1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice guidance for sending safeguarding concerns to the Police.

The Care Act 2014 states:
‘Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual abuse or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.’ (Care Act 2014, section 14.70)

2. EMERGENCY ACTIONS

In all situations when a crime has been or is about to be committed, the person raising the concern should call 999 or the local police. In all emergency situations, the person raising the concern should call 999 immediately. An emergency is defined as:

- A situation where life and limb is at risk
- A situation when an unknown suspect / alleged perpetrator might escape
- A need to preserve forensic evidence.

If there is any doubt about whether there is an emergency, call 999 and seek Police advice.

3. FORWARDING CONCERNS TO THE POLICE

All safeguarding concerns should be considered as to whether they are a crime and require actions by the Police. If it is clear that a crime has been committed, there is a public interest, or in alleged domestic violence where there is an emergency, these can be sent immediately to the Police.

In cases where a crime has been committed where possible consent should be obtained from the adult at risk to send the concern to the police. It is important that the individual leads in identifying the outcome they would like to occur and for them to be supported to achieve this outcome by the end of the safeguarding adult process. If an adult at risk does not want any action to be taken this does not preclude the sharing of information with relevant professional colleague; this will support risk assessment and ensure the individual is not being unduly influenced, coerced or intimidated and is aware of all the options. It is good practice to inform the adult at risk that this action is being taken unless doing so would increase the risk of harm.

Where a person is deemed to not have capacity to consent to police involvement a capacity assessment and best interest decision should be made regarding police involvement.

The Multi Agency Safeguarding Hub or relevant adult social care team holding the enquiry should aim to undertake initial conversation with the adult at risk on the same day as the concern is received, which may include discussions around police involvement; information is requested, shared and collated within agreed times as assessed on receipt.

Information is requested and received by the Police in Enfield based on three timescales: 
Red (6 hours)  Amber (24 hours)  Green (5 days)
A planning meeting under safeguarding should be completed within 5 working days if this is required (indicative timescale) and this should agree with the adult at risk in as much as possible the level of police involvement in any subsequent enquiry.

Appendix A provides a tool for identifying whether a crime was likely to be committed. Cases can be assessed using this tool and those which meet the criteria should be sent via secure email to enfieldsgalerts@met.pnn.police.uk

If there is uncertainty as to whether police involvement is required discussions can take place with Police Lead based with the MASH.

In those cases where no police involvement is needed the concerns form will remain on the social care, Care First, database only and will not be forwarded to the police.

Police investigations can continue alongside the safeguarding adults enquiry. Please refer to London Wide Adult Safeguarding Policy & Procedures ‘Stage 2: Enquiry’. A multi-agency approach should be agreed to ensure that the interests and the personal wishes of the adults will be considered throughout, even if they do not wish to provide any evidence to support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their well-being.

4. BACKGROUND CHECKS

The Police are able to support enquiries lead by health and adult social care where a background check on the alleged perpetrator is required. All requests for background checks on individuals should be sent by email to enfieldsgalerts@met.pnn.police.uk. Information which must be included in this request for background information is the name of the individual a check is being requested on, their date of birth, and last know address. Additional information should include valid reason for why the check is being requested. Please refer to the Enfield MASH Section 42 Information Request form.
This tool has been developed in order to facilitate more appropriate referrals to Enfield Police for safeguarding adults cases which may indicate that a crime has been committed.

This risk assessment can be used by the SAM (Safeguarding Adults Manager) when they are unsure whether a safeguarding concern is a criminal matter. If you checked ‘yes’ to any of the areas below than the concern should be sent to the Police or advice sought from the Police.

In cases where a criminal act is indicated the concern should be sent to the police in line with Enfield Local Practice Guidance.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>Does the alert or initial fact finding contain information relating to</td>
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<tr>
<td></td>
<td>Physical violence or verbal threats of intended violence</td>
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<td></td>
<td>Coercive control</td>
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<td></td>
<td>Harassment of an adult at risk</td>
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<td></td>
<td>Threats via email, text phone or other communication methods</td>
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<td></td>
<td>Incidents of discrimination relating to race, sexuality, disability etc.</td>
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<td></td>
<td>Domestic violence</td>
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<td></td>
<td>Sexual matters where there is no consent</td>
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<td></td>
<td>Sexual matters involving a member of staff</td>
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<tr>
<td></td>
<td>Sexual matters where there may be issues of capacity to consent</td>
</tr>
<tr>
<td></td>
<td>Fraud or theft where a person has been permanently deprived of their money, goods or property</td>
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<tr>
<td></td>
<td>The misuse or misappropriation of property, possessions or benefits</td>
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<tr>
<td></td>
<td>Identity Fraud, both in personal and professional situations</td>
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<tr>
<td></td>
<td>Rogue Traders</td>
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<tr>
<td></td>
<td>Wilful neglect – for both adults with capacity or without capacity</td>
</tr>
<tr>
<td></td>
<td>Illegal drugs or misuse of controlled / prescription drugs</td>
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<tr>
<td></td>
<td>Incidents of serious injury</td>
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<td></td>
<td>Forced marriage</td>
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<td></td>
<td>Honour based violence</td>
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<td></td>
<td>Issues related to breach of Health and Safety law</td>
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<tr>
<td></td>
<td>Concerns that detail significant harm or death of a service user</td>
</tr>
<tr>
<td></td>
<td>Human trafficking / modern slavery</td>
</tr>
</tbody>
</table>

The above list is not exhaustive and there will be situations which may warrant a criminal investigation; if in doubt the Police should always be consulted in emergency situations.
1. INTRODUCTION

This supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice guidance for responding to allegations against staff and volunteers, in line with the Care Act 2014.

In such cases consideration must be given to whether a crime has been committed, and in these cases the police investigation will need to be considered as part of the enquiry.

When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner. Where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The local authority may well be reassured by the employer’s response so that no further action is required. It is important that the adults whom has been harmed is a partner in this discussion and feels assured by the outcome. However, a local authority would have to satisfy itself that an employer’s response has been sufficient to deal with the safeguarding issues and, if not, to undertake any enquiry of its own and any appropriate follow up action.

The local authority should satisfy itself that the adult at risk(s) are aware of the concern, have had an opportunity to discuss how they would like the concern to be managed or their wishes known in respect to the outcomes, and that this has been taken into consideration by the provider. The local authority as lead should make or cause to be made these enquiries with the adult(s) at risk if it has not been complete.

It is essential that any allegation of abuse against a paid employee or a volunteer is dealt with fairly, quickly and consistently, so as not to breach the right to a fair trial in Article Six of the European Convention on Human Rights, as incorporated by the Human Rights Act 1998.

2. ON RECEIPT OF A SAFEGUARDING CONCERN

2.1 Enfield Employee

There is a clear disciplinary procedure to be followed for staff employed directly by Enfield Council. The Safeguarding Adults Manager (SAM) receiving the concern should speak to the line manager of the person who is highlighted as the person alleged to have caused harm.

They should explain that while the steps of the disciplinary procedure must be adhered to, the safeguarding enquiry takes priority if this is in the best interests of the adult at risk, a crime has not been committed, and the adult at risk who has capacity agrees for this to take place.

An enquiry needs to balance the views of the adult at risk and focus on their wellbeing alongside the alleged breach by an employee of their employment terms and the disciplinary process.

The SAM is responsible for ensuring enquiry is planned and this could be done through an enquiry planning meeting. One of the most important considerations will be the planning of interviews with the alleged victim, the alleged perpetrator and any witnesses or other key parties. This will allow the interviews to cover all the aspects of the two procedures in the most efficient and least distressing way. Disciplinary procedures can be used as an enquiry type so long as they meet the outcomes identified by the adult at risk and the Safeguarding Adults Manager within the Local Authority is assured this has been done to a satisfactory level.

The line manager may be the person who has made the report and so they may have made some preliminary enquiries to establish the facts of an incident before reporting it as a safeguarding concern. However they should have received safeguarding training and be aware that these
enquiries should be kept to the minimum and confined to open questions to clarify the basic information. They should also be responsible for ensuring the adult at risk is safe, they will need to do this in conjunction with the relevant Adult Care Team. The line manager may also have taken some immediate action in relation to the staff member accused of the potential abuse – e.g. moving them to other work or suspending them etc. If a staff member is suspended they must comply with the terms and conditions of the suspension which will be set out in the suspension letter. The line manager must adhere to the Council’s policies and procedures and seek advice from Human Resources.

If the concern came about as the result of whistle blowing then the person who has received that concern is duty bound to keep secret the identity of the whistleblower, if they have requested this. However if a situation arises that the identity of the whistleblower needs to be disclosed then a discussion must take place with the whistleblower to agree on a way to proceed. The manager will also need to ensure that whistleblower receives support and is not harassed or victimised in any way.

The line manager has a duty to ensure the staff member who has been named as the person alleged to have caused harm is supported accordingly throughout the whole process and is kept informed of progress. The line manager will need to be able to give the timescales for the safeguarding enquiry and assist where necessary so that it is carried out expeditiously. However this is not always possible especially if a criminal offence has taken place. The timescales and potential delays will need to be discussed and ensure the adult at risk or their advocate is kept informed. Once the enquiry is completed a decision must be taken as to whether there is a disciplinary case to be answered. If there is a case to be answered, the matter will be considered at a disciplinary hearing. The enquiry may close concluding there is no case to answer and the outcome and evaluation by the adult at risk has been complete.

The outcome for the person alleged to have caused harm may mean a referral to the Disclosure and Barring Service (DBS). This referral is the responsibility of the line manager but it needs to be discussed during any safeguarding meetings and the decision to refer or not must be recorded as part of the outcome of an enquiry.

2.2 Employee of Health

A similar procedure will be in place for anyone employed by Health (hospital, primary care trust or mental health trust). A robust disciplinary procedure will be in place for all employees and as a partner agency, statutory health providers will acknowledge the need for the local authority in cases of safeguarding to be satisfied that the enquiry was robust and takes into account the wishes of the adult(s) at risk.

The employer can be caused to make an enquiry into a concern (and provide any additional support that the adult may need) unless there is compelling reasons why it is inappropriate or unsafe to do so. For example, this could be a serious conflict of interest on the part of the employer, concerns have been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police.

2.3 Employee of Contracted Service or Employment Agency

The employee named as the alleged perpetrator could be a person employed by a service who has been contracted by Adult Social Care or Health services either as a block or spot purchase provider. Alternatively there may be someone named as a perpetrator who is engaged to work in Enfield in a statutory service but on an employment agency contract.

It would be expected, through commissioning arrangements, that the employment agency would have a robust disciplinary procedure and matters could be progressed as they would for statutory sector employees. As for other provider organisations the employer could be caused to make enquiries by the Local Authority and ensure the safety of the adult at risk unless there is compelling
reason why it is not safe to do so. In this case, it may be more appropriate for the local authority to make enquiries or cause them to be made by another partner (i.e. CCG).

2.5 **Employee of a service user using Direct Payments or Individual Budgets**

If an adult at risk is employing a person who has been alleged to have caused harm, it would not be possible for them to undertake an enquiry. In these cases the local authority should lead the enquiry and work with the adult at risk to understand how they would like to proceed and the outcome they would like in respect to their care and well-being. The safeguarding enquiry should carry on in the usual way and the adult at risk must be aware of outcomes with respect to the person alleged to have caused harm so they can take the relevant action if they wish.

