention – arrest and investigate • Legal protection – Specialist Domestic Violence Court (SDVC), family courts. • Refuge, emergency accommodation • Safeguarding interventions – children and adults • Drug and alcohol services, mental health issues • Additional barriers – forced marriage, street sex workers, immigration status.
MEDIUM = 16-71	<ul style="list-style-type: none"> • Multi-agency work – information shared • Information about services and options • Support – safety planning • Specialist support services from within domestic violence (abuse) sector • Sign posting to specialist support services • Sanctuary – if there is a risk of homelessness • Target hardening
STANDARD = 1-15	<ul style="list-style-type: none"> • Individual agencies responsive to the client's needs – housing, children's services, health, education. • Universal services. • Consider Sanctuary – if there is a risk of homelessness • Leaflets/awareness raising

Completed by Date

Agency

Appendix B Agenda for safeguarding adults strategy meeting

This meeting is being called under the inter-agency safeguarding adults procedures. The strategy meeting is an inter-agency forum to plan the most appropriate way forward with the enquiry.

- 1. Introduction and apologies**
- 2. Members are reminded of the confidential nature of the information shared at the meeting. If information is to be shared outside of the meeting it is to be done on a need to know basis only.**
- 3. State and check details of person the meeting is in relation to.**
- 4. Details of the cause of concern.**
- 5. Details of any previous safeguarding referrals in the past 12 months**
- 6. Has the consent of the person been sought? If not, or the person has refused to give consent state reasons for overriding the wishes of the person.**

Does the service user have capacity to consent?
Best interests decision
- 7. Relevant background information**
- 8. Risk assessment document**
- 9. Planning the enquiry**
 - which agency will take the lead
 - the responsibility of all agencies involved.
- 10. In deciding the course of the enquiry the following need to be considered:**
 - the wishes of the person (what the person wants as an outcome)
 - is a mental health assessment required – if so who will organise for an appropriately qualified person to carry this out
 - if there is sufficient evidence for a police investigation
 - if other agencies need to be involved
 - if disciplinary procedures need to be instigated
 - no further action.
- 11. Protection planning**

Agree short and long term plans/actions to minimise the risk and protect the service user and who will be responsible for the protection plan

- 12. Summary of actions agreed**
- 13. Agree who will receive copies of the minutes**
- 14. Agree the list of attendees for any reconvened strategy meeting**

Appendix C Liverpool's Dignity in Care Charter

This charter is a joint initiative between Liverpool City Council, Liverpool Clinical Commissioning Group, Liverpool Health and Social Care Champions and representatives of the city's service users and carers.

It will be embedded in the creation of a care system where there is zero tolerance of abuse and disrespect of adults. We are committed to taking a partnership approach in Liverpool to achieve high quality services that respect people's dignity, rights and choices.

This charter underlines what any person can reasonably expect when they access health and social care services in Liverpool.

We will:

Dignity

- respect a person's uniqueness
- provide person centred care
- have zero tolerance of all forms of abuse
- respect people's right to privacy.

Respect

- provide effective communication (involving any specialist requirements)/listening from day 1 to enable successful outcomes and wellbeing for the individual
- consider the person's best interests and ensuring these are at the heart of everything we do
- respect people's home/property/environment
- engage appropriately with family members/carers.

Autonomy

- ensure support services place people at the centre of the decision making processes, including choice control and design of services
- encourage and support people to have the confidence to challenge.

Fulfilment

- support people in making informed choices and decisions to achieve personal goals – sometimes dreams can come true
- foster positive environments which will build relationships to reduce loneliness and isolation.

Staffing

- ensure commissioners and providers are aware of their responsibilities concerning effective recruitment and training processes to provide an appropriately skilled workforce
- involve service users and family/carers in training to share their experiences.

