Safeguarding is everybody's business

Operational Guidance

Making Decisions about Safeguarding Concerns

Addendum to:

East Riding Multi Agency Procedures for the Safeguarding of Adults with Care & Support Needs 2017

East Riding Safeguarding Adults Board version control template.

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Revision History:

Version	Date	Summary of Changes	Approved
1.0	26/01/2017	Approved by SAB 25/01/17	SAB
01.1	08/02/2017	Decision Making Flow Chart-Pathway edited	SAB Manager
01.2	28/02/17	Updates to the appendices: Form 1- Concern Form, Form 2 – Screening Form & Form 4 – Enquiry outcome report	SAB Manager
01.3	02/03/17	Update to 5.4 & 5.5 re submission of concern form, process flow chart & enquiry on concern form	SAB Manager
01.4	19/04/17	Update to Harm Table (service user service user incident) & enquiry process including flow chart	SAB Manager

Contents

Making Safeguarding Concern Decisions

1 Introduction

1.1 In order to ensure the safety of those at highest risk of abuse and neglect it is important that the decision for reporting into the East Riding Safeguarding Adults Team is set at the right level. The aim of this guidance is to assist organisations providing or commissioning services for adults across the East Riding of Yorkshire, in deciding when to initiate formal Safeguarding Adults Procedures with the local authority.

1.2 Doing nothing is never an option within this guidance and providers should consider the broad suite of interventions that are available to protect adults at risk of harm. **The guidance should be read in conjunction with East Riding Multi Agency Procedures for the Safeguarding of Adults with Care & Support Needs**, which contain guidance on the whole safeguarding process. It is the responsibility of managers in organisations to ensure that their staff are familiar with the Multi Agency Procedures and with this Guidance.

1.3 The East Riding Safeguarding Adults Board (ERSAB) recognises the need for a consistent approach to safeguarding concerns and in the application of the Multi Agency Procedures for the Safeguarding of Adults with Care & Support Needs. Appropriate risk management can and does provide a useful tool to help people achieve this; the agreed operational guidance on making safeguarding concern decisions will support all agencies to respond in a similar way in similar situations. However this guidance is not meant to be a bar to raising a safeguarding concern and a flexible approach to its interpretation will be necessary by those charged with the legal responsibility for undertaking formal safeguarding enquiries.

1.4 This operational guidance on making safeguarding concern decisions is intended for use by professionals within any care, nursing, health or community setting. This will include hospitals, residential and nursing care homes, domiciliary providers, GP's, dentists and adult social care provision. Clearly the internal processes in administering the guidance will differ but the basic guidance contained within this document should inform internal procedures.

1.5 If a member of the public, family member or adult at risk of harm themselves has any safeguarding concerns they should if appropriate, in the first instance discuss with the provider of the service, if this is not possible or the matter is not resolved they should contact the safeguarding adults team for advice, their contact number is **01482 396940**.

1.6 Establishing whether or not abuse of an 'Adult at Risk of Harm' has taken place is not always straightforward and professional judgement is required. It is very important that these arrangements are triggered if there is a possibility of abuse. Some very serious abuse only comes to light as a result of raising a 'concern' and drawing the attention of social care or police professionals to what may appear to be relatively minor concerns.

1.7 The expectation in the East Riding is that anyone suspecting abuse should report their concerns in the first instance to a manager, supervisor, safeguarding lead person or designated team within their organisation.

1.8 This guidance has been devised to aid managers, supervisors, safeguarding leads and front-line workers in distinguishing between incidents/concerns of poor practice, or contractual issues (which can be managed in a variety of ways) and those requiring a safeguarding intervention as defined by section 42 of the Care Act 2014.

1.9 It is important that managers continue to **comply with the regulatory requirements of their sector;** nothing in this paper is intended to replace, alter or change regulatory responsibilities that organisations may have to report to and or alert regulatory organisations for example; the Care Quality Commission, Nursing Midwifery Council or other such bodies.

2 Requirements to inform the local authority of safeguarding concerns

2.1 The Care Act statutory guidance is clear that the first responsibility to act on safeguarding concerns is with the **employing organisation** as the provider of the service. Where people have concerns about abuse it is important that they raise these concerns. However growing awareness of adult abuse has led to an increase in reports of concerns and subsequent safeguarding work. Many concerns are directed towards the safeguarding system when they should be dealt with through contractual, managerial, complaints or disciplinary procedures. Some concerns require complex social work case management rather than a formal safeguarding response. Simply making a concern does not in itself protect anyone and the employing organisation **must** take those early steps to protect the person concerned.

2.2 The Care Act Guidance states that local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. However the statutory duties to inform the local authority and the subsequent safeguarding duties are clearly defined.

2.3 Adult at Risk:

The safeguarding duties apply to an adult (person aged 18 or over) who:

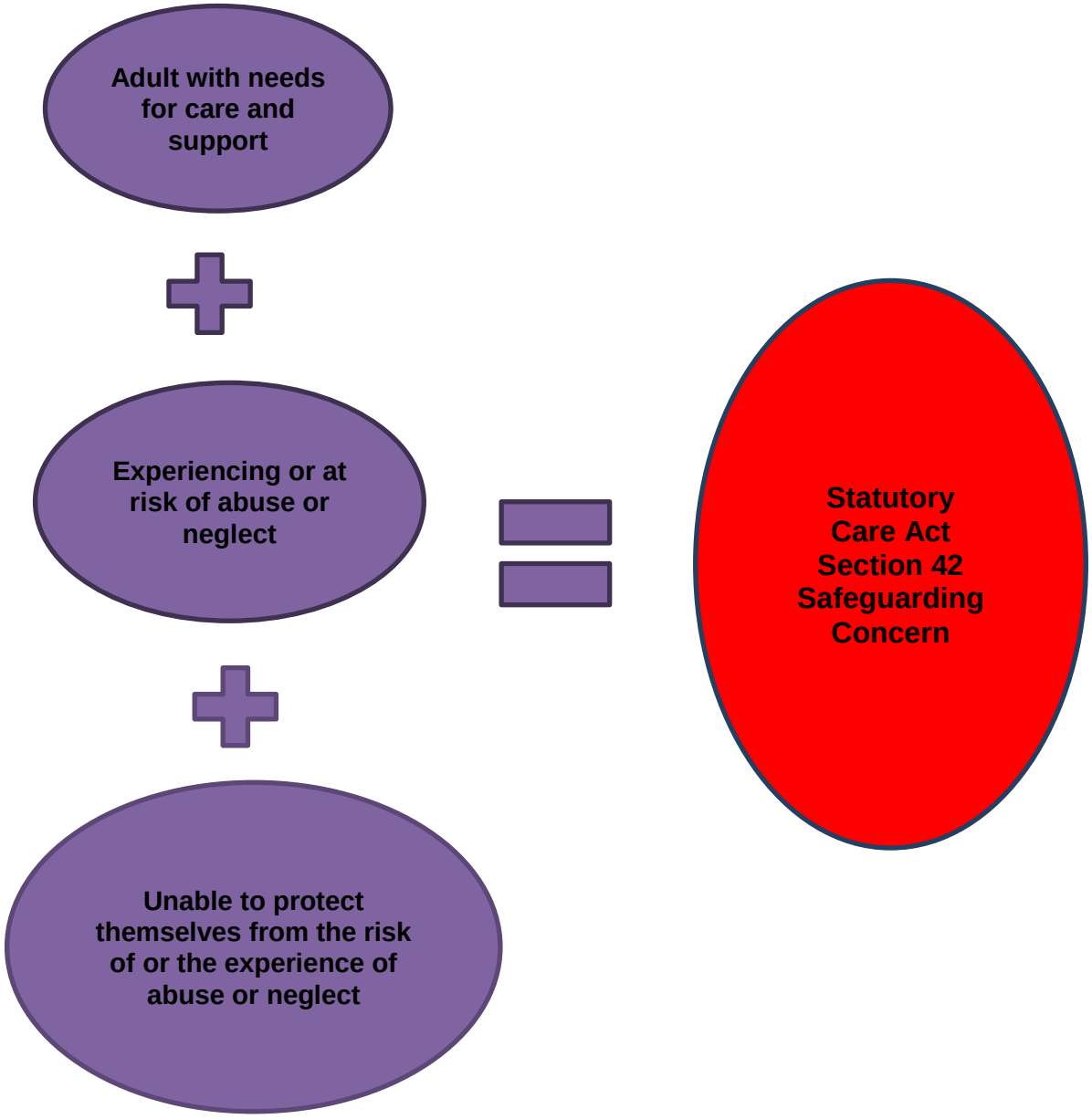
1. Has needs for care and support (whether or not the local authority is meeting any of those needs) and;