However it is possible that the alleged perpetrator is working with more than one service user and consideration needs to be taken as to public interest and the safety of others. The SAM should take responsibility to ensure these other service users are contacted either by letter or in person as thought appropriate.

The service user will need to seek independent advice to ensure that they work within employment law if they wish to take any action. This is particularly important if the service user wants to dismiss the care worker. This advice should be independent but the SAM or appointed person can advise the service user where they might seek help on how to proceed through an agent, solicitor or other appropriately qualified relevant person.

Some service users involve an agent to manage matters in respect to their care workers under direct payments or individual budgets. The agent would need to be aware of the safeguarding enquiry but as they are not the direct employer, any disciplinary issues or issues of dismissal would still require independent advice to ensure the service user acts within employment law.

2.6 **Employee or Volunteer of a Voluntary Group**

If the alleged perpetrator is an employee of a voluntary group then all the issues stated for statutory and private employers will apply. If the person is a volunteer then a discussion with a senior manager of the organisation must take place and an agreement on how to handle the issue must be made. It is expected that voluntary groups would have procedures for such incidents. The DBS barring list also applies to volunteers in regulated settings, therefore consideration of whether to refer will be required.

2.7 **Other Employees**

Alleged perpetrators may come from any organisation or be an employee of any firm e.g. post office employees, local building firms, insurance companies etc. It may be more complex to work alongside those organisations or firms to ensure an enquiry meets the standard required and thoughtful planning meeting may help this process.

3. **Enquiry**

Safeguarding as defined in the Care Act 2014 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.

Although the local authority has the lead role in making enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the Local Authority who may support other actions, but should always be police led. This does not mean however that the safeguarding or disciplinary
procedures cannot be initiated or that the interests of the service user are not safeguarded. This will require consideration of a safeguarding plan which should be regularly reviewed while other investigations are taking place.

What happens as a result of an enquiry should reflect the adults’ wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern. The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one to appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

An employee accused of abuse may resign or simply disappear. This does not mean the enquiry should be terminated. The enquiry should go ahead and if necessary the employee can be reported to a registering authority or referred to the Disclosure and Barring Service.

It has been practice to use the initials of the staff member during the safeguarding enquiry but good practice is to use the term “staff member” or the like. Sharing of information regarding a member of staff should be based on the principle of “need to know” and every effort taken to protect the anonymity of the person alleged to have cause harm.

It is also vitally important that information shared with the service user, family or appointed representative is carefully handled. Service users need to be participants in the safeguarding adults process but should not be part of the decision making around the alleged perpetrator as a member of staff or their disciplinary procedures.

4. OUTCOMES

There are outcomes for the adult(s) at risk and outcomes for the person alleged to have caused harm. The adult at risk should have, at the beginning of the safeguarding enquiry, been asked what outcomes they would like to see; this should be checked throughout the process as appropriate. At the closure of the enquiry it is a chance to determine if these outcomes were realised and identify any further support required to prevent further harm or improve personal well-being and safety.

Sometimes during an enquiry where a member of staff is stated as the person alleged to have caused harm it becomes clear that the situation is more one of poor practice or lack of training rather than a deliberate attempt to abuse a service user. The outcomes may be more tailored to improving practice or suggested training for an individual. Outcomes which indicate an individual is not suitable to work with vulnerable groups and falls within the criteria set out by the Disclosure and Barring Service should be referred. If someone is removed by either being dismissed or redeployed following a safeguarding incident, or a personal leaves the role to avoid a disciplinary hearing following a safeguarding incident and the employer / volunteer organisation feels they would have dismissed the person abused on the information they hold, the provider has a legal duty to refer to the DBS. In such circumstances where these actions are not undertaken then the local authority can make such a referral.

It may also become apparent during initial enquiries that it is not only one person who has poor practice but that it is an organisational issue. In this case the incident may be investigated as organisational abuse and the outcomes would be in relation to the Provider.

The safeguarding enquiry report might make recommendations with respect to changes of practice within a service, reviewing of policies and procedures and/or the need for specific training for one or more staff members within a service. The line manager will need to decide whether it is appropriate to consider taking “capability” action.
These recommendations should be followed up with a review, not necessarily of the service user which would be normal in the safeguarding process, but this would be a review of the service with the relevant manager taking into account the recommendations of the safeguarding enquiry report.

If the service is regulated by a formal authority e.g. Care Quality Commission (CQC), then they should be informed or be party to the recommendations. The organisation should be informed from the start of a safeguarding procedure and may also be part of the whole safeguarding procedure in certain cases. If the service is a contracted service then contracts and procurement team and commissioners should be notified of such recommendations so they can also monitor improvements.

If abuse as found not to have occurred then the employer must ensure the employee is supported to return to work. The return to work might be accompanied by some requirements with respect to training, monitoring and work practices, which the final safeguarding report might have recommended or the manager felt were required to ensure the safety of service users.
1. **INTRODUCTION**

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy and Procedures and reflects the local practice guidance for referrals to the Disclosure and Barring Service. The DBS is an amalgamated service between the previous Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The DBS aims to prevent unsuitable people from undertaking certain paid or voluntary work with adults at risk. It will do this by barring those where the information shows they pose a risk of harm to children, young people or adults at risk.

This section should be read in conjunction with the DBS referral guidance and referral form which can be found at https://www.gov.uk/government/organisations/disclosure-and-barring-service

2. **REFERRING TO THE DBS**

Referrals are made to the DBS when an employer or organisation, eg a regulatory body, has concerns that a person has caused harm, or poses a future risk of harm to vulnerable groups, including children.

In these circumstances the employer must make a referral to the DBS, though this is not obligatory for regulatory bodies.

A referral **must** be made to the DBS by employer or personnel supplier when they:

1. withdraw permission for an individual to engage in or would have done so had that individual not resigned, returned, been made redundant or been transferred to a position which is not regulated activity; because
2. they think that the individual has:
   - Engaged in **relevant conduct**;
   - Satisfied the **harm test**; or
   - Received a caution or conviction for a **relevant offence**

If both conditions are met the information **must** be referred to the DBS by the employer or personnel supplier. Other organisations, such as the Local Authority, have a power to refer. Good practice should be that a referral is only made once there is sufficient evidence as part of the enquiry to support their reasons for withdrawing the person from regulated activity.

**Relevant conduct** in relation to vulnerable adults is conduct which:

- Endangers a vulnerable adult or is likely to endanger a vulnerable adult
- If repeated against or in relation to a vulnerable adult, would endanger an adult or would be likely to endanger them
- Involves sexual material relating to children (including possession of such material)
- Involves sexually explicit images depicting violence against a person (including possession of such images)
- Is of a sexual nature involving a vulnerable adult

A person’s conduct endangers a vulnerable adult if they:

a. Harm a vulnerable adult,

b. Cause a vulnerable adult to be harmed,

c. Put a vulnerable adult at risk of harm,

d. Attempt to harm a vulnerable adult, or

e. Incite another to harm a vulnerable adult.
- Harm a child or vulnerable adult;
- Cause a child or vulnerable adult to be harmed;
- Put a child or vulnerable adult at risk of harm;
- Attempt to harm child or vulnerable adult;
- Incite another to harm a child or vulnerable adult.

There are occasions where a person may not have engaged in relevant conduct but there are still serious concerns which satisfy the harm test.

To satisfy the harm test there needs to be credible evidence of a risk of harm to vulnerable adults such as statements made by an individual regarding conduct/behaviour, etc. For a case to be considered as a risk of harm, relevant conduct would not have occurred but there must be tangible evidence rather than a “feeling” that a person represents a risk to vulnerable adults. For example, a care worker who confides in another member of staff that that they are sexually attracted to some of the people they care for (but who had not engaged in ‘relevant conduct’) would satisfy the harm test.

A relevant offence for the purposes of referrals to DBS is an automatic inclusion offense as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009.

3. MAKING REFERRALS TO THE DBS FOLLOWING SAFEGUARDING ENQUIRY

When an allegation against an employee or volunteer who works in regulated activity is made, the primary concern is to make the adult at risk safe, which may include removing the employee or volunteer from the setting. This does not mean that a referral to the DBS needs to be made at this point, as although you have met the first condition of removing the person from the activity, the basis is on an allegation only at this point.

Once information is gathered which would support that relevant conduct has occurred or that the harm test is satisfied, then the legal duty to refer to the DBS is triggered for the employer or personnel supplier.

The provider will undertake enquiries into the allegation unless the local authority deems there is relevant reason that it is not appropriate or unsafe to do so. At the conclusion of the enquiries is when any recommendations and outcomes for the person alleged to have caused harm are made; a referral to the DBS is one of the potential outcomes.

If one of the strands of an enquiry identifies there is a case of abuse or harm to answer to, the employer may need to start disciplinary proceedings which may include the removal of their employee or volunteer. The employer has a duty to complete the referral to the DBS when the conditions [as per section 2] has been met. This will also apply when the local authority is directly employing, either in a paid or volunteer capacity, any worker found to have satisfied the harm test or relevant conduct.

The Local Authority has a power to refer information when the following conditions are met. Broadly, these circumstances are that the Local Authority thinks that:

a) An individual satisfies any criteria under which he/she could be barred or considered for barring. This would include the harm test, relevant conduct and relevant offence.

b) The individual is engaged or may engage in a regulated activity, and

c) The DBS may consider it appropriate for the individual to be included in a barred list.

In all case conferences where on the balance of probabilities abuse was perpetrated by a member of staff or volunteer a referral to the DBS by the Local Authority as part of the outcome to the safeguarding adults case should be considered. Professionals who are part of this decision making should decide who will be responsible for completing the DBS referral form.
The Local Authority is only required to refer to the DBS prescribed information that they hold, and would not have access to employment records, personal details of the person alleged to have cause harm, etc. Therefore, although the DBS referral form requests a range of information, the lead person completing the form as agreed by the safeguarding group need only provide information that was held as part of the safeguarding adults process.

Although this may result in some duplication of information referred to the DBS, by both the Local Authority and the Employer, both organisations will have different levels of information. There are clearly different conditions outlining when a regulated activity provider should refer, as opposed to the Local Authority as lead agency in safeguarding adults.

All DBS referrals should be signed off by the service manager of the appropriate adult social care team prior to submission to the DBS.

4. MAKING A REFERRAL WHEN THERE IS NO DUTY TO REFER

The DBS will consider all information referred to it from any source in relation to whether an individual should be included in a barred list.

For example:
Regulated activity providers and other groups may provide information where following an internal investigation there is insufficient evidence to show relevant conduct occurred, but they still have concerns about that individual; or
Where an employer may have concern about an individual who has left their employ and they know or think that the individual works in regulated activity in another setting.

Again, there is no duty to refer to the DBS but the local authority, as lead agency for safeguarding has the power to do so. For example, if a care worker was found not to have abused an individual in this particular safeguarding concern raised, but there continues to be concerns expressed about the suitability of that employee to work with adults at risk, the safeguarding outcomes meeting can still recommend for a referral to the DBS to be made.

All potential referrals to the DBS by the Local Authority following an outcome which was not determined as to whether abuse occurred should be discussed with the Service Manager of the relevant care group, before the DBS referral is made.
04- WORKING WITH RISK IN SAFEGUARDING ADULTS

1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy and Procedures and reflects the local practice guidance for working with risk in safeguarding adults. It is intended to guide and support staff and managers who are working with adults at risk to enable safeguarding to be person-led and outcome-focused. It should be read and used in conjunction with the safeguarding adults template ‘Safeguarding Plans’.