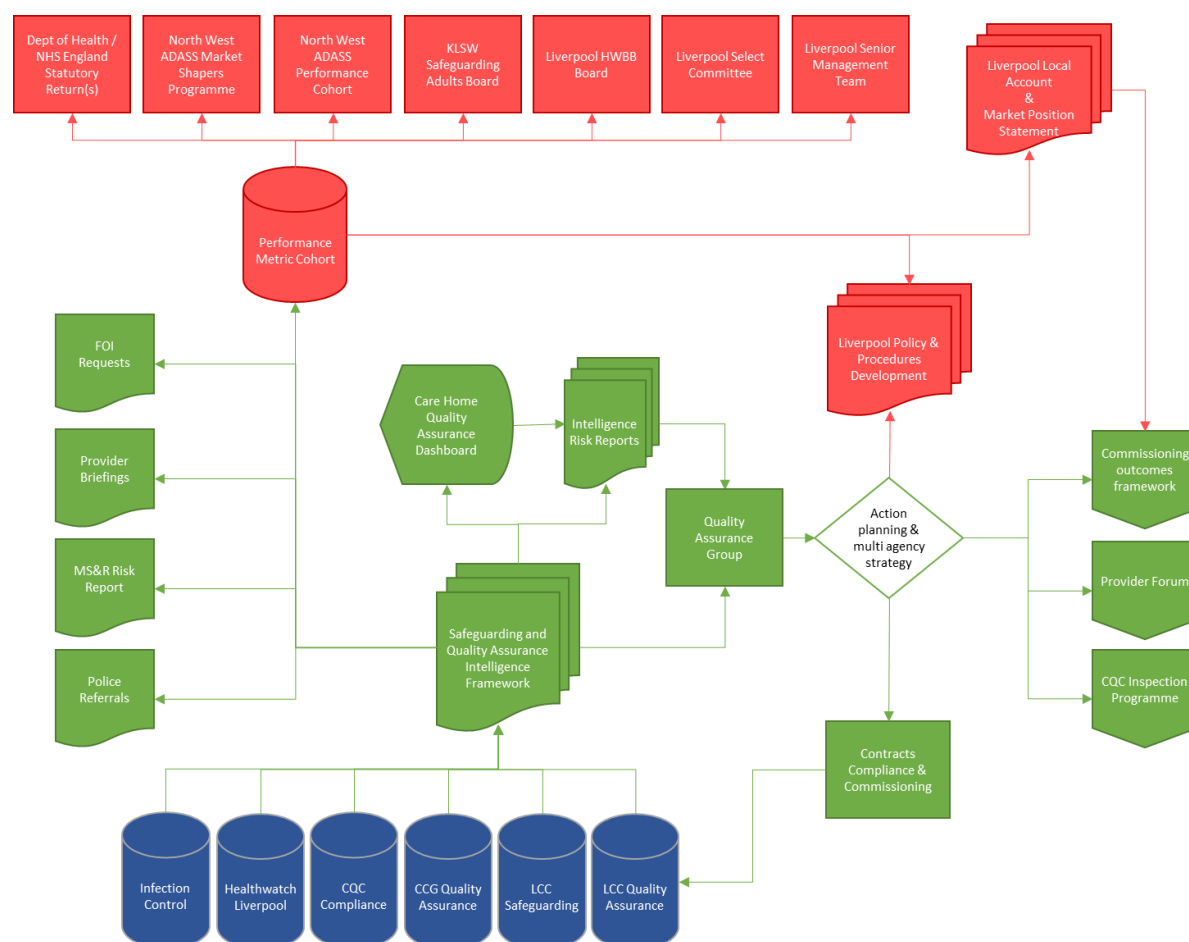
Appendix D Quality assurance

Liverpool has a robust monitoring and quality assurance process in place which meets the requirements for the Department of Health's statistical returns. These systems are monitored and updated regularly to ensure that they are current and relevant.

The collection, analysis and dissemination of intelligence and information relating to safeguarding and quality assurance across the local authority and the wider footprint of our partners is extensive. We have a full complement of data resources and reporting mechanisms to capture information.