2. Is experiencing, or at risk of, abuse or neglect **and;**

3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The above is termed the three stage test under the Care Act 2014.

Three Stage Test



2.4 If the criteria set out are not met in full then there is no statutory duty under the Care Act to make a Safeguarding Adult Concern or for the local authority to undertake an enquiry or cause one to be made.

2.5 However whilst statutory safeguarding duties relate to adults with needs for care and support, the Local Authority is also able to undertake discretionary enquiries should it so wish, for example, where an adult may have support needs but not care needs. This situation might apply to a carer or a person believed to be self-neglecting.

2.6 Therefore the Local Authority has a lead co-ordinating role for all safeguarding enquiries not just statutory enquiries and has the power to cause enquiries to be made by others. Where the Local Authority causes an enquiry to be made it

still retains overall responsibility and must assure itself that the enquiry carried out satisfies its duty under section 42 or its discretionary power to make safeguarding enquiries, to decide what action (if any) is necessary to support and protect the adult and to ensure that such action is taken.

3 Proportionate Responses to Risk

3.1 Under the Care Act, the local authority **must** make enquiries, **or** ensure others do so, if it reasonably suspects that an adult who has care and support needs is being abused or neglected and they are unable to protect themselves against the abuse or neglect because of those needs (The three stage test).

3.2 There is no longer a "significant harm" threshold for action under safeguarding adults' procedures. However any actions taken must be proportionate to the level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative. (See section 4 on Making Safeguarding personal) Referring agencies and partners need to use professional judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis.

3.3 If a decision is made not to refer to the Local Authority, the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under safeguarding adults' procedures does not negate the need to report internally or to regulator/ commissioners as appropriate.

3.4 This guidance has been developed to compliment provider internal incident/risk management procedures. When a Safeguarding Adult Concern is identified and a decision has been made that it does not require a safeguarding response it should be considered through the provider's internal incident/risk management procedures, recorded and reported using the correct process. This will ensure that appropriate action is taken; internal learning is captured and shared to prevent reoccurrence of the incident and prevent escalation of the incident resulting in abuse or neglect.

3.5 Safeguarding is not a substitute for:

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

3.6 It is important to recognise that there are occasions where service users and their families may be provided with support and help to manage risks around their safety that do not involve abuse. In these circumstances you should follow alternative paths, for example, care management, complaints or serious incident processes.
If unsure whether a safeguarding concern should be raised you should contact your organisation's Safeguarding Lead or designated team who will be able to discuss with you further.

4. Making Safeguarding Personal (MSP)

4.1 Empowering Individuals
If someone is or feels at risk of abuse, the primary duty is to protect them and support them to feel safer. The fundamental purpose of adult safeguarding is to stop abuse or neglect wherever possible and to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

4.2 In line with the commitment to Making Safeguarding Personal safeguarding work must ensure that individuals are supported to make choices and have control in how they choose to live their lives. Achieving a good outcome for the person is the key measure of success. The focus should be on improving their safety and wellbeing and supporting them to reach the resolution that is right for them.

4.3 Personalisation and achieving good outcomes
Personalisation in safeguarding requires engaging with people throughout the process to understand the outcome they want to achieve and support them to achieve it, recognising that their wishes may change along the way. Examples of the kind of outcomes that people might want are:

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

4.4 People retain the right to make unwise decisions
Personalisation in safeguarding requires effective use of the Mental Capacity Act. Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons. It is important to remember that everyone has their own

values, beliefs and preferences, which may not be the same as yours. You cannot treat people as lacking capacity because they hold different values, beliefs or views from your own

4.5 Establishing whether or not harm or abuse has occurred or ensuring that the person receives increased monitoring or care are not outcomes – these are service responses.

4.6 In some cases, the discussion will involve helping people to reconcile competing outcomes – for example, to be safe and to maintain an unsafe relationship. It is also important to work with the family as a whole, particularly where a family carer may be the subject of the complaint. In these instances it will be important to explore why the situation arose and what would be helpful to the family rather than simply enquire who did what.

4.7 Wherever possible involve the adult at risk in decisions about raising the concern with the local authority always remember that you have a public duty and even if the person does not wish anything to be done about it, you must report it and take necessary further actions if you believe other people would be at risk of harm from the perpetrator. Try to talk to the person about what the person wants to change about their situation, and what support they want to achieve that. There is further detailed guidance within the main Multi-agency Procedure for the Safeguarding of Adults with Care and Support Needs at both sections 11.0 Making Safeguarding Personal and Section 22.20 Consent).

5 Making the Safeguarding Decision

5.1 On receiving information about an incident/concern, the first step is to ensure the person concerned is safe and all initial action outlined within the ERSAB's Multi-agency Procedure for the Safeguarding of Adults with Care and Support needs have been taken, including any elements of Making Safeguarding Personal and the Mental Capacity Act that are relevant, developing the initial Protection Plan is a vital first step. This initial Protection Plan does not need to be a written document, an early intervention is more important; at an appropriate time the intervention must be recorded in the patient/client records.

5.2 Once the Adult at Risk is considered safe apply the three stage test.
The safeguarding duties apply to an adult (person aged 18 or over) who:

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

5.3 If the three stage test is **not** met then there is no statutory duty under the Care Act to make a Safeguarding Adult Concern to the local authority; however the local authority has the power to make discretionary enquiries should it so wish.

5.4 Therefore on occasions it **may** still be appropriate to make a safeguarding concern or make a safeguarding concern and undertake an in house enquiry; even when the incident does not meet the 3 stage test, the processes to follow in either event (statutory or discretionary) are the same. (The flowchart on page 13 outlines the process)

5.5 In addition whether the 3 stage test is met or not you may find that when you consider the incident within the context of the local harm table & areas of practice guidance (Appendix 1 & 2) a more appropriate response to the incident is via processes other than safeguarding (see section 3 and 5.10) and the incident described managed in accordance with in house procedures for that area of business, e.g. HR.

5.6 If the three stage test is met or a discretionary enquiry is to be proposed, the next stage is for the manager to determine whether it is appropriate to:

1. Inform the local authority of the concern by the immediate submission of a 'concern form; and the safeguarding enquiry to be undertaken and recorded in house; on conclusion the local authority are informed of the outcome of the safeguarding enquiry.