2. DEFINITION OF RISK

The term ‘risk’ (and therefore risk assessment / management and enablement) can have a very wide range of applications and meanings depending on the subject matter. In this context, we are looking at risks to adults who have been harmed by one or more other people, or are at risk of being harmed in the future.

Organisations should always promote the adult’s well-being in their safeguarding arrangements, and this may mean some level of risk. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals should not be advocating risk management and safety measures which do not take account of an individual's well-being as defined in Section 1 of the Care Act.

London Adult Safeguarding guidance places risk into four categories:

- Private and family life
- Community based risk
- Risk associated with service provision
- Self neglect

In the process of safeguarding adults we assess and then plan how to work with risk. We must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. People cannot make decisions about their lives unless they know what the options are, what the implications of those options may be and have had the chance to really consider them. They can feel disempowered (and possibly damaged) by the safeguarding process unless they know what is happening and the choices they have.

3. PREVENTION: USE OF MEASURES TO PREVENT ABUSE BEFORE IT OCCURS

The Enfield Safeguarding Adults Strategy has a strong focus on preventing harm from happening to adults at risk, a deliberate decision by partner agencies in Enfield to highlight the need for early prevention rather than simply dealing with abuse once it has happened.

The following is not an exhaustive list but preventative actions can include:

- Ensuring the assessment of the potential risk of harm every time we assess or review a person’s needs within the Community Care, Personalisation and Care Programme Approach processes, particularly when the person is at significant risk of harm or has already been harmed.
- Discussing the risk of harm to individuals at funding and risk panels, and at multidisciplinary meetings.
- Referring the service user to other protective services, for example, a ‘Keeping Myself Safe’ class, using Telecare devices, or getting the Handyperson to fit better locks to the home of an adult at risk from doorstep crime or abusive/unwelcome callers.
- Recognising the risk factors which may increase the likelihood of abuse and exploitation.
Some adults at risk have a decreased ability to protect themselves from harm and exploitation by others, to communicate what is acceptable or not to them and to report abuse when it happens. They may also be in situations where abuse from other service users is more likely, due to the environment they are placed, and good risk assessments should consider how these will be managed.

Mental capacity should be determined at an early stage in safeguarding case work. Whether a person has capacity or not will then inform how we work with people to enable their views, wishes, feelings and beliefs in deciding any action.

Balancing personalisation and increased choice and control with safeguarding can be a challenge for many practitioners. Greater freedom and flexibility for service users about how their support needs are both assessed and met bring the potential for different risks. The council’s and partner agencies’ general duty of care to both prevent and act on abuse has not been diminished in any way because of new personalised and enabling approaches.

Risk is part of everyday life, and an important part of learning, developing and expressing who we are. In social care, as in the rest of life, risk can sometimes be viewed negatively, and people who use services can be prevented from living their lives in the way they choose in an attempt to eliminate risk completely.

Staff will want to enable choice, control and some risk-taking when helping people to assess the need for and to manage their own support. **However, during these ‘personalised’ processes, the risk of potential harm must always be borne in mind, and any found must be recorded and acted upon.**

4. RISK ASSESSMENT GUIDANCE

4.1 Principles for Risk Assessment

The points below give some principles for risk assessment, and more detail about what should be done and considered in the process. (NB: the key points to note are in bold type).

- The referral of a safeguarding adults concerns will always trigger a risk assessment although these will vary in degree and formality depending on the severity of the alert.
- An individual’s risk assessment should be clearly recorded, precise, specific and timely. It should be reviewed frequently. It should be communicated to all relevant people in each case. Good risk assessment will support and provide evidence for protective decision making, but remember that it may also need to be used later in any court proceedings.
- Clear, thorough recording of risk assessment, a multi-agency risk discussion and subsequent safeguarding plans are essential. Even if all risks of harm are eliminated at an early stage, this must be recorded with the reasons why there are no further risks.
- One of the main reasons we assess risk at the enquiry stage is to facilitate and guide safeguarding plans.
- Risk and risk enablement should be reviewed regularly.

Most importantly throughout the above is that the adult at risk views and wishes are clear, they have control in the process and are empowered and have ownership of the risk. The assessment of risk and impact through risk management must also consider the effect on a person’s wellbeing, particularly those aspects of wellbeing that matter most to the individual concerned.

4.2 Steps to take

Section 3.3 of the London Multi-Agency Adult Safeguarding Policy and Procedures set out the management of risk. Where appropriate ensure use of a recording tool to set out the risks and management of risks; in many cases this will form part of the safeguarding plan. In consultation with the adult at risk agree how often risks will be reviewed.

In greater detail, this means undertaking some or all of the processes below:

- a) Unless it is completely unavoidable in an urgent situation, never assess risk alone.

  Always liaise with others to share information, skills and experience.
b) Identify if there is immediate risk and act on it.
c) Identify if the risk is ongoing or likely to happen again to either the alleged victim or to other vulnerable adults.
d) Look at patterns and history, severity and frequency of abuse; take into account vulnerability factors.
e) Consider the impact of the person’s diverse needs as regards race, culture, faith, language and disability needs.
f) Always find out and record the vulnerable adult’s perception of the risk(s). Always involve the alleged victim in the risk assessment process. Offer the support of an independent advocate. If the individual lacks mental capacity instruct an IMCA.
g) Determine mental capacity where this is indicated. Service users should be assumed to have the mental capacity to make informed choices, even if those choices present some risk, unless there is sound evidence arising from a Mental Capacity Act assessment that they cannot do so.
h) When making enquiries, with the person’s permission or in their best interests, take everybody’s views and feelings into account in making decisions. Make sure that key people such as friends, family, carers and advocates know how decisions have been reached. This can be a controversial area and may take some sensitive discussion and negotiation with the person who alleges abuse.
i) Where appropriate, involve key people such as family as much as possible in managing and monitoring the risks.
j) Carefully weigh the possible risks against the way in which the individual might benefit or feel better if they take those risks.
k) Put the adult at risk at the centre of the process. Help people to have choice and control over their lives. Recognise that making a choice can sometimes involve an element of risk. Discuss openly and record clearly any differences of opinion.
l) Help people understand their responsibilities and the implications of their choices, including any risks.
m) Acknowledge that there will usually be some risk in a person’s life, and that trying to remove it altogether can outweigh the quality of life benefits for the person.
n) Use the legal framework and expert legal advice where necessary.
o) When deciding on the level of risk a situation presents, assess the immediate and current risks and their impact or consequences, and assess the likelihood of a recurrence.
p) Identify and record factors and measures which are likely to minimise risk, i.e., do the safeguarding planning.
q) Risk of harm should then be reassessed in the longer term during Community Care assessment, care planning and review, Person-Centred Planning or the Care Programme Approach processes.
1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy and Procedures and reflects the local practice guidance for dealing with suspected cases of forced marriage or where there is the possibility of someone being forced into a marriage.

This guidance is produced in line with that provided by HM Government Multi-agency practice guidelines: Handling cases of Forced Marriage (June 2014). The measures for protecting adults with disabilities as set out in the guidance, where they are physical, learning or mental health needs, are the same for non-disabled adults.

There is a clear distinction between a forced and arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses. In forced marriages, one or both spouses do not (or in the case of some adults at risk, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure or violence.

2. QUICK GUIDE FOR PRACTICE

This section is a quick guide for practice, developed by the Enfield Integrated Learning Disabilities Service following a positive example in a forced marriage case.

On receipt of any concern it should be opened as a Safeguarding concern.

Guidance states that you should not inform family / carers of the concerns prior to court proceedings.

Follow up initial enquiries with person raising the concern to ascertain any further details they may have acquired. Ensure that a full check of persons background history is carried out for safeguarding concerns.

Inform Forced Marriage Unit 020 7008 0151: provide full details of person and any other parties known – this will flag information with the passport office and prevent the passport from being used.

Report as a crime of forced marriage or risk of forced marriage to 101. Note CAD Reference number.

Legal Instruction – request permission to apply for a forced marriage protection order where there is thought to be an immediate concern this would be done, Ex Parte as an option, at the court and a further date would be set by the court for the respondents to appear. The request to the court should ask for the order to include any nationality passports and travel documents, not solely British passports.

Conduct a capacity assessment - although you can use the capacity template you are considering more than one question, which includes 1. Capacity to understand and consent to sex and 2. Capacity to understand marriage and the functions of marriage. Suggested layout following psychology practice would be

- Reason for the assessment
- Background Information
- How the assessment was conducted. Descriptor of the principles of the capacity act and the two stage capacity test.
- List any resources used in informing the assessment.
- Assessment information – how capacity was or was not demonstrated
- Conclusion.
Preparation of statement
- Professional details and summary of qualifications.
- Summary of reasons for application and history of involvement with person.
- Persons background history and needs
- Current concerns summary
- Conclusions and recommendations - Considerations when asking for order whether they can gain capacity and the length of the order (i.e. fixed period or open ended)

It should be noted that these proceedings take place in the family court and not the Court of Protection.

Decision would have to be made if person is party to proceedings (especially where person is not objecting to marriage).

Following any order being made the papers have to be served on the respondents, and if the order includes surrendering of passports and travel documents, it is advisable to ask for police to accompany this visit. NB There are powers of arrest associated with all Forced Marriage Protection orders although they are not specifically listed on the order. Also consider whether there may be other repercussions from the order being served i.e. is an option for respite identified if needed for the adult at risk. Following service of the papers you should complete a statement of service which is returned to the solicitors.

Follow up work: Consideration should be given to support planning, appropriateness of staying at home if this is where they are at greater risk, sex and relationships work, family therapy or work that can be completed if safe to do so

3. LEGAL POSITION

The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. This includes:
- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted

If an individual lacks the capacity to consent to the marriage, one course of action is for the local authority to make an application to the Court of Protection under the Mental Capacity Act for orders to protect them (declaratory relief). If satisfied that the adult lacks capacity the court can grant a declaration to this effect. The court can also grant injunction(s) to restrain family members from arranging a marriage for them or prevent them being taken overseas for the purpose of a marriage.

If an adult with suspected learning disabilities has left the country and it is not known if they lack the capacity to consent to marriage, it is recommended that a Forced Marriage Protection Order is taken out to ensure they are returned. Following that, a capacity assessment will need to be carried to determine their capacity to consent to marriage.

Whilst an adult with support needs can make an application in their own name acting with the assistance of a “litigation friend", they may not be in a position to take such action because of their personal circumstances. In this case, you may need to consider whether the local authority should do so.
Adults can also take action to protect themselves under the Family Law Act 1996 and the Protection from Harassment Act 1997.

A spouse who is the victim of a forced marriage can initiate nullity (as long as this is initiated within three years of the date of the marriage) or divorce proceedings to end the marriage. They should be informed that a religious divorce would not end the marriage under UK law.

Adults with support needs can also take action to protect themselves under the Family Law Act 1996 and the Protection from Harassment Act 1997. Under these Acts the following orders may be sought:

- Forced marriage protection order.
- Non-molestation order.
- Occupation order.
- Injunction against harassment

4. MULTI-AGENCY GUIDANCE FOR DEALING WITH CASES OF FORCED MARRIAGE

4.1 Existing multi-agency guidance safeguarding adults

Forced marriage is a violation of human rights and a form of adult abuse and should be treated as such. Therefore, ignoring the needs of victims is not an option. Cases should be tackled regardless of cultural sensitivities using existing structures, policies and procedures designed to safeguard adults at risk.