The wealth of information is used to give, not only a picture of a person's quality of life, but also a view of the adult social care and health system. We have linked contract management, quality assurance, complaints and safeguarding data to provide a complete picture of the care market to assist this process.

How we use the information and intelligence collected



Quality assurance group

Liverpool City Council, Liverpool Clinical Commissioning Group (CCG), Care Quality Commission (CQC), Healthwatch and partners from Mersey Care NHS Trust (MCT) meet on a monthly basis to review information in relation to safeguarding and care standards. The performance improvement team produce a monthly intelligence report which enables the Quality Assurance Group (QAG) to review and agree any required action to raise standards of care to prevent abuse and neglect. This can include placing a suspension or restriction on a provider, this means that the provider will not be able to take on any new business until concerns have been resolved satisfactorily. We always aim to work in partnership with providers and try to minimise any disruption to service users, and in some cases providers will self-suspend a new business to allow them sufficient time to develop and implement actions for improvements.

Quality assurance and adult safeguarding unit

Following a suspension of a new business, staff from LCC's quality assurance team, the CCG, and MCT will provide guidance and support to providers. This can include reviewing care plans, risk assessments and/or providing medication training and so on. When there is evidence that action plan areas are being met the suspension is lifted. The safeguarding and quality assurance team will continue to work with the provider, carrying out audits of new admissions to make sure that good practice is maintained. The audit results are shared with providers to help them develop sufficiently detailed care and risk management plans and to ensure practice and care provision is consistent.

Contract monitoring and quality assurance visits

The quality assurance team aims to visit all commissioned social care providers on an annual or bi-annual basis to undertake a contract monitoring visit. Where areas of non-compliance are identified, an action plan will be drawn up and agreed with the provider. This approach helps providers to work towards compliance and helps with developing the overall quality of the service.

Appendix E Useful contacts and information

Domestic Violence Support Services

Independent Domestic Violence Adviser Service

0151 482 2499

0151 330 2014

0151 482 2496

0151 482 2484

IDVA work with MARAC, high risk clients, offering a multi-agency support approach.

Liverpool Domestic Abuse Service

0151 263 7474

South Liverpool Domestic Abuse Service

0151 494 1777

LDAS and SLDAS offer support to victims in local community settings. They provide emotional and practical support, counselling, benefit advice and group therapeutic work.

Grace House and FAE House Refuge

0151 708 4051

Fae and Grace are refuges for women and children escaping domestic abuse. They offer supported accommodation to enable safety and support planning.

Amadudu Refuge

0151 734 0083

Amadudu is a refuge for women with families who are experiencing domestic abuse. They specialise in support and accommodation for women and children from ethnic minority backgrounds.

Savera UK

Tel: **0800 107 0726** Email: **info@saverauk.co.uk**

Savera UK works with Black Minority Ethnic communities to challenge attitudes towards domestic abuse and harmful practices such as forced marriage, 'honour' based abuse and female genital mutilation. They offer support to victims and awareness raising to professionals.

Help Lines

National Domestic Violence helpline

Tel: **0808 2000 247**

Useful information

Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Care Act Statutory Guidance

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

NHS England

<http://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf>

Channel

<https://www.gov.uk/government/publications/channel-guidance>

Mental Capacity Act

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf

Links to useful information

CQC

<http://www.cqc.org.uk/>

Department of Health

<https://www.gov.uk/government/organisations/department-of-health>

Domestic Violence National Helpline.

<http://www.nationaldomesticviolencehelpline.org.uk/>

Live Well directory

<https://www.thelivewelldirectory.com/>

Making safeguarding personal

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Office of the Public Guardian

<https://www.gov.uk/government/organisations/office-of-the-public-guardian>

SCIE

<http://www.scie.org.uk/>

Merseyside Forced Marriage Protocol

<https://www.merseyside.police.uk/media/183095/merseyside-fm-and-hbv-protocol.pdf>