Or

2. Inform the local authority of the concern by the immediate submission of a 'concern form' and allow them to determine how the safeguarding enquiry should proceed, which may include them asking the service provider to undertake the enquiry or the local authority undertaking it themselves.

5.7 The local harm table & guidance at Appendix 1 & 2 will guide the manager in determining that even though a safeguarding concern is to be made the concern is of such a nature that the safeguarding enquiry is more appropriately conducted in house. If this is the case the provider service conducting the enquiry should undertake the enquiry as soon as possible and in compliance with the main multi agency procedure timescales, (23.63 & Appendix 5 of main procedures)

5.8 The outcome of the safeguarding enquiry should then be reported to the local authority on the Form 4 (Appendix 5 Outcome report) to allow them to determine that either, the issue has been appropriately and proportionately resolved or that further work/enquiries are necessary.

5.9 If the safeguarding enquiry is to be made in house the following are just some of the factors that must be considered.

5.10 The factors will include:

- The views of the alleged victim
- The views of their carers and other relevant people
- Mental Capacity of alleged victim and alleged perpetrator

- The vulnerability of the alleged victim
- Whether others (adults at risk of harm or children) are at risk
- The views and informed opinions of staff in partner agencies
- The nature and extent of the harm caused
- The frequency and length of time over which the abuse is alleged to have happened
- The risk of repeated incidents or the risk of escalation of seriousness of incident
- The impact of the harm on the individual
- The intent of the alleged perpetrator

5.11 With the involvement of those outlined above and the table at Appendix 1 & 2 to assist, the manager will make a decision on the most proportionate and appropriate method of dealing with the concern.

5.12 On occasions a safeguarding concern will be identified by a professional visitor to the ward or care home etc. Depending on the professional arrangements, frequency of the visit and the relationship with the victim it may not be appropriate for that person to conduct the enquiry. On these occasions ensuring the persons immediate safety and informing those that need to know will be the priority. It may be appropriate (in accordance with this guidance) for the provider service to determine whether the enquiry will be 'in house' or SAT led, on other occasions the decision will be taken by the SAT, the particular circumstances of each case will determine how the enquiry should be handled, professional judgement and flexibility will be required.

5.13 In summary if the local harm table is met a Form 1 (Concern form) should be submitted to the SAT immediately; if the safeguarding enquiry is to be conducted in house this must be indicated at the bottom of the concern form and the enquiry should be concluded as soon as possible in compliance with the multi-agency procedures timescales. On conclusion of the safeguarding enquiry a Form 4 (outcome report) must be submitted to the SAT. (See Appendix 4 & 5 for forms).

5.14 <u>Poor practice and abuse.</u>

The difference between poor practice and abuse is much contested and whilst there is no formal definition the following may help inform your considerations.

5.15 If a person is totally dependent on others' assistance to meet their basic needs, continual poor practice can lead to serious harm or death. A helpful fact in deciding if poor practice has occurred, (which does not require a safeguarding adults response) would be to ascertain if the concern is a 'one off' incident to one individual and resulted in no harm.

5.16 Sometimes a 'one off' incident is an indication of a lowering of standards by health or social care providers. Early indications of poor practice must be challenged and can be addressed using other systems, such as commissioners of services quality assurance processes; care management reviews; complaint investigations; or human resources systems. All of these

will ensure that the issue is properly investigated, recorded, resolved and monitored and therefore may not lead to a safeguarding concern being raised.

5.17 Incidents which indicate that poor practice is impacting on more than one adult, that poor practice is recurring and is not a 'one off', must result in a safeguarding Concern being passed to the safeguarding adults team as these incidents can be good indicators of more widespread, 'organisational ' abuse that may require further enquires to be made.

5.18 However there is an indication that some common areas of practice attract a high number of low level concerns that should be dealt with in ways other than a safeguarding response.

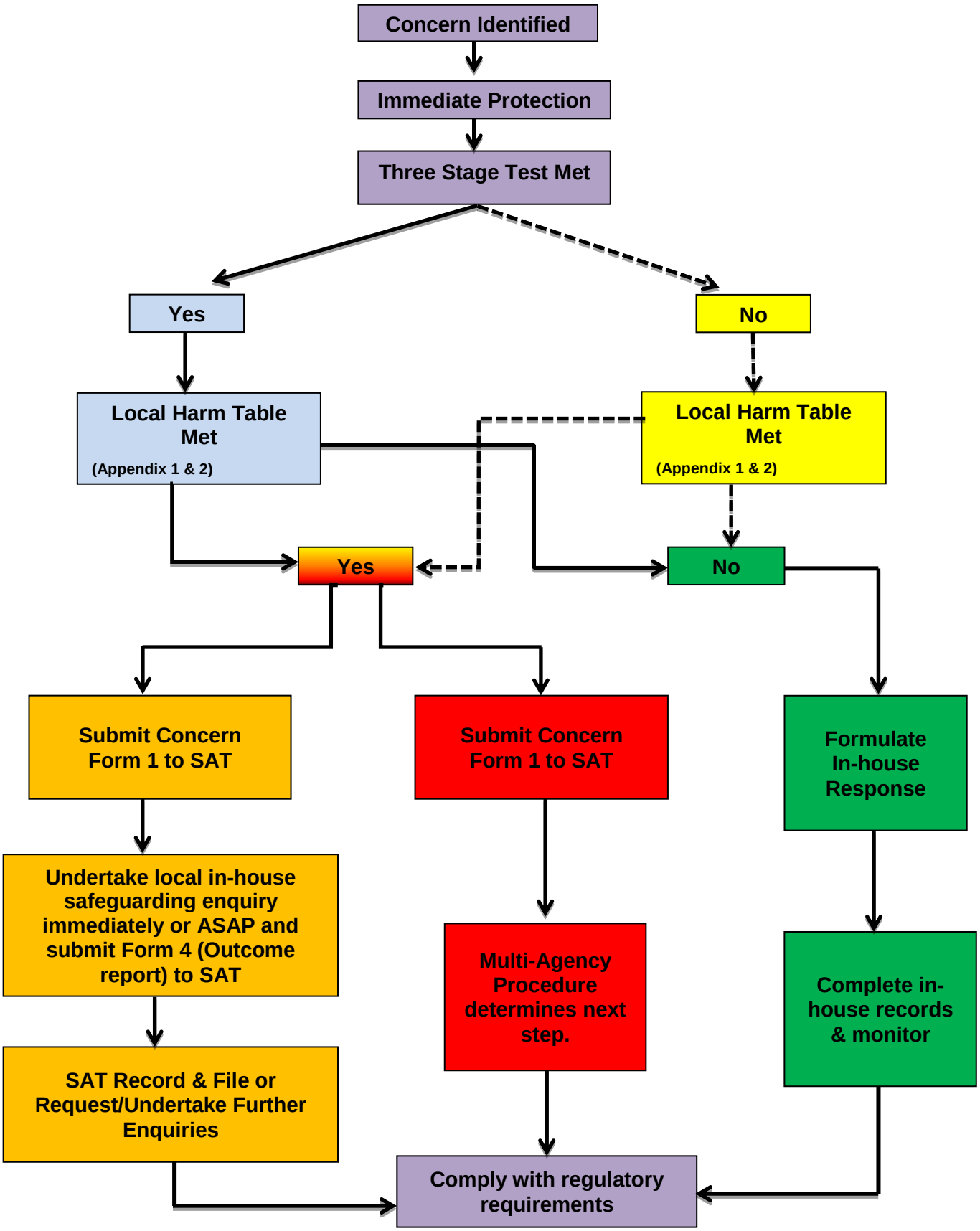
These include:

1. Falls
2. Incidents between adults at risk
3. Nutrition and hydration
4. Missed Home Care visit
5. Pressure area care
6. Medication errors
7. Moving and handling
8. Poor discharge
9. Financial concerns

Each area is explained in more detail at Appendix 2

5.19 Not referring under safeguarding adults' procedures does not negate the need to report internally or to regulator/ commissioners as appropriate.