Existing strategic bodies should ensure that their member agencies work effectively using the agreed safeguarding adults guidance and that issued by the Forced Marriage Unit and Home Office.

4.2 Initial actions following disclosure

All concerns of reports of a potential forced marriage or an adult at risk already in a forced marriage, should be report to the appropriate adult social care team, using existing reporting mechanisms.

When a professional from a statutory or voluntary organisation come into contact with a victim of forced marriage, they should remember the ‘one chance’ rule. Professionals may only have one chance to speak to a potential victim and thus they may only have one chance to save a life.

All agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support, that one chance might be wasted.

Given the ‘one chance’ rule, anyone who comes into contact with an adult at risk who is in or may be forced into a marriage should follow the best practice steps:

- Explain all the options to the person
- Recognise and respect their wishes
- See them immediately in a secure and private place where the conversation cannot be overheard
- See them on their own – even if they attend with others
- Explain to the person about information sharing
- Establish a way of contacting them discreetly in the future
- Obtain full details to pass on to the appropriate team
- Consider the need for immediate protection and placement away from the family.

Do not:
- Send the person away
- Approach members of the family or the community unless the person expressly asks you to do so
- Attempt to be a mediator.
4.3 The Safeguarding Adults Process

Following receipt of a concern of suspected forced marriage, the process should follow that set out in the current safeguarding adults policy. Immediate thought will need to be given to the safety of the adult at risk and ensuring a safeguarding plan is in place.

Practitioners will need to consider and in subsequent contact with the adult at risk the following:
 Giving the adult at risk, where possible, the choice of the race and gender of the specialist who deals with their case
 If necessary, ensuring records of any injuries and arranging a medical examination
 Giving the adult at risk personal safety advice
 Developing a safety plan in case the adult at risk is seen during meetings i.e. prepare another reason why you are meeting
 Establish if there is a family history of forced marriage, i.e. siblings forced to marry. Other indicators may include domestic violence, self-harm, family disputes, unreasonable restrictions (e.g. withdrawal from education or “house arrest”) or missing persons within the family
 Advising the adult at risk not to travel overseas and discuss the difficulties they may face
 Giving them advice on what service they should expect and from whom
 Maintain a full record of the decisions made and the reason for those decisions
 Information from case files and database files should be kept strictly confidential and preferably be restricted to named members of staff only
 Refer the adult at risk, with their consent, to appropriate local and national support groups, counselling services and women’s groups that have a history of working with survivors of domestic abuse and forced marriage
 Encourage the adult at risk to access an appropriate, trustworthy advocacy service that can act on their behalf.

4.4 The danger of involving the family and community

Involving families in cases of forced marriage may increase the risk of serious harm to a person. Experience shows that the family may not only punish them for seeking help but also deny that the person is being forced to marry, they may expedite any travel arrangements and bring forward the marriage. Involving the family includes visiting the family to ask them whether they are intending to force their child to marry or writing a letter to the family requesting a meeting about their child’s allegation that they are being forced to marry. Relatives, friends, community leaders and neighbours should not be used as interpreters – despite any reassurances from this known person.

4.5 Venue for interviews

It is likely that the person or complainant will be anxious and distressed. The interview should take place in a private and secure part of the building free from interruptions, in accordance with local practices and procedures. The room should not be adjacent to the public part of the building, as there have been cases reported of people being forcibly removed by their families.

Be aware that the person may wish to be interviewed by a practitioner of the same gender. The person may not want to be seen by a practitioner from his or her own community. Develop a safety plan in case the person is seen by someone hostile at or near the department, venue or meeting place e.g. prepare another reason why they are there. If the person insists on being accompanied during the interview e.g. by a teacher or advocate, ensure that the accompanying person understands the implications of confidentiality especially with regard to the person’s family.

Do not use family members, friends, neighbours or those with influence in the community as interpreters – people may feel embarrassed to discuss personal issues in front of them and sensitive information may be passed on to others. Furthermore, such an interpreter may deliberately mislead practitioners and/or encourage the individual to drop the complaint and submit to their family’s wishes.

4.6 Future contact and meetings

Agree where future meetings can take place if the person does not want to meet at the department. Consider alternative venues e.g. local libraries/cafés, somewhere they will feel
comfortable. Establish whether they can be contacted in confidence at work, at school or through a
trusted friend, sibling or organisation.

If you are staying in contact using mobile phones, establish whether the person or another family
member pays the bill, as the record of calls made may place the person at risk of harm. Make sure
you have a code word to ensure that you are speaking to the right person. If you are using text
messages, email or post – make sure that messages cannot be intercepted.

There may be occasions when a third party is the only link to the person. This situation can arise
when a person has been taken overseas. Do not meet the person at their new address, refuge or
friend’s house as you may be followed and never speak to them in the presence of “friends”.

4.7 Confidentiality and security of information

An individual facing forced marriage may be concerned that if confidentiality is breached and their
family finds out that they have sought help they will be in serious danger. On the other hand, those
facing forced marriage are often already facing serious danger because of domestic abuse,
honour-based violence, rape, imprisonment, etc. Therefore, in order to protect the individual, it is
appropriate to share information with other agencies such as the police. Consequently,
confidentiality and information sharing are going to be extremely important for anyone threatened
with, or already in, a forced marriage. Professionals need to be clear about when confidentiality
can be offered and when information given in confidence should be shared.

4.8 Personal safety advice and planning

Research shows that leaving home is the most dangerous time for women experiencing domestic
abuse and this is often the case when someone flees a forced marriage. Therefore, if someone is
planning to leave or the perpetrators suspect they might leave, they should take measures to
ensure their safety.

Even if someone is not ready or willing to leave, they should still be advised of their options and
helped with safety planning so they can take measures to protect themselves at home and make
arrangements to leave home in an emergency.

Get the person to think about:

■ Who they could go to in an emergency?
■ Who would be able to send them money if necessary?
■ All the things they may need to start a new life
■ The possible finality of this decision.

5. PARTNERSHIP WORKING

The needs of victims of forced marriage cut across service providers’ boundaries. It is very unlikely
that a single agency or organisation will be able to meet all the needs of a person who is either at
risk of harm or actually forced into marriage. It is essential for a multiagency approach in line with
existing policies.

Forced Marriage Unit
Room G/55
Foreign and Commonwealth Office
Old Admiralty Building
Whitehall ☎ 020 7008 0151
London Email: fmu@fco.gov.uk
SW1A 2PA Website: https://www.gov.uk/stop-forced-marriage
For out of hours emergencies with an overseas dimension, involving British nationals, please
telephone 020 7008 1500 and ask to speak to the Foreign and Commonwealth Office Response
Centre.
The Home Office guidance ‘Multi-agency practice guidelines: Handling cases of Forced Marriage’ (June 2014) lists the national support agencies whom can assist in working with cases.
Participation and Empowerment: Adult involvement in safeguarding

1. Introduction

This local practice guidance is intended to supplement the London Multi-Agency Adult Safeguarding Policy & Procedures. It has been written taking into account Care Act 2014 and Making Safeguarding Personal.

The intent of this guidance is to make sure that adults are kept at the centre of safeguarding adults and in line with the six principles:

<table>
<thead>
<tr>
<th>Empowerment</th>
<th>I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help</td>
</tr>
<tr>
<td>Proportionate</td>
<td>I am confident that the professionals will work in my interest and only get involved as much as needed</td>
</tr>
<tr>
<td>Protection</td>
<td>I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able</td>
</tr>
<tr>
<td>Partnerships</td>
<td>I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation</td>
</tr>
<tr>
<td>Accountable</td>
<td>I am clear about the roles and responsibilities of all those involved in the solution to the problem</td>
</tr>
</tbody>
</table>

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety. The aim is to ensure that adults are considered full partners in safeguarding and are empowered to have control over, rather than being process led.

Adult involvement in safeguarding should be with due regard to achieving the outcomes set by an individual within the wider context of the meaning of wellbeing. The Care Act defines wellbeing to include:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal;
- suitability of living accommodation;
- the individual's contribution to society.

Safeguarding Adults in Enfield
06 - Participation and Empowerment: Adult involvement in safeguarding
2. Capacity

If there is a question of capacity regarding the individual’s ability to understand and participate in safeguarding, a capacity assessment must be undertaken as soon as possible (capacity assessments must be time and decision specific). People must be assumed to have capacity to make their own decision and be given all practical help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interest.

If it is found that the person does not have capacity then consideration must be given to the use of an Independent Mental Capacity Advocate (IMCA). Any decision taken must be via the best interest decision making process. This should not preclude the person being consulted and kept informed throughout. A person that has been allocated an IMCA (non-instructed advocate) may still benefit from an instructed advocate; one does not preclude the other. For the purpose of this protocol where the term adult at risk is referred to, this will also refer to their advocate or representative if the adult at risk does not have capacity.

3. Equality, diversity and advocacy

All adults should be encouraged to have an advocate to support them though the safeguarding adults process. The Care Act requires that each local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review where the adult has ‘substantial difficulty’ in being involved in the process and where there is no suitable other person to represent and support them. Any reasons why an advocate has not been used must be clearly documented. Issues of communication, language, faith, culture, life style choices and gender must be considered at each stage of the process. People from the Black and Ethnic Minorities communities, along with people who may be lesbian, gay, bi-sexual or transgender are often under-represented within the safeguarding adults process.

These issues must be positively addressed to enable the adult at risk to participate within the process by, for example:

- All adults at risk should be encouraged to utilise the support of an advocate, either paid or from their own support networks. Consider advocates aligned to adults race, gender or other characteristic where requested.
- Adults at risk may be represented by Independent Mental Capacity Advocates or Welfare Deputies.
- All adults given information in a form that is most suited to their communication needs
- Use of a translator, speech and language therapist or other person that is able to understand the communication methods of the adult at risk. This may be a family member, trusted friend, volunteer or paid professional.
- Culturally sensitive approaches i.e. gender specific interviews
- Use of peer support networks
- Adults at risk who are involved in the criminal justice system may benefit from a Police Intermediary; referral for this service is via the police.

Advocates must not be implicated in the allegation and when advocates are family members or friends there should be no conflict of interest.

Domestic violence, honour based crime and forced marriage allegations should be dealt under safeguarding adults procedures where appropriate but with partnership working, consultation and/or referrals to more specialised agencies to be prioritised.
4. Decision Making and Safeguarding Plans

Participation in the safeguarding adult’s process should enable the adult to make changes and take decisions about their lives in a supported and sensitive manner, taking into account both risks and risk benefits. Adults must be supported to have control and choice within the process.

The first priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive. Practitioners should wherever practical seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interest to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are at or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred.

It is important that if a decision has to be made (for example there is a public interest or risk to others or a vital interest) that we communicate this decision to the adult and try to navigate the outcomes they require while also meeting our duties to protect others.

Adult should be included and full partners in decision making in the following areas

- Whether a concern is managed under the safeguarding process. If decision not to progress the enquiry and there is no public interest issues, choice about what happens next
- Type of enquiry (if there are no public interest issues)
- Making a safeguarding plan which looks at risk and risk enablement
- Who and what information to give to people, i.e. family members, staff, etc (if there is no public interest)
- How to keep people informed of the progress of any enquiry

*Vital interest* – If the person does not want any action taken, this does not preclude the sharing of information with other relevant colleagues, to ensure the adult at risk is not being unduly influenced or intimidated and is aware of all options available to them.

Adul at risk may sometime not be party to certain decision or information, but we still have a duty to work with them to achieve their outcomes and share information on a need to know basis where appropriate.

- Decisions relating to staff or other adults at risk
- Recommendations relating to the need for a Serious Incident (SI), management investigations or Safeguarding Adults Review
- Referrals to the Disclosure and Barring Service
- A concern where there is a public interest issues
- Decision to send concerns to the police where there is a public or vital interest

It is important, however, to ensure that the adult at risk is able to have their views listened to and recorded.

Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to them; safeguarding should help adult at risks to build their resilience in the future.
5. **Communication**

Adults at risk should receive ongoing feedback throughout the safeguarding adult process. This should include the reasons for any delays and regular updates. The method and format of the updates must be agreed by the adult at risk at an early stage in the process.

6. **Police and decision to proceed enquiry**

On receipt of a safeguarding concern, adult social care must ensure that the adult(s) at risk are contacted as soon as possible, unless it is unsafe to do so. The adult at risk should be informed of the content of the concern and agree a safeguarding plan and what they would like to happen next.

It may be necessary to contact the police or other services before talking to the adult at risk where there is a need to ensure safety, there is significant risks to them or others and / or to preserve evidence.

The adult at risk should be informed at the earliest opportunity, unless unsafe to do so, if the concern needs to be sent to the police. They must also be made aware that no police action or other enquiry will take place without their consent unless it is in the public interest to proceed or there is a question of proportionality i.e. does the public duty to protect other adults at risk or persons override the human rights of the individual. This would happen, for example, if a member of staff was implicated and may pose a risk to others or if the alleged abuse was committed by a rogue trader.

Where the wishes of the adult at risk are overridden, every effort should be made to ensure they fully understand the reasons behind the decisions. The Safeguarding Adults Manager must ensure that any fears or concerns that the adult at risk may have with any enquiry is taken seriously and acted upon, and included in their safeguarding plan.

The adult at risk should also be informed that if they choose not to proceed with an enquiry they can at a later date change their mind and request concern to be considered. They should be given contact details of the person who will be able to instigate this for them; again this forms part of building resilience.

7. **Adult led-process**

The London Multi-Agency Adult Safeguarding Policy & Procedures set out the involvement of adults at risk in detail; section 1.3 of the Policy set out the values of making safeguarding personal into practice.
7.1 Concerns

Concerns can be raised by anyone, including the adult at risk themselves. Depending on who is making the referral, will identify the depth of information provided.

Good practice at the point of receiving concerns and involving the adult at risk includes asking them what they would like to happen and what they would like you to do. Adults should understand why you may need to override consent to share information and when this would happen. Information should be provided on keeping safe and the safeguarding process so that adults can make informed decisions.

7.2 Enquiry

Enquiries should start with conversation with the adult at risk, unless unsafe to do so. This is to establish the facts and ascertain the adults view and wishes and preferred outcomes. This may include negotiating with adults their outcomes where they may not be realistic or achievable and managing these expectations. This will in a large part give focus to the enquiry and any subsequent actions.

Adult at risk should be involved as much as possible as to what further action or type of enquiry is needed. There are a range of enquiry options which can be found on the LGE website for Making Safeguarding Personal. That action could take a number of courses: it could include disciplinary, complaints or criminal investigations or work by contract managers and CQC to improve care standards. Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised.

Adults at risk should be part of meetings about them wherever possible. This may not be possible for an entire meeting, for example when criminal investigation or public interest cases are being planned. When adults have been invited to meetings, they often report that they feel part of the process and more in control.

If adults can not attend meetings then ensuring their views are represented can be achieved by

- a home visit or conversation with an appropriate professional (such as a support worker or health worker) prior to the meeting to enable the adult at risk to produce a statement that could be read out in the meeting
- Arrangement to meet with the chair prior to the meeting
- Use of support networks, including key workers and advocates at the meeting, with the agreement of the adult at risk and Chair of the meeting

There must be a clear plan on how the adult will be kept informed throughout any safeguarding enquiry.

The report and recommendations of the enquiry should be discussed with the adult at risk and or their advocate, who may have a view about whether it has been completed to a satisfactory standard.

The adult at risks views and comments, including the outcome they have identified, must be clearly indicated in the enquiry report.

Evaluation by the adult at risk should always take place at the end of this process; were the desired outcomes met and do they feel safer?
7.3 Safeguarding Plan and Review

Safeguarding plans must be made with the full participation of the adult at risk or if they lack capacity, their advocate. It must be person-centred and outcome-focused, with an emphasis on wellbeing and building resilience to prevent abuse or minimise re-occurrence.

An adult safeguarding plan will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery based resolution.

Agreement should be reached with the adult at risk as to whether to hold a safeguarding adults review or if a safeguarding plan can be reviewed as part of care management process / CPA.

7.4 Closing the Enquiry

An enquiry should be closed with the agreement of the adult at risk or their advocate. Outcome should have been noted and evaluated by the adult at risk, including the extent to which these have been met.
1. INTRODUCTION

This protocol has been developed to ensure the sharing of information in relation to care providers where there are serious safeguarding or quality concerns with other authorities. It will be used in case where Enfield has placed a suspension on placements, where CQC enforcement action may risk home closure or due to provider business failure.

Local Authorities under section 42 of the Care Act 2014 have a duty to respond to reports of abuse and neglect. One of the responsibilities is to respond to reports of abuse and neglect or health concerns that may affect a larger number of people in care homes. Where there are serious allegations that impact on residents’ safety, quality of care, health and well-being, one of the possible responses is to place a suspension; this would prevent further placements on the home until significant improvements have been made.

Alternatively, a care home may also be facing closure following CQC enforcement action or as a result of ‘provider failure’ as defined by the Care Act, requiring us to place people in alternative placements.

2. NOTIFICATIONS

When the above actions have taken place, the responsible local authority is obliged to inform other local authorities. Enfield receives a number of such notifications and also has a duty to inform other authorities when a decision is made to suspend placements on an Enfield located home.

A) SUSPENSION NOTIFICATION FROM OUT OF BOROUGH

A suspension notification is centrally received through the strategic safeguarding adult service mailbox (safeguardingadults@enfield.gov.uk) as an information alert or letter from the responsible local authority. The notice provides full details of the care home, date of suspension and nature of concerns.

Local Actions on receipt of suspension notification:
- A strategic safeguarding manager forwards notification to the Procurement Team and the Data and Management Information Reporting Team.
- If the care home is on our IT system as a provider, Procurement notifies IT to record the suspension.
- The Procurement Team checks if Enfield has any of its residents in the care home by contacting Data and Management Information Reporting Team for this information.
- If there are any Enfield residents in the care home, Procurement advises the relevant Care Management team through their central mail box:
- The notified placing care team(s) should contact the responsible authority and check if there are any immediate needs that need to be met and carry out a review of the placement. If appropriate, engage with their service user or their representative to find out the impact of the concerns on their service user, seek their views and feelings regarding the concerns and what they would like to happen. The care team’s safeguarding representative will be expected to provide their contact details to the
responsible authority and to attend or appoint a team representative to attend any provider concerns activities related to the suspension.

- In the event of closure following CQC enforcement action, or a local authority implementing an exit strategy, procurement team will work in partnership with the responsible local authority to ensure safe transition of Enfield residents to alternative placements.

**Local Action on Receipt of Lifting of Suspension notification**

- A strategic safeguarding adult’s manager forwards notification to the Procurement Team.
- If the care home is on our IT system as a Provider, Procurement notifies IT to record the lifting of the suspension.

**B) SUSPENSION NOTIFICATION ENFIELD TO OTHER AUTHORITIES**

The Strategic Safeguarding Adults Service hold the Provider Concerns Process for the Local Authority. This sets out in details the process for requesting a suspension on a provider and should be referred to for further details, including exit strategies.

Once a suspension is agreed the following to occur:

- Letter notifying the Provider that a suspension has been placed sent by Senior Manager in Health, Housing and Adult Social Care
- Letter sent by Assistant Director Health, Housing and Adult Social Care as notification to London Authorities and other authorities on a need to know basis via London Association of Director of Adult Social Services
- IT system updated by the Procurement Team to notify of suspension.

At the point suspension is lifted a further letter will be sent out via London ADASS informing of such. Procurement Team will have the IT notice lifted.

3. **REVIEW OF PROTOCOL**

The Protocol will remain as standing operating procedure subject to review from time to time following lessons learnt from each safeguarding episode and interventions by procurement and the care teams.

**End of Protocol**
1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency adult Safeguarding Policy & Procedures and reflects the local practice for using advocates in safeguarding.

The Care Act 2014 requires that each local authority must arrange for an independent advocate to represent and support an adult who is the subject of safeguarding enquiry or Safeguarding Adults Review where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them.

2. WHY USE AN ADVOCATE?

Advocates help to ensure that we always put the service user's views at the heart of the safeguarding process. If an adult at risk has been harmed and our (quite complex) safeguarding processes have begun, they may need someone to help them 'speak up' more than at any other time in their lives.

Local authorities must involve people in decisions made about them and their care and support or where there is to be a safeguarding enquiry or Safeguarding Adults Review. Involvement requires the local authority helping people to understand how they can be involved, how they can contribute and take part and sometimes lead or direct the process. People should be active partners in the key care and support processes of assessment, care and support and support planning, review and any enquiries in relation to abuse or neglect. No matter how complex a person's needs, local authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions.

Local authorities must form a judgment about whether a person has substantial difficulty in being involved with these processes. If it is thought that they do, and that there is no appropriate individual to support and represent them for the purpose of facilitating their involvement, then the local authority must arrange for an independent advocate to support and represent the person.

Many of the people who qualify for advocacy under the Care Act will also qualify for advocacy under the Mental Capacity Act 2005. The same advocate can provide support as an advocate under the Care Act and under the Mental Capacity Act.

Substantial difficulty as defined by the Care Act includes any one of the four areas set out below:

- Understanding relevant information
- Retaining information
- Using or weighing the information as part of engaging
- Communicating their views, wishes and feelings.

3. TYPES OF ADVOCATES

a) an Independent Mental Capacity Advocate is used where the person may lack cognitive capacity to make important decisions for themselves, and have no-one else (other than paid staff) who can properly represent them (see Mental Capacity Act 2005 Code of Practice)

b) a professional advocate is a paid worker who may specialise in working with one user group (eg MIND for people with mental health difficulties), works across all kinds of cases, and perhaps has an advocacy qualification

c) citizen advocacy - generally, these are knowledgeable volunteers who act as advocates;

d) self advocacy - obvious from the name but sometimes people are supported to self advocate by organisations e.g. People First learning disability self advocacy
e) a friend or relative chosen by the person to help them get their views across is an advocate
(BUT be careful that this person is in no way implicated in the allegations of abuse!)

Any of the above can be used in safeguarding adults cases depending on the circumstances.