Safeguarding Concern-Decision Making Flow Chart



6 How do I record my decisions and enquiry findings?

6.1 The importance of recording why you did not take a particular action is as important as explaining why you did decide to do something, this point cannot be over emphasised.

6.2 You should make a record of the incident and your actions on the Safeguarding Log at Appendix 3; this should be kept in a prominent location within the working area of the care/nursing home or hospital ward that ensures all staff has access to the document. Alternative arrangement which achieve a similar outcome will need to be put in place for providers of domiciliary care and office based staff.

6.3 Larger agencies and organisations may wish to develop their own documentation to record information for this section. As long as all the information outlined within Appendix 3 is recorded how that information is presented is a matter for each organisation.

6.4 A more detailed record of the incident should be kept in the person's individual file, if the incident involves service user on service user it should be kept on both their files. (The Safeguarding Adults Outcome Report (Form 4) or the protection planning document may fulfil these requirements. However how you record that information in the service users file is a matter for each organisation.

6.5 If the 3 stage test was met and you have conducted an in-house enquiry you should complete Forms 1 & 4 from the Multi-Agency Procedures, or at www.ersab.org.uk retain a copy in the service users file and submit the original to the SAT.

6.6 Recording is integral to good practice and is particularly important in the context of risk management where records support formulation of a logical and informed view of the potential impact of and likelihood of harms occurring; informed discussion with the adult, their carers, and staff/professionals involved; inclusion of the adult and their carers in plans to manage risks; identification of any conflicts of opinion; supervision of staff involved in managing risk; effective review of actions (checking back on the effectiveness of decisions and plans to mitigate risks).

6.7 Retention of Records

Each agency or organisation involved in this area of business will have its own Records Management Policy and Retention Schedules and it is important that these are followed in respect of records that are created as part of the safeguarding process.

6.8 Defensible Decisions

Decision making involved in the assessment of risk and its management is generally effective in avoiding harmful situations from arising. However despite the best efforts of all those involved to prevent harm to the person, sometimes harm does happen. If harm occurs to someone because of their actions the practitioners, officers or agencies involved in the assessment or management of the risk might need to defend or account for the decisions they made and their reasoning. This can sometimes occur months or even years after the original decision was made so keeping a good clear and accurate record of your decision making is important.

6.9 A defensible decision is one where:

- All **reasonable** steps have been taken to avoid harm.
- Reliable assessment methods have been used.
- Information has been collected and **thoroughly evaluated**.

  (This will include an assessment of all the known information and include identifying what was not known and could not be reasonably ascertained.
  All possible options should be fully explored, including the reason why particular options for action were not chosen as well as the reasons for choosing a particular option.)
- Decisions are **recorded** and subsequently carried out.
- Policies and procedures have been followed.
- Practitioners and their managers adopt an **investigative approach** and are proactive.

6.10 For much of the work in this area there is no clear cut response, each case must be considered on its merits using professional judgement and the considerations you took into account and recorded within your records. Whatever decision you made it is vital that proper accurate and factual records are maintained. These must clearly explain the concern and the steps taken to minimise the risk of **a)** future occurrences and **b)** safeguard the person concerned.

6.11 The concepts of Duty of Care and Negligence are much written about however the key principle is reasonableness.

6.12 Duty of Care is a requirement; that a person acts towards others and the public with the watchfulness, attention, caution and prudence that a reasonable person in the circumstances would use. The key word here is reasonable. The duty of care does not mean that a practitioner must protect a service user from all possibility of harm, but that their actions must be reasonable.

6.13 Professional workers have a duty of care to the people they support and care for; the standard of conduct and behaviour expected of people in their professional role is higher than for the lay person because of the professional training they have received and the level of responsibility they assume.

6.14 Negligence is carelessness amounting to a culpable breach of duty, i.e. a failure to do something that a reasonable person (i.e. an average citizen in that same situation) would do, or doing something that a reasonable person would not do. In cases of professional negligence, involving someone with a special skill, that person is expected to show the skill of an average member of his or her profession.

6.15 Principles of good record keeping[1]

1 Handwriting should be legible.

2 All entries to records must be signed and the person making the record should include their printed name and job title.

3 You should put the date and time (using the 24 hour clock) on all records you make. This should be in real time and chronological order, and be as close to the actual time as possible.

4 Records should be factual and not include unnecessary abbreviations, jargon, meaningless phrases or irrelevant speculation.

5 The language that you use should be easily understood by the people in your care.

6 Your records should be accurate and recorded in such a way that the meaning is clear. (Any mistakes should be crossed out using one line (so the original comment is readable) and should be initialled.)

7 You should not use coded expressions of sarcasm or humorous abbreviations to describe the people in your care.

8 You must not alter or destroy any records without being authorised to do so.

9 You should not falsify records.

10 You should use your professional judgement to decide what is relevant and what should be recorded.

11 If you receive a report of abuse you should record exactly what the adult at risk said, using the persons own words (their account) about the abuse and how it occurred or exactly what has been reported to you.

12 Include;

- time, (using 24 hour clock) day and date of the incident and the time day, date the record was made if different
- if you witnessed the incident, write down exactly what you saw
- be clear and differentiate between, what you actually witnessed and what you have been told by someone else or read in a document.
- the appearance and behaviour of the adult at risk
- any injuries observed

13 You should record details of any assessments and reviews undertaken and provide clear evidence of the arrangements you have made for future and ongoing care. This should also include details of information given about care and treatment.

14 Records should identify any risks or issues that have arisen and show the action taken.

15 Where appropriate, the person in your care, or their carer, should be involved in the record keeping process.

16 In the unlikely event that you need to alter your own or another professional's records, you must give your name and job title, and sign and date the original

[1] Based on Nursing & Midwifery Council Guidance for nurses.

documentation. You should make sure that the alterations you make and the original records are clear and auditable.

17 The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.

18 Information from another person should be clearly attributed to them.

Appendix 1

Local Harm Table

Type of Abuse	1. Isolated Incident. No Harm-low risk. No Complicating Factors Response: Not Safeguarding consider other intervention.	2. Possible harm –some risks. Complicating Factors Response: Provider Enquiry & Inform Local Authority	3. Harm Caused Medium to High level of risk. Response: Will require the submission of a concern form and a formal Section 42 Safeguarding response. Incidents falling into this category are more likely to also trigger, criminal and or the 'Serious Incident' framework within the NHS.		
Physical abuse	Appropriate moving & handling procedures not followed on one occasion resulting in no harm or distress Adult at risk does not receive recommended mobility assistance on one occasion not resulting in harm Isolated minor incident involving service user on service user.	Inexplicable very light temporary marking or reddening of the skin found on one occasion Repeated minor incidents involving service user on service user. Adult at risk in mild pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care; therapy does not on one occasion receive required timely medical intervention.	Although any injury that is more than temporary or negligible can be classified as actual bodily harm, and therefore will probably need a section 42 enquiry. Where **injuries which are not serious** occur the appropriate rating will likely be within this area. This will include inexplicable marking, bruising, abrasion or cut and can include grip marks if observed on more than one occasion. Includes hitting, slapping, scratching Predictable and	Inappropriate restraint, restraining without justifiable reasons Withholding of food, drinks or aids to independence Actual Bodily Harm to include any hurt or injury deliberately intended to interfere with the health or comfort of the victim. Such hurt or injury need not be permanent, but must, be more than merely temporary and negligible in nature. It would include injury that has required a significant medical	Grievous bodily harm meaning **really serious** bodily harm; examples of what would usually amount to **really serious** harm include: Injury resulting in permanent disability, loss of sensory function or visible disfigurement; Broken or displaced limbs or bones, including fractured skull, fractures, broken cheek bone, jaw, ribs, etc.; injuries which cause substantial loss of blood, usually necessitating a transfusion or result in