4. **ADVOCATES FOR THOSE WHO LACK CAPACITY**

There is a requirement to consider whether an Independent Mental Capacity Advocate (IMCA) should be instructed for each person at risk who lacks capacity to agree to one or more protective measures being considered. For safeguarding adults, IMCAs may be involved regardless of the level of involvement of family or friends.

The primary foci of IMCAs in safeguarding adults proceedings are the decisions concerning protective measures (including decisions not to take protective measures). IMCAs have a statutory role to represent and support the person at risk in relation to these decisions which must comply with the MCA.

Responsibility for deciding whether an IMCA should be instructed sits with the safeguarding adults manager (SAM). The SAM must consider whether an IMCA should be instructed for all adults at risk.

5. **RECORDING**

You must record that an advocate is involved. This must be recorded on the Care Assess form for adult social care or safeguarding adults data returns (excel) for mental health teams who use RIO.

6. **IMCA CONTACT DETAILS**

IMCA Voiceability
Tel: 08450 175 198
Fax: 020 8330 6622
Email: imca@voiceability.org
1. **INTRODUCTION**

This local practice guidance has been developed to provide additional assurance that when the Local Authority becomes aware of the death of an adult at risk, and abuse or neglect is alleged or suspected to have contributed to the death, that the appropriate partners are contacted. In particular, this local practice guidance focuses on referrals to the Coroner, while reports to the Police are set out in its own local practice guidance.

This document supplements the London Multi-Agency Adult Safeguarding Policy & Procedures.

2. **ACTIONS FOLLOWING DEATH**

All sudden or suspicious deaths must be reported to the coroner, regardless of whether they have been raised under safeguarding adults at the point of death. Organisations should have in place appropriate guidance and pathways for making contact with the Coroner which should be followed.

Any cases brought to the attention of the Local Authority to be considered under safeguarding and where it is suspected that the harm, abuse or neglect of an adult at risk has caused or contributed to their death must be raised with the Police and the Coroner. The Safeguarding Adults Manager will be the responsible person for ensuring this has been completed.

There is a duty to share information with the Coroner from the safeguarding adult’s process and any subsequent enquiry.

Enfield Council’s Strategic Safeguarding Adults Service should be informed in these cases and will provide advice and support as necessary.

3. **CORONER CONTACT DETAILS**

Enfield Coroner’s contact details as follows:

H. M. Coroner’s Court  
29 Wood Street  
Barnet  
EN5 4BE  
Tel: 020 8447 7680  
Fax: 020 8447 7690

Contact with the Coroner to make referrals must be done in writing but can be followed up with a telephone call as required. The email address is: court.clerk@hmc-northlondon.co.uk

4. **PROCESS TO REFER TO CORONER**

i. To refer a death to the Coroner, you **must** fill in the checklist, and email it to the Coroner along with supporting details at the following address: court.clerk@hmc-northlondon.co.uk. Do not fax it to the coroner and do not email it to any other email address related to the Coroners Court.

Supporting details should include:
- Basic details about the adult at risk (name, DoB, address)
- Date of death, location and whether death certificate was issued
- Date of the safeguarding concern
• Reasons for referral to the Coroner. This is the opportunity to set out clearly why the referral is being made the circumstances around the death which are presenting as a safeguarding concerns
• Whether the Police have been notified. Date, time, whom was contacted and Police Reference Number
• Name of the person referring, their manager, and contact details (including email, telephone and address)

ii. All referrals should be copied into the Enfield Multi Agency Safeguarding Hub (themashteam@enfield.gov.uk) and the Strategic Safeguarding Adults Service (safeguardingadults@enfield.gov.uk)

iii. If you are in any doubt whatsoever, as to whether you should refer a death to the Coroner or not, and where there is a clear safeguarding concern, you should refer it. Once referred, the Coroner will make the decision whether to accept it or not.

iv. If you can answer YES to any one of the questions on the checklist below, you MUST refer it to the Coroner, and also to the Police where indicated on the checklist.

v. To report a case to the police at any time, call 101, but if you are concerned about the safety of any other persons or immediate action is required to preserve evidence call 999 immediately.

vi. The Coroner’s Officer will call you as soon as they are able to after receiving the referral:
   a) They will first need to discuss your referral with the Coroner. If sufficient information has been included on the referral form for the Coroner to make a decision, the Coroner’s Officer may be able to advise you of next steps when they call.
   b) However, the Coroner may need further information; either from you (the reporting person), or other party (e.g. the patient’s GP), in which case you may not get a definitive answer when the Coroner’s Officer calls. A patient’s family should not, therefore be promised a time frame for the issue of a Medical Certificate of Cause of Death (MCCD).
   c) Once reported to the Coroner, an MCCD must not be issued without the express agreement of the Coroner. The cause of death must be recorded on the MCCD exactly as finally agreed with the Coroner’s Officer – with no abbreviations.

See Appendix A for guidance for when to refer.

5. SAFEGUARDING ADULTS REVIEW

The Safeguarding Adults Board has the lead responsibility for conducting Safeguarding Adults Reviews (previously know as serious case reviews).

A SAR should be considered when there is a death of a service user, including by suicide, and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the Safeguarding Adults Board should always conduct a review into the involvement of agencies and professionals associated with the adult at risk.

Please refer to the Safeguarding Adults Board Protocol on Safeguarding Adults Reviews
## Appendix A: Guidance for when to refer to Coroner

### Checklist

<table>
<thead>
<tr>
<th>Questions:</th>
<th>Your Answer:</th>
<th>Action you need to take: (you MUST answer all questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the cause of death <strong>unknown</strong>, Yes (the cause of death is <strong>unknown</strong>)</td>
<td>Refer to Coroner</td>
<td></td>
</tr>
<tr>
<td>Not sure what the cause is</td>
<td>Refer to Coroner</td>
<td></td>
</tr>
<tr>
<td>My colleagues disagree</td>
<td>If you cannot come to a consensus as to the cause of death, <strong>or</strong> whether or not to refer it, you should refer it to Coroner</td>
<td></td>
</tr>
<tr>
<td>No (the cause of death is known)</td>
<td>Check all the other questions on this checklist <strong>If you know/are sure of the cause of death, AND you can answer NO to ALL the other questions on this checklist, the person completing the death certificate may do so and give to the family to register the death</strong></td>
<td></td>
</tr>
</tbody>
</table>

Even if you are sure about the cause of death, you MUST answer all of the following questions. If you answer **YES** to any one of the following questions you MUST refer the death to the Coroner.

<table>
<thead>
<tr>
<th>Questions:</th>
<th>Your Answer:</th>
<th>Action you need to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Is it possible that <strong>assault or violence</strong> caused or contributed to the death?</td>
<td>Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
</tr>
<tr>
<td>No</td>
<td>Go to next Question</td>
<td></td>
</tr>
<tr>
<td>3. Could <strong>poisoning</strong> have contributed to the death?</td>
<td>Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
</tr>
<tr>
<td>No</td>
<td>Go to next Question</td>
<td></td>
</tr>
<tr>
<td>4. Did the death occur <strong>during or immediately after an operation?</strong></td>
<td>Yes</td>
<td>Refer to Coroner</td>
</tr>
<tr>
<td>No</td>
<td>Go to next Question</td>
<td></td>
</tr>
<tr>
<td>5. Did the death occur <strong>within 24 hours of an anaesthetic?</strong></td>
<td>Yes</td>
<td>Refer to Coroner</td>
</tr>
<tr>
<td>No</td>
<td>Go to next Question</td>
<td></td>
</tr>
<tr>
<td>6. Do you think that a <strong>medical procedure or treatment</strong> (whether invasive or not) may have caused or contributed to the death?</td>
<td>Yes</td>
<td>Refer to Coroner</td>
</tr>
<tr>
<td>No</td>
<td>Go to next Question</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>7. Do you think that a <strong>lack of treatment</strong> may have caused or contributed to the death?</td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>[either here, or elsewhere]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you think that <strong>neglect</strong> may have caused or contributed to the death?</td>
<td>Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>9. Do you think that <strong>non-violent trauma</strong>, whenever it occurred, may have caused or contributed to the death?</td>
<td>Yes</td>
<td>Refer to Coroner</td>
</tr>
<tr>
<td>[e.g. a fall at home or school]. If you think <strong>violent trauma</strong> was involved, you should also report to the police – see Question 2</td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>10. Do you think that the deceased’s <strong>own actions</strong> may have caused or contributed to the death?</td>
<td>Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
</tr>
<tr>
<td>[e.g. by drug use, self-harm or self-neglect]</td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>11. Did the death occur while <strong>in custody</strong></td>
<td>Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
</tr>
<tr>
<td>[police or prison or compulsory detention under section of the Mental Health Act]</td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>12. Did the death occur shortly <strong>after police contact</strong> or <strong>Could police action or inaction</strong> have caused or contributed to the death?</td>
<td>Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>13. Are there any other features of the death that concern you?</td>
<td>Yes</td>
<td>Refer to Coroner</td>
</tr>
<tr>
<td>Please decide what it is that is of concern to you</td>
<td>No</td>
<td>ONLY in the event that you have answered NO to ALL Questions, do you NOT need to Refer the death to the coroner.</td>
</tr>
</tbody>
</table>
1. Introduction

Enfield Council is committed to ensuring that robust safeguarding processes are in place when dealing with internal organisational abuse allegations. This protocol facilitates an open and transparent approach to concerns that embraces a learning approach when things go wrong. Throughout this process the adult(s) at risk will continue to be supported to both have their views and wishes heard and put in place protective measures. In cases where it has been assessed that an adult at risk or carer does not have capacity to protect themselves all decisions undertaken will be in accordance with the Mental Capacity Act 2005.

Organisational abuse as defined by the London policy is ‘the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person’s dignity and represents a lack of respect for their human rights.’

2. Leadership

Enfield Council has strong leadership in Safeguarding Adults. The Safeguarding Adults Board is chaired by an independent chair and well attended by partners, and has strategic responsibility for overseeing and developing the safeguarding adult’s arrangements across the borough. This includes responding to concerns and reports about abuse and prevention strategies. The Board’s current work is informed by the Safeguarding Adults Strategy 2015-2018.

All partners on the Safeguarding Adults Board have agreed to provide leadership in terms of safeguarding adults and organisations are asked to sign up from April 2016 to the London Multi-Agency Adult Safeguarding Policies and Procedures.

The local authority is the safeguarding lead for Enfield. Individual concerns are managed and responsibility of the Local Authority that they have been carried out appropriately and proportionately.

3. Safeguarding procedures

Enfield Council works within the London Multi-Agency Adult Safeguarding Policy and Procedures and have a number of Local Practice Protocols to support its implementation. London procedures provide a four stage process to manage concerns.
4 Guiding principals

All concerns alleging organisational abuse against any Enfield Council Services require the following initial actions:

- On receipt by adult social care team, they must be loaded via Care First onto the Care Assess Safeguarding Adults form
- emailed immediately to the Strategic Safeguarding Adults Service at: safeguardingadults@enfield.gov.uk
- Care team to make telephone call to Strategic Safeguarding Adults Service following the above email to ensure this has been received.
- Strategic Safeguarding Adults Service informs the Assistant Director for the Enfield provider services who are alleged to have caused harm, and the Assistant Director of any other involved services about the allegation.
- The Strategic Safeguarding Adults Service will ensure that all involved Assistant Director and Directors receive regular updates, on the progress and outcome of the enquiry, who in turn should appraise the Chief Executive Officer.
- It is mandatory for the Enfield Provider Services involved in the safeguarding process to nominate a senior manager to fully participate, including attendance at all meetings.