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			preventable incident between two adults at risk of harm where injuries have been sustained and staff fail to prevent. Includes pushing or rough handling	intervention and/or permanent effects have resulted. Inappropriate and unauthorised use of medication, using medication as a chemical form of restraint Inappropriate sanctions, including deprivation of food, clothing, warmth and health care needs. Female genital mutilation.	lengthy treatment or incapacity Assault leading to death.
Sexual abuse	Isolated incident of teasing or low level unwanted sexualised attention (verbal) directed at one adult by another whether or not capacity exists & No distress caused.	Verbal sexualised teasing bordering on harassment **Any behaviour by a member of staff that fits within this area** of harm will as a minimum be classed as causing sufficient concern to warrant a response within this category.	Recurring sexualised touch or masturbation without valid consent Being subject to indecent exposure Contact or non contact sexualised behaviour which causes distress to person at risk	Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent Being made to look at pornographic material against will/where valid consent cannot be given	Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user Sex without valid consent rape Voyeurism

Type of Abuse	1. Isolated Incident. No Harm-low risk. No Complicating Factors Response: Not Safeguarding consider other intervention.	2. Possible harm –some risks. Complicating Factors Response: Provider Enquiry & Inform Local Authority	3. Harm Caused Medium to High level of risk. Response: Will require the submission of a concern form and a formal Section 42 Safeguarding response. Incidents falling into this category are more likely to also trigger, criminal and or the 'Serious Incident' framework within the NHS.		
Psychological abuse	Isolated incident where adult is spoken to in a rude or inappropriate way on one occasion – respect is undermined but no distress caused	Occasional taunts or verbal outbursts which do not cause distress The withholding of information to disempower **Any behaviour by a member of staff that fits this are of harm** will as a minimum be classed as causing sufficient concern to warrant a response within this category.	Treatment that undermines dignity and damages esteem Use of mobile phones, cameras and social media in way that undermines dignity and causes distress. Denying or failing to recognise an adult's choice or opinion Frequent verbal outbursts	Humiliation Emotional blackmail e.g. threats of abandonment/harm Frequent and frightening verbal outbursts	Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage Evidence of Modern Slavery Prolonged intimidation/victimisation Vicious/personalised consistent verbal attacks
Financial or Material abuse	Property including money and other assets of value are not managed by the responsible person.in an open & transparent way with the service user; or are managed in a negligent way that risks a preventable loss to the service user. Proper records are not maintained no financial loss.	Adult not routinely involved in decisions about how their money is spent or kept safe-capacity in this respect is not properly considered Proper records are not maintained unable to ascertain if any financial loss	Adults monies kept in a joint bank account-unclear arrangements for equitable sharing of interest Adult denied access to his/her own funds/assets or possessions	Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards. Personal finances/assets removed from adult's control Failure to meet agreed contribution to care by	Fraud/exploitation relating to benefits, income, property or last will and testament. Theft of money or property

Type of Abuse	1. Isolated Incident. No Harm-low risk. No Complicating Factors Response: Not Safeguarding consider other intervention.	2. Possible harm –some risks. Complicating Factors Response: Provider Enquiry & Inform Local Authority	3. Harm Caused Medium to High level of risk. Response: Will require the submission of a concern form and a formal Section 42 Safeguarding response. Incidents falling into this category are more likely to also trigger, criminal and or the 'Serious Incident' framework within the NHS.		
				family or attorney results in failure to provide personal allowance and or jeopardises the placement	
Neglect and acts of omission	Missed home care visit on one occasion by responsible person; no harm occurs Adult is not assisted with a meal/drink on one occasion; no harm occurs Care plan does not address assessed needs or is not followed on one occasion; no harm or distress occurs.	Inadequacies in care provision leading to discomfort – no significant harm No access to aids for independence on one occasion and no harm occurs. Care plan not followed; no harm occurs	Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate planning or procedures not followed and harm occurs	Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure sores, dehydration, malnutrition, loss of independence or confidence	Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
Medication *** Medication errors no matter how minor must also follow agreed internal reporting procedures.**	Adult does not receive prescribed medication (missed/wrong dose) on **one occasion** –No risk of harm.	Missed medication on more than one occasion- No harm caused Administration errors on more than one occasion that cause no harm (See Appendix 2 Sheet 6)	Recurring missed medication or administration errors that affect more than one adult and cause no harm. Medication error where harm occurs.	Deliberate maladministration of medications Covert administration without proper medical authorisation	Pattern of recurring errors or an incident of deliberate maladministration that results in ill health or death

Type of Abuse	1. Isolated Incident. No Harm-low risk. No Complicating Factors Response: Not Safeguarding consider other intervention.	2. Possible harm –some risks. Complicating Factors Response: Provider Enquiry & Inform Local Authority	3. Harm Caused Medium to High level of risk. Response: Will require the submission of a concern form and a formal Section 42 Safeguarding response. Incidents falling into this category are more likely to also trigger, criminal and or the 'Serious Incident' framework within the NHS.		
Self Neglect[2]	Indication of self neglect e.g. personal hygiene, dishevelled presentation.	As in column 1 plus: Adult living in poor conditions and neglecting themselves, weight loss, dirty clothing Evidence of impact on health	As in columns 1+2 plus: Offer of assistance and/or services – resisted or declined/ where unsanitary and/or unfit living conditions	As in columns 1-3 plus: Additional factors, cognitive impairment, sensory impairment, poor mobility, substance misuse. Identified fire risk	As in columns 1-4 plus: Clear evidence of risk to self and others
Discriminatory abuse	Incident of teasing, rude, insulting or belittling manner on one occasion motivated by prejudicial attitudes towards an adult's individual differences and no distress is caused	**Any behaviour that fits this area of harm, by a member of staff**, will as a minimum be classed as causing sufficient concern to warrant a response within this category. Isolated incident of care planning that fails to address specific diversity needs for a short time Recurring taunts	Inequitable access to service provision as a result of diversity issue Recurring failure to meet specific care/support needs associated with diversity Reoccurring taunts rude behaviour and belittling.	Being denied access to essential services Denial of civil liberties e.g. voting, making a complaint Humiliation or threats on a regular basis	Hate crime resulting in injury/emergency medical treatment/fear for life Hate crime resulting in serious injury/ attempted murder/ honour based violence

[2] Consider VARM Process. (Vulnerable Adult Risk Management)

Type of Abuse	1. Isolated Incident. No Harm-low risk. No Complicating Factors Response: Not Safeguarding consider other intervention.	2. Possible harm –some risks. Complicating Factors Response: Provider Enquiry & Inform Local Authority	3. Harm Caused Medium to High level of risk. Response: Will require the submission of a concern form and a formal Section 42 Safeguarding response. Incidents falling into this category are more likely to also trigger, criminal and or the 'Serious Incident' framework within the NHS.		
Organisational abuse (any one or combination of other forms of abuse)	Lack of stimulation/opportunities to engage in social and leisure activities Care-planning documentation not person centred-No harm or distress caused Person not enabled to be involved in the running of service	Denial of individuality and opportunities to make informed choices and take responsible risk Care-planning documentation is not person centred and harm or distress is caused Adult at risk whose personal plan of care stipulates that they should have two staff supporting them is supported by one member of staff on one occasion and no harm occurs.	Rigid/inflexible routines. Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled clothing. Adult at risk lacks capacity and steps to protect are not least restrictive. Adult at risk personal care plan stipulates that they should have two staff supporting them is supported by one member of staff on several occasions or on one occasion and harm occurs.	Sub-optimal practice not being reported and going unchecked Unsafe and unhygienic living environments Responsible person/manager failing to undertake appropriate quality assurance checks	Staff misusing position of power over service users Over-medication and/or inappropriate restraint Widespread, consistent ill treatment
Professional	Service design where groups of service users living together are incompatible and no harm occurs.	Poor, ill-informed or outmoded care practice no significant harm Denying person access to professional support and	Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted	Failure to support person to access health, care, treatments. Punitive responses to	Entering into sexual relationship with a patient/client

Type of Abuse	1. Isolated Incident. No Harm-low risk. No Complicating Factors Response: Not Safeguarding consider other intervention.	2. Possible harm –some risks. Complicating Factors Response: Provider Enquiry & Inform Local Authority	3. Harm Caused Medium to High level of risk. Response: Will require the submission of a concern form and a formal Section 42 Safeguarding response. Incidents falling into this category are more likely to also trigger, criminal and or the 'Serious Incident' framework within the NHS.		
		services such as advocacy	Failure to refer disclosure of abuse Service design where groups of service users living together are incompatible and harm occurs. Denying Adult at risk of harm access to professional support and services such as advocacy.	challenging behaviour	
Domestic abuse	Domestic abuse can include nearly all the behaviours outlined in this table, as well as others that may not be specified. It is the relationship between the victim and the abuser that will determine if the behaviour you are concerned about is domestic abuse. Should you be concerned about an 'Adult at Risk of harm' suffering Domestic Abuse you should consider it as a very significant concern and follow the guidance in this document for raising a safeguarding concern and or discussing with your manager.				
Controlling and Coercive behaviour	Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten them. Should you be concerned about an 'Adult at Risk of harm' suffering Controlling and Coercive behaviour you should follow the guidance in this document for raising a safeguarding concern and or discussing with your manager or designated safeguarding team.				

Type of Abuse	**1. Isolated Incident.** **No Harm-low risk.** **No Complicating Factors** **Response: Not Safeguarding consider other intervention.**	**2. Possible harm –some risks.** **Complicating Factors** **Response: Provider Enquiry & Inform Local Authority**	**3. Harm Caused Medium to High level of risk.** **Response: Will require the submission of a concern form and a formal Section 42 Safeguarding response. Incidents falling into this category are more likely to also trigger, criminal and or the 'Serious Incident' framework within the NHS.**
Modern slavery	Someone is in slavery if one of the following is taking place: They are forced to work – through mental or physical threat; they are owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; they are de-humanized, treated as a commodity or bought and sold as 'property'; They are physically constrained or have restrictions placed on his/her freedom of movement. Should you be concerned about an 'Adult at Risk of harm' who you consider may be living and or working in the above described conditions you should consider it as a very significant concern and in the first instance report the matter to the police, should you be unable to do this for whatever reason you should follow the guidance in this document for raising a safeguarding concern.		

Additional Information

Research suggests that there are some common areas of practice that attract a high number of low level concerns that should be dealt with in ways other than a safeguarding response.

These include:

1. Falls
2. Incidents between adults at risk
3. Nutrition and hydration
4. Missed Home Care visit
5. Pressure area care
6. Medication errors
7. Moving and handling
8. Poor discharge
9. Financial concerns

Each area is explained in more detail at Appendix 2 if your incident is one of the above you should consider the below guidance as well as that contained within the above Local Harm Threshold Table.

Appendix 2

Areas of common practice reporting high level of concerns.

Additional Guidance

1 Responding to Falls

When don't I need to report a Safeguarding Adult Concern?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• A Safeguarding Adult Concern does not need to be made when an adult at risk accidentally falls or is found on the floor, is not injured and appropriate risk assessment is in place and has been followed.	• Where an adult at risk sustains an injury due to a fall, and there is a concern that an appropriate risk assessment was not in place or was not followed, this must be reported as a Safeguarding Adult Concern. The key factor is that the adult at risk has experienced *avoidable* harm.	
• A Safeguarding Adult Concern does not need to be made when a fall is witnessed and appropriate risk assessment is in place and has been followed.	• Where an adult at risk has repeat unexplained injuries then a Safeguarding Adult Concern must be reported.	
• A Safeguarding Concern does not need to be made when the adult at risk has capacity to understand what happened and states that they fell.	• Where an adult at risk has an injury, other than a very minor injury, which is unexplained, this must be reported as a Safeguarding Adult Concern.	
	• Where an adult at risk has sustained an injury which has resulted in a change in function and appropriate medical attention has not been sought, this must be reported as a Safeguarding Adult Concern.	

2 Responding to Incidents between Adults at Risk

When don't I need to report a Safeguarding Adult Concern?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• When an incident was a 'one-off' and no injury or distress has been caused and that risk assessments, protection plans and support plans have been amended then it is not necessary to raise a Safeguarding Adult Concern.	• When any adult at risk has been harmed during an incident a Safeguarding Adult Concern must be sent to the Safeguarding Adult Team	
• If there is no power imbalance then the matter is one about risk and behaviour management then it should not be taken through the safeguarding route.	• Where there is a power imbalance between the two adults and that power imbalance is being used to one person's advantage then this is a safeguarding issue.	
• In the circumstances above it is the responsibility of the provider Manager to ensure that a risk assessment is in place to ensure the immediate safety of *all* users of the service and to review the support of the individuals involved in the incident.	• Where the person causing the harm is also an adult at risk, agencies must ensure that they receive support. A reassessment of need must be carried out and the care or support plan should ensure that safeguards are in place to prevent repeat incidents	
	• Where there are *repeat* low impact incidents (incidents where no harm has been caused	
	• If the incident has occurred because of the lack of support and supervision by the provider then there may be a contractual issue and the provider may be seen as neglectful, which could be a safeguarding issue, but in such a case the safeguarding concern is about the provider.	

Note
There can be incompatibilities between people living together and/or some conditions like dementia can lead to misunderstandings between residents or patients, this on occasions can lead to one resident/patient causing harm to another. These incidents should not be underestimated as it is the significance of the harm caused to the person, rather than the relationship to the person who has abused them which is the most important factor. If both adults are living in a care setting, the frequency and risk of harm can be increased and compounded by the emotional distress of living with an abusive person.

3 Responding to concerns about nutrition and hydration

When don't I need to report a Safeguarding Adult Concern?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• it is not necessary to raise a Safeguarding Adult Concern where an adult at risk loses weight or is dehydrated and the care plan *has* been followed.	• Where there is a failure to provide nutrition and hydration to an adult at risk	
	• Where there is unexplained weight loss or the adult at risk is showing signs of dehydration and a care plan is not in place or has not been followed	
	• Where an adult's food/fluid chart has not been completed and specialist advice has not been sought.	