An assistant director will chair an initial safeguarding meeting /discussion to decide enquiry options or where appropriate put in place actions to address the concerns. This meeting or discussion will include the input from other appropriate Assistant Director(s) within Health, Housing and Adult Social Care and the Strategic Safeguarding Adults Service. The head of the relevant department to which the allegation has been made against will be notified by the Strategic Safeguarding Adults Service. The department will have a nominated individual to attend a part of the safeguarding meeting as appropriate, where this would not conflict with the enquiry planning.

Once the initial safeguarding meeting is undertaken a “need to know” will be completed, updated on a regular basis and in response to any significant developments. This need to know will include consideration of risk, most importantly for those who use the service.

If the decision is to progress with the enquiry the Strategic Safeguarding Adults Service will allocate a SAM from the adult social care team and appoint an independent investigator. The safeguarding adult’s process will follow London Multi-Agency Adult Safeguarding Policy & Procedures. All documentation including minutes of meetings and enquiry reports will be held on the Strategic Safeguarding Adults secure database, while the safeguarding process will continue to be recorded on Care Assess.

On completion of the enquiry a Safeguarding Meeting to be arranged to agree the outcome of the enquiry and any required recommendations. If it is identified that abuse has occurred, the Strategic Safeguarding Adults Service will consider if the threshold has been met for the Provider Concerns Process (this process can be instigated at any point during a single concern enquiry).

End of Protocol
11 - DOMESTIC ABUSE AGAINST ADULTS AT RISK

1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice for cases involving domestic abuse against adults at risk. Practitioners who are working with adults at risk experiencing domestic abuse should read the following documents:


Adults at risk may be the victims of domestic abuse or be affected by it occurring within their household. This can have serious effects on a person’s physical and mental wellbeing. Professionals need to be cognisant of their duty under the wellbeing principle in the Care Act and the wide reaching detrimental effect on all aspects of a person’s wellbeing as a result of this form of violence. It is important to consider the additional barriers that adults at risk may face, including barriers to leaving the abusive situation. Consideration will need to be made for extra support in care and protection planning, to enable them to maintain their personal safety.

2. NATIONAL DOMESTIC VIOLENCE DEFINITION

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological; physical; sexual; financial; and emotional.

Controlling 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

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

While this local practice guidance does not provide in-depth discussion on the barriers that the adult at risk may face to leaving the situation, it is important for all practitioners to consider these additional barriers. Some examples include a disability or illness which makes them dependant on the perpetrator, financial insecurity, or lack of knowledge of available resources.

3. RESPONSE TO DOMESTIC ABUSE AGAINST ADULTS AT RISK

All safeguarding adults concerns relating to alleged abuse by partners or family members as per the definition above need to be screened and considered as to whether this falls under domestic abuse and recorded appropriately as such. If domestic abuse is occurring, there are a range of safety planning measures which can be considered and specialist support services.

Exposure to domestic abuse if always abusive to children, though the impact may vary. Professionals have a duty to refer to children’s services, regardless of consent from the adult victim and whether or not they accept help for themselves.

All cases of domestic abuse involving adults at risk need to be managed under the four stage process set out in the London Multi Agency Adult Safeguarding Policy & Procedures.
At the point of referral to the Local Authority or delegated mental health team, steps will need to be taken to support the adult at risk so that they are able to protect themselves from further abuse and reduce repeat victimisation. When contacting the adult at risk, consideration needs to be made with regards to the safest way to make this contact; this may be via the GP, another health service, or educational services if they have children. Every effort should be made not to alert the person alleged to have caused harm that a safeguarding concern has been made.

Working with the adult at risk and those organisations which can provide specialist support, a risk assessment and risk management plan should be agreed; in many cases this will form part of the safeguarding plan. This should consider whether a referral to the Multi Agency Risk Assessment Conference (MARAC) is an appropriate enquiry pathway.

Capacity of the adult at risk to take part in the safeguarding adults process and their safeguarding plan is essential. Capacity should be considered using the Mental Capacity Act 2005. Practitioners will also need to judge whether decisions could be considered ‘unwise decisions’ which the person has capacity to make, or decisions that are not made freely, due to coercion and control.

The adult at risk should be offered the support of an advocate and the opportunity to identify, describe and understand the risk for themselves. Their wishes should be central to the safeguarding process.

No one practitioner in isolation is able to effectively address the needs of adults at risk being subject to or witnessing domestic violence. Links need to be made into specialist services and practitioners needs to ensure they have an awareness of the issues which domestic abuse victims face, particularly when they have additional vulnerabilities.

4. WORKING WITH PERPETRATORS OF DOMESTIC ABUSE

Specialist training should be undertaken before assessing perpetrators of domestic abuse or providing interventions to address abusive behaviour. Practitioners without that skill based should focus their interventions on the safety of adult victims and children, and signpost perpetrators to specialist services or colleagues.

It is important to recognise that some perpetrators of domestic abuse can themselves have care and support needs. If this is the case then these needs should be assessed and provided for separately; this information should be shared with the coordinator for the adult at risks safety plan.

Professionals needs to be aware of the rule of optimism, when professionals may place undue confidence in the capacity of families to care effectively and safely, affecting professional perceptions and recognition of risk of harm, abuse or neglect.

5. LEGAL RECOURSE

Specialist legal advice is available through organisations such as Solace Women’s Aid, particularly where there are complex issues such as no recourse to public funds and immigration / visa concerns.

There is limited case law but some scope for local authorities using the principle of inherent jurisdiction to commence proceedings in the High Court to safeguard people who do not lack capacity but whose ability to make decisions has been compromised because of constraints in their circumstances, coercion or undue influence.

Section 76 of the Serious Crime Act 2015 provides for a new offence criminalising controlling or coercive behaviour in an intimate or family relationship where the behaviour has a serious effect on the victim. The new offence would not apply where the behaviour in question is perpetrated by a parent, or a person who has parental responsibility, against a child under 16 (subsection (3)). This is because the criminal law, in particular the child cruelty offence in section 1 of the Children and Young Persons Act 1933 as amended by section 66 of the Act, already covers such behaviour.
Subsections (8) to (10) provide for a limited defence where the accused believes he or she was acting in the best interests of the victim and can show that in the particular circumstances their behaviour was objectively reasonable. The defence would not be available where a victim has been caused to fear violence (as opposed to being seriously alarmed or distressed). This defence is intended to cover, for example, circumstances where a person was a carer for a mentally ill spouse, and by virtue of his or her medical condition, he or she had to be kept at home or compelled to take medication, for his or her own protection or in his or her own best interests. In this context, the person’s behaviour might be considered controlling, but would be reasonable under the circumstances.

There are a range of other recourses in law, such as Domestic Violence Protection Orders, Restraining Orders and civil law options. Please refer to the ADASS and LGO Adult Safeguarding and Domestic Abuse guidance for further details.

6. SPECIALIST DOMESTIC VIOLENCE SERVICES

Both local, regional and national domestic violence services should be considered based on the needs of the adult at risk.

Safeguarding adult concerns relating to domestic abuse of adults at risk should be made to the Multi Agency Safeguarding Hub tel:020 8379 3196 or themashteam@enfield.gov.uk. All concerns relating to children experiencing or in homes where there is domestic abuse should contact the Single Point of Entry at tel:020 8379 5555 or email caf.administrator@enfield.gov.uk

MARAC Team Email: EnfieldMARAC@met.pnn.police.uk Tel: 020 8345 4528

Independent Domestic Violence Advocacy Project Tel: 020 8345 3360 Email: advocacy.enfield@solacewomensaid.org

Community Safety Unit - Edmonton Police Station Address: 462 Fore Street, London, N9 0PW Tel: 020 8350 4435

Solace Women’s Aid
The Advice Service provides information, advice, advocacy, support and crisis intervention to women and their children who are affected by domestic and/or sexual violence.
Tel: 0808 802 5565
Website: www.solacewomensaid.org/

The Silver Project – run via Solace Women’s Aid.
The pan-London service is for women 55 years and over (including women with disabilities) affected by domestic and/or sexual violence. .
Tel: 0808 802 5565 (free from landlines and most mobile phone networks)

Rape Crisis London
Rape Crisis London can offer help, information and support to women and girls who have experienced sexual violence of any kind, at any time of their lives.
Tel: 0808 802 9999 Website: www.rapecrisislondon.org/

National Domestic Violence Helpline - Run in partnership between Women’s Aid and Refuge Tel: Free-phone, 24- hour 0808 2000 247

National Centre for Domestic Violence – includes help with obtaining an injunction
Tel: 0800 970 20 70 or 08709 220 704 (24 hour, 365 days a year emergency)
12 - DEALING WITH REPEAT ALLEGATIONS

1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy and Procedures and reflects the local practice guidance for dealing with repeat allegations where abuse or harm was not found to have occurred.

2. REPEAT CONCERNS BY THE ADULT AT RISK

The London Adult Safeguarding policy clearly states that all safeguarding concerns made by an adult at risk should be recorded and responded to under the policy. It is important that each concern which is received is considered on its own merit, with an appropriate risk assessment completed and actions taken to protect the adult at risk.

An at risk who makes repeated repeat safeguarding concerns that have been considered and are unfounded should be treated without prejudice.

There may be service users who make repeat allegations which after thorough investigations under safeguarding adults have concluded that abuse or harm was not found. When concerns exist regarding a service user who is found to make repeat allegations that are putting staff at risk, the multi-disciplinary team involved in providing support to the service user should agree a way forward. This must include a risk assessment and risk management plan, including guidelines surrounding how similar future allegations will be managed. This should take into account how to protect those that may be falsely accused, which could include staff who need to continue to provide care, treatment and support to people receiving services, within their own home, a hospital or residential setting.

The Safeguarding Adults Manager (SAM) will have the lead for coordinating the risk assessment and management plan and should consider:

- The safety of the adult at risk who the concern is about and their wishes / impact of the concern
- Issues of mental capacity and support network
- Whether the concern is similar to or based on a previous concern that has already been investigated
- If the person alleged to have caused harm has previously been named

There needs to be clear communication with the service user with regards to how the concern they raised has been dealt with and the reasons for this. Information and support should be provided in a way that enables the adult to understand the safeguarding process and what it is intended to be used for. Where the service user may lack capacity in regards to managing their safety and protecting themselves from abuse, the risk management plan should include ways to safeguard the person and provide protection from the people who provide care.

The above process applies to all concerns that are made which presents issues as previously identified, and the concern should be dealt with and recorded as agreed in the risk management plan. However where the concern differs from that specified in the risk management plan then it should be raised as a new concern and follow the agreed safeguarding adults process.

3. RESPONDING TO FAMILY MEMBERS, FRIENDS AND NEIGHBOURS WHO MAKE REPEAT ALLEGATIONS

Where there are repeat allegations and there is no foundation to the allegations, and further enquiries are not in the best interests of the adult at risk, then local procedures apply for dealing with multiple, unfounded complaints. Please refer to guidance from Corporate Complaints on Persistent and Unacceptable User Behaviour Policy.
13 - ATTENDANCE AT SAFEGUARDING ADULTS MEETING

1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice guidance for appropriate attendance at safeguarding adults meeting.