4 Responding to Missed Home Care visits

When don't I need to report a Safeguarding Adult Concern?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• Where a visit is missed on one occasion and no adverse effect occurs there is no need to raise a Safeguarding Adult Concern.	• Where a Home Care agency misses a home visit and this has an adverse effect on the adult at risk.	
	• Repeat missed visits to an adult at risk, whether or not an adverse effect has resulted as this indicates neglectful care.	

5 Pressure Areas

When don't I need to report a Safeguarding Adult Concern?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• An adult at risk has developed a pressure ulcer which was unavoidable and a care plan is in place and has been followed, repositioning / turning charts have been completed, necessary equipment is in place and staff are appropriately trained.	• Where failures to risk assess adequately has resulted in an adult at risk developing a pressure ulcer.	
	• Where an adult at risk develops a pressure ulcer and a care plan is not in place or has not been followed.	
	• Where an adult at risk develops a pressure ulcer, does not have appropriate equipment provided in a timely manner or staff are not trained in using equipment.	
	• Where an adult at risk develops a pressure ulcer and repositioning / turning charts not used or are not completed.	
	• A Safeguarding Adult Concern should be made when an adult at risk develops a pressure ulcer and specialist advice has not been sought.	

The key indicator is whether the development of a pressure ulcer was avoidable, if so a Safeguarding Adult Concern must be made.

6 Medication

When don't I need to report through safeguarding procedures?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• Where an error in administering medication is made, no adverse effect occurs and it is a 'one-off' incident.	• Where the adult at risk is subjected to deliberate withholding of medication with no medical reason	
	• Where the adult at risk receives incorrect use of medication for reasons other than the benefit of the adult at risk	
	• Where a deliberate attempt to harm an adult at risk through use of a medicine	
	• Where the adult at risk is adversely effected due to incorrect medication or dose being given	
	• Where the adult at risk is adversely effected due to failure to administer prescribed medication	
	• Where the adult at risk is subjected to repeat medication errors even if there has been no adverse effect on the adult	

7 Moving and Handling

When don't I need to report through safeguarding procedures?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• Where poor technique is used on a one off occasion and no harm is caused	• Where there is no care plan in place for an adult at risk who has been assessed as needing assistance with moving and handling	
• Where there is a failure to follow a care plan on a one off occasion and no harm is caused	• Where there is a failure to follow a care plan and this is having an impact on the adults' health and wellbeing e.g. using the wrong equipment, omission of equipment, sitting on slings etc.	
• Where there is a failure to use the correct equipment on a one off occasion and no harm is caused	• Where condemned or damaged equipment is used	
	• Where poor moving and handling techniques are being used on a repeat basis	
	• Where there is a lack of correct equipment and this is having an impact on the adults health and wellbeing	
	Where any of the following techniques are used: • Drag lift/underarm drag • Shoulder/Australian lift • Through arm/hammock lift • Two sling lift • Orthodox lift • Bear hug transfer/front assist stand • Assistance by pulling on hands • Rocking lift/belt hold • Assisted walking supporting at underarm • Flip turn	

8 Poor Discharge

When don't I need to report through safeguarding procedures?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
The following should reported through the hospital complaints or incident management process; • Where there is a delay, resulting in patient waiting for medication and no adverse effect occurs	• Adult at risk is discharged with significantly inadequate discharge planning, procedures not followed and experiences harm as a consequence.	
• Where the adult is discharged without medication and no adverse effect occurs	• Where there is a delay, resulting in patient waiting for medication and this has an adverse effect on the adult at risk	
• Where the adult is discharged with wrong medication/dose/ preparation type (liquid or tablet) and no adverse effect occurs.	• Where the adult is discharged without medication and this has an adverse effect on the adult at risk	
• Where the adult is discharged without necessary equipment or clothing and no adverse effect occurs	• Where the adult is discharged with wrong medication/dose/ preparation type (liquid or tablet) and this has an adverse effect on the adult at risk	
• Where the patient is discharged with cannula in situ and no adverse effect occurs	• Where the adult is discharged without necessary equipment or clothing and this has an adverse effect on the adult at risk	
• Where the patient is discharged without no / or incomplete discharge letter and no adverse effect occurs	• Where the patient is discharged with cannula in situ and an adverse effect occurs	
• Where there is a failure to communicate the treatment plan (e.g. Now has catheter in situ, tissue damage present etc) and no adverse effect occurs	• Where the patient is discharged without no / or incomplete discharge letter and an adverse effect occurs	

9 Financial

When don't I need to report through safeguarding procedures?	Concern Form submitted to SAT	May include a local in-house safeguarding enquiry
	Concern Form submitted to SAT	Multi Agency procedure applied by SAT to determine next steps
• When there is no evidence to support financial abuse this is not safeguarding	• When an adult at risk is denied access to his / her funds or possessions.	
• When there is no impact on the adult at risk this is not safeguarding	• Where there is a failure by a responsible person to pay care fees/charges and the adult at risk experiences distress or harm through having no personal allowance, risk of eviction or termination of service.	
	• Where there is a misuse or misappropriation of property, possessions or benefits by a person in a position of trust or control.	
	• Where an adult at risk's personal finances are removed from their control without legal authority.	
	• Where the adult at risk is subject to fraud / exploitation relating to benefits, income, property or will.	
	• Where the adult at risk is subject to theft.	
	• Where the adult at risk is subject to doorstep crime.	

Appendix 3

WORKSTATION SAFEGUARDING MONITORING LOG

REF	DATE	SERVICE USER	OTHERS INVOLVED	BRIEF OUTLINE OF INCIDENT/ISSUE	TYPE/S ABUSE	DATE/TIME CONCERN SUBMITTED	ACTION TAKEN 'PROTECTION PLAN'	COMPLETED BY

Form 1

Appendix 4

East Riding of Yorkshire Safeguarding Adults Board
MULTI AGENCY 'ADULT AT RISK' CONCERN FORM
(Confidential when complete)

Section A-Details of the person you are concerned about: (* mandatory fields)				
Name *		Age / Date of Birth:		
Home Address *		Male		Female	
		Ethnicity:		
Post code *		Telephone/ Mobile:		
Current location of person if different from above.		NHS Identification No:		
GP Name.	GP Address.			
Has the concern been raised to any other organisation; e.g. Police, CQC. If yes, please specify or state Police log no.				

A1. The Care Act 2014 (S.42) mandates the Local Authority to make safeguarding enquiries if the following three conditions are met. (these 3 questions are mandatory in order to undertake a safeguarding enquiry only) *see Guidance Note 1.*

a) Is the adult in need of care and support (whether or not the authority is meeting any of those needs)?

Yes No

b) Is the adult experiencing, or at risk of abuse or neglect?

Yes No

c) As a result of those needs are they unable to protect themselves against the abuse or neglect or the risk of it?

Yes No Don't know

A2. Consent. *See Guidance note 2.*
1. Does the adult you are concerned about have full mental capacity to consent to the *safeguarding adult's concern form* being raised? *

Yes. ☐ (see 1a) below) No. ☐ (see 1b) below)

1a). Does the adult you are concerned about give their consent to this concern form being completed and sent to the local authority? *

Yes. ☐ (see 2) below) No. ☐ (see 1b) below)

1b) If the person is not able or not required to give their consent to this form please state reasons below. *
Please give reasons for any decisions to refer without the persons consent, *for example; other people are at risk of abuse, a person's mental capacity is questionable - this should also be documented in the client's notes.* Then sign the form below.

2) Name (person raising concern): Print Name: Date:

Client Group: ✓**tick only 1** *

☐ Learning Disability Support ☐ Physical Support ☐ Social Support
☐ Mental Health Support ☐ Sensory Support ☐ Support with Memory/cognition

Type of Abuse if known, tick all that apply**:** ✓

☐ Physical ☐ Sexual ☐ Financial ☐ Neglect ☐ Self neglect ☐ Organisational
☐ Discriminatory ☐ Psychological ☐ Domestic Abuse ☐ Modern Slavery
☐ Other – please detail *see guidance note 3*

Section B- Details of Concern/ Suspected Abuse. (* Mandatory fields)

Please describe as fully as possible: include how it came to your attention, time(s), dates(s) and location(s) of alleged incident(s) and names of witnesses (if known). Detail any injuries and complete a body map if necessary. *

(If necessary continue on a separate sheet of paper and include with fax/email) **Additional Sheets** Yes/ No

Action taken to protect the victim; details of any measures taken to secure the victim's immediate safety.

Has the Operational Guidance: Making decisions about safeguarding concerns been applied?* *see Guidance note 4*

☐ **Yes** ☐ **No**

Section C- Team Concern (ERYC Adult Social Care Staff Only) *see guidance note 5*

C1. Details of concern not included in section B.

C2. Please state what actions have been taken to deal with/allay your concern.

C3. What was the outcome of your intervention

Section D- Making Safeguarding Personal. (* Mandatory fields) *see guidance note 6*

D1. As a result of this concern has the person been asked what they would like as an outcome of safeguarding?

☐ Yes ☐ No (if this is selected, answer question D3 below and also complete section E)

D2. If yes, please select from the options below:

☐ Was asked but no outcomes were expressed

☐ Was asked and adult has expressed some desired outcomes (Please state below what these were)

☐ Was not asked about desired outcomes (if this is selected answer question D3 below and also complete section E as applicable)

D3. If no, please state here why they were not asked:

Section E - Advocacy. (* Mandatory fields) *see Guidance note 7*

If the adult was deemed not to have capacity (in section A2) do they have an advocate who is representing them?

☐ Yes (complete E1) ☐ No (complete E2)

E1. If yes please state below who this person is and their relationship to the adult (such as family member, friend etc)

Name of chosen advocate:

Relationship to adult:

Advocates contact details:

E2. If the adult does not have an advocate to represent them, do you know at this stage if they may require the services of a Care Act Advocate provided by the Local Authority?

☐ Yes ☐ Don't know

E3. If there is no requirement for either a chosen advocate or a Care Act advocate please state the reason below eg adult has deceased.

Section F- Details of person suspected or alleged to have caused/allowed the abuse (Complete if known or state "unknown")				
Name:	Age / Date of Birth:			
Home Address:	Male		Female	
Postcode:	Ethnicity:			
Telephone/ Mobile:	NHS ID			
Current Location if different from above:				
Relationship of person alleged to have caused the abuse to the Adult at Risk you are concerned about: ✓ ☐ Husband/Wife/Partner ☐ Son/Daughter ☐ Friend/Neighbour ☐ Other Resident ☐ Stranger ☐ Professional/ paid care ☐ Volunteer ☐ Carer ☐ Other - detail:				
Are you concerned that other adults or children are at risk from the person suspected of causing or allowing the abuse? ☐ Yes (give reasons) ☐ No ☐ Don't Know				
Does the person suspected of causing the abuse provide care to the victim or any other person? ☐ Yes ☐ No ☐ Don't Know				
Is the person suspected of causing the abuse aware of the allegation? ☐ Yes ☐ No ☐ Don't Know				

Section G- Details of person completing this concern form	
Name:	Job Title:
Address:	Telephone / Mobile:
Post code:	Email:
Signature	Date & time:
Agency/area you work for ✓ ☐ LA Adult Services ☐ LA Emergency Duty Team ☐ LA Single Intake Duty Team ☐ Police ☐ CQC ☐ Health CCG ☐ Health – Acute ☐ Health – MHT ☐ Independent Provider ☐ Housing ☐ Voluntary Sector ☐ Family/friend ☐ Other Service (please specify)……	

Section H- Enquiry record
Are you now undertaking an enquiry? ☐ Yes ☐ No If you are undertaking an enquiry please use Form 4 on the SAB website – www.ersab.org.uk And return it to: Safeguardingadultsteam@eastriding.gcsx.gov.uk

Appendix 5

Form 4

East Riding Safeguarding Adults Board
Enquiry outcome report
See Guidance note 8

This report is confidential and may only be used in relation to the safeguarding enquiry. This report cannot be reproduced fully or in part or disclosed to any other party without the consent of the report author.

Please state "not relevant" to those areas you think are not relevant to the enquiry you are undertaking or provide a comment.

SECTION A: Making Safeguarding Personal *See Guidance note 9*

1: Who is the adult with care and support needs? (include PID & NHS number if known)

Name as identified on the concern form:

2: Are you aware if there is any other type of enquiry ongoing about this adult?

Serious incident ☐ Complaint ☐

Coroners enquiry ☐ Other ☐

3: Does the adult have capacity to be involved in this enquiry?

If yes, please state below how you plan to involve them in this safeguarding enquiry.
If they *do not have capacity to be involved please answer question 4*

4. Do they have an advocate who is representing them? (this can be, for example a friend, family member or a Care Act advocate appointed by the local authority). *See Guidance note 10*

If so please give their details below and include how you plan to involve them in this safeguarding enquiry.

5: What does the adult with care and support needs want to happen?

What were the adults outcomes and wishes at the beginning of the enquiry? *(please try to use the words of the person being spoken to but do not make any promises. If helpful, try to offer options which you think you may be able to address.*

SECTION B:
Who is the person or organisation alleged to be responsible for the abuse or neglect?

SECTION C: Details of the enquiry *See Guidance note 11*

1. Who is completing this report?

Include full name, job title and agency (include everyone if the enquiry involves more than one agency)

2. What is reported to have happened?

Where possible use the words of the adult involved rather than the information included on the concern form.

3 How were the enquiries conducted? *See Guidance note 12*

Include here a summary of interviews held, records reviewed, discussions held etc.

SECTION D – Outcomes and next steps: *See Guidance note 13*

1. What did you find out?

Include here your findings along with the outcome(s) of the enquiry.

2. What is going to happen next?

Include here any actions which need to take place as a result of the enquiry including who should undertake them. Include such things as; review of care plan, discussion with alleged perpetrator, further enquiries, whether there is a need for an outcome meeting etc:

3. Has the adult with care and support needs had their outcomes met? *See Guidance note 14*

Ask the person how far their initial stated outcomes have been met.
Include any reasons they give for not having their outcomes met.

Ask the person "do you feel safer?" following the enquiry and interventions.
Place their answer in one of the categories with a short explanation as to why:

Yes I feel safer

I feel somewhat safer

No I don't feel any safer

4. What is your overall conclusion? *See Guidance note 15*

This is to be used for monitoring purposes only and does not need to be shared with the adult:

Risk removed	Risk remains
Risk reduced	No action taken

5. Do you consider the need for a further review such as a Safeguarding Adults Review (SAR)?

A SAR should be considered when an adult in its area has suffered serious abuse or neglect or dies as a result of abuse or neglect, whether known or suspected, ***and*** *there is concern that partner agencies could have worked more effectively to protect the adult.*

Report author: Date:

Team Manager/senior: Date:

Date returned to SAT:

If this enquiry was led by an agency other than the local authority the completed enquiry paperwork must be approved internally by a more senior manager than the person completing the enquiry and then sent back to the local authority safeguarding adults team.