2. ADULT AT RISK / ADVOCATE

London Adult Safeguarding guidance states that round table meetings may be helpful where the enquiry is complex and that proportionality should be the guiding principle; further that if the adult at risk would like to participate in meeting with relevant partners this should be convened. However, action should not be on hold until the meeting takes place. If the adult does not have capacity then the advocate should attend to present their views.

It is practice that adults or their advocates are invited to meetings and consideration made as to how to effectively support these to be run to enable information sharing.

Good practice guide from London policy as below:
- Effective involvement of adults and/or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way.
- How should the adult be involved?
- Where is the best place to hold the meeting?
- How long should the meeting last?
- Timing of the meeting?
- Agenda
- Preparation with the adult
- Who should chair?
- Agreement by all parties to equality

3. PROVIDER ATTENDANCE AT SAFEGUARDING MEETINGS

This guidance recognises that the Safeguarding Adults Manager (SAM) within the adult care group settings will need to make professional judgments regarding appropriate attendees at meetings and that this can be particularly complex when involving a provider.

In many cases, providers will be asked to undertake the enquiry and provide feedback to the Local Authority, and the adult at risk, to assure that this has been completed to a satisfactory and robust standard.

Where possible and safe to do so providers should be included in meetings and the decision-making process in order to ensure partnership work, service development and robust risk assessment and risk assessments.

When deciding whether to include service providers at meetings, all or in part, and their role in the decision making, issues to consider are:
- Information received from Care Quality Commission or Police views
- The nature of the concern or if there have been multiple concerns
- Significant concerns about the provider
- The requirement to promote partnership working and service development where appropriate
- Who in the organisation should attend, such as manager of the service or above
- Who made the referral, did it come from the provider or from someone outside of the organisation
- Would alerting the provider compromise an investigation
- Would having the provider at the meeting put the adult at risk or others at risk
- Protecting witness or whistleblowers
- Benefits of information gathering from providers
- Facilitating a frank and open discussion.

It should be noted that the protocol that governs Police Information Sharing only allows them to share information with statutory services, the NHS, the Local Authority and Care Quality Commission (CQC). With this in mind attendees outside of these services may only be permitted to attend part of a safeguarding meetings. Providers may be asked to attend only part of the meeting to enable other attendees to share sensitive information.

It is important to also consider when sending out invitations who the enquiry is being led by. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under Section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In many instances, the provider may be asked to complete the enquiry if it is appropriate to do so. Regardless, the local authority should be able to challenge the outcome if it considers that the process and/or outcome is unsatisfactory or not completed to an acceptable standard.

Providers should not automatically be excluded from the decision-making process as they should, where appropriate, be engaged in developing their service to ensure the safety of the alleged victims and all those that they provide services to.

3. GENERAL GUIDANCE FOR SAFEGUARDING MEETINGS

The information below acts as general guidance as to whom may be considered for attendance at meetings in the safeguarding adults process. This list is not exhaustive but will help to steer decision making to ensure the appropriate people to aid the enquiry and support the adult at risk or their advocate is in attendance.

London Multi-Agency Adult Safeguarding Policy and Procedure set out types of safeguarding enquiries under Section 2: Enquiry. This may assist in identifying the type of enquiry and who might lead.

<table>
<thead>
<tr>
<th>Situation/settings</th>
<th>Possible attendee/contributor</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Adult at Risk</td>
<td>Where possible the adult at risk to attend</td>
<td>If this is not possible consider obtaining or presenting the adult at risks view via an agreed third party or statement to meeting.</td>
</tr>
<tr>
<td>Adult at risk has been assessed as not having capacity to understand and contribute to the safeguarding process or has been assessed not to have capacity for any element of the safeguarding plan</td>
<td>• Independent Mental Capacity Advocate (IMCA) • Identified advocate (via best interest decision)</td>
<td>It is now a duty to consider the use of an IMCA if the person fits the referral criteria. An IMCA or advocate should also be considered for alleged perpetrators if they are also an adult at risk</td>
</tr>
<tr>
<td>To enable the adult at risk to express their views and wishes</td>
<td>Advocate and/or the adult at risk.</td>
<td>This may be a paid advocate or someone identified by the adult at risk or via best interest decision.</td>
</tr>
<tr>
<td>Health care assessments/history/relevant health care incident</td>
<td>Any involved health professionals such as GP, community nurse, OT, therapist, district nurse.</td>
<td></td>
</tr>
</tbody>
</table>

Updated January 2016
<table>
<thead>
<tr>
<th>Housing issues</th>
<th>Registered Social Landlord, Community Safety representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community safety issues</td>
<td>Enfield Community Safety Unit, Safer Neighborhood Team, Domestic Violence worker</td>
</tr>
<tr>
<td>Service Providers, including registered and non registered providers and voluntary agencies for care in the community, residential and respite care in nursing and care homes</td>
<td>Please see guidance for inclusion of service providers.</td>
</tr>
<tr>
<td>Legal services</td>
<td>To provide advice and support on legal issues and duties.</td>
</tr>
<tr>
<td>HR</td>
<td>If there is a potential need for joint investigation/disciplinary.</td>
</tr>
<tr>
<td>Health and Adult Social Care Manager or Mental Health Trust</td>
<td>Role of Safeguarding Adults Manager</td>
</tr>
<tr>
<td></td>
<td>This is required regardless of the type of enquiry</td>
</tr>
</tbody>
</table>
14- ALLEGATIONS AGAINST ENFIELD EMPLOYEES

1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy and Procedures and reflects the local practice guidance for allegations against Enfield employees or volunteers.

2. PROCESS

There is a clear disciplinary procedure to be followed for staff employed directly by Enfield Council (Council's Principles of Managing Misconduct) or volunteers (Council has a Volunteer Policy and Procedure which would be followed in the event of an allegation involving a volunteer). The Safeguarding Adults Manager receiving the concern should speak, as a matter of urgency, to the line manager or designated management investigator of the person who is highlighted as the person alleged to have caused harm. They should explain that while the steps of the disciplinary procedure must be adhered to, the safeguarding enquiry will be taking place. They should explain where possible a strategy for dealing with both procedures will be agreed within timescales.

The Safeguarding Adults Manager is responsible for ensuring that the strategy is developed encompassing both the enquiry, which must include the outcome identified by the adult at risk, and the needs of the line manager to follow their disciplinary procedure. One of the most important considerations will be the planning of interviews with the alleged victim, the alleged perpetrator and any witnesses or other key parties. This will allow the interviews to cover all the aspects of the two procedures in the most efficient and least distressing way. Where possible, interviews will be conducted jointly.

Safeguarding should also have the adult at risk involvement and participation. In cases against staff there is a public interest to investigate but this does not mean the adult at risk can not have input into outcomes. This may include a conversation around how to support their feelings of well-being or safety from harm in the future. Please refer to local practice guidance on service user participation.

The line manager may be the person who has raised the concern and so they may have made some preliminary enquiries to establish the facts of an incident before reporting it as a safeguarding concern. However they should have received safeguarding training and be aware that these enquiries should be kept to the minimum and confined to open questions to clarify the basic information. They may also be responsible for ensuring the victim is safe, they will need to do this in conjunction with the relevant Adult Care Team. The line manager may also have taken some immediate action in relation to the staff member accused of the potential abuse – e.g. moving them to other work, reallocating to other duties or seeking appropriate authority for suspension from duty where this is deemed necessary. If a staff member is suspended they must comply with the terms and conditions of the suspension which will be set out in the suspension letter. The line manager must adhere to the Council's policies and procedures and seek advice from Human Resources.

If the concern came about as the result of whistle blowing then the person who has received that concern is duty bound to keep secret the identity of the whistle blower, if they have requested this. However if a situation arises that the identity of the whistleblower needs to be disclosed then a discussion must take place with the whistleblower to agree on a way to proceed. The manager will also need to ensure that whistleblower receives support and is not harassed or victimised in any way.

The line manager has a duty to ensure the staff member who has been named as the person alleged to have caused harm is supported accordingly throughout the whole process and is kept informed of progress. The line manager will need to be able to give the timescales for the
safeguarding enquiry and assist where necessary so that it is carried out expeditiously. However this is not always possible especially if a criminal offence has taken place. The timescales and potential delays will need to be discussed at any safeguarding meeting.

Once the enquiry is completed a decision must be taken as to whether there is a disciplinary case to be answered. There may be a recommendation regarding disciplinary action, however the decision to proceed to disciplinary action or hearing is the responsibility of the line manager in conjunction with and as advised by HR.

The enquiry may close concluding there is no case to answer.

The outcome of the safeguarding and disciplinary investigation/hearing may mean a referral to the Disclosure and Barring Service or other regulatory body as appropriate, such as the Health Care and Professionals Council. This referral is the responsibility of the line manager but it needs to be discussed during the safeguarding meeting and the decision to refer or not must be recorded as part of the safeguarding enquiry.

While this guidance gives an outline of the procedure to follow, each case will need to be decided on its own merits and decisions must be made that meet all the requirements and the best interests of the adult at risk.

3. COMMUNICATION

The communication agreement will form part of the enquiry planning. The Safeguarding Adults Manager is responsible for ensuring that the adult at risk is supported through the process and the London Adult Safeguarding procedures apply.

Communication with the person alleged to have caused harm is the responsibility of the line manager and agreement on how communication will take place should be considered as part of the enquiry planning. The alleged perpetrator has a right to be supported and kept informed throughout the safeguarding adults process and into the disciplinary process, if applicable.

Attached as Appendix A is a letter template, outlining basic information to be provided by the line manager to the alleged perpetrator.
Appendix A: Template Communication of Interview for Safeguarding Adults involving potential disciplinary action

Classification: Restricted

[Title, initial and last name of employee]
[Address 1]
[Address 2]
[Address 3]
[Postcode]
[Day] [Month] [Year]

Dear [Title and last name of employee]

I am writing to inform you that an allegation has been made against you which has been considered under the London Multi-Agency Adult Safeguarding Policy and Procedures. A Safeguarding Adults Enquiry will be undertaken in partnership with a disciplinary investigation, which will be done in conjunction with Human Resources / Line Manager.

You are asked to attend an interview which is being completed in accordance with the London Adult Safeguarding Policy. The safeguarding adults enquiry takes precedence over the full disciplinary procedure at this point. Information from this interview may be used in a future disciplinary hearing, reference to which can be found in the Council's Principles of Managing Misconduct.

The interview will take place on INSERT DATE, TIME AND LOCATION.

The individuals present at the interview will be INSERT NAME(s) and will consider the allegation(s) that INSERT ALLEGATION(S). The purpose of the meeting is to establish the facts in relation to INSERT ALLEGATIONS

Written evidence to be presented is enclosed. DELETE AS APPROPRIATE.

Human Resources will attend the interview. DELETE AS APPROPRIATE.

You have the right to be accompanied at the interview. You will be supported to find an individual to accompany you if required. If you have any additional needs that should be considered in order to enable you to attend this interview, please let me know. There is support available, such as Occupational Health, should you feel this is required.

At disciplinary investigations there is no statutory right to be accompanied although this is permitted where it will not unnecessarily delay the investigation. The companion may be a trade union representative or work colleague who is not involved in the matter being investigated.

I must inform you again that the information from this interview, as part of the safeguarding adults enquiry, may be used in any future disciplinary hearing. I would like to advise you that any statement or evidence provided will form part of my overall enquiry report(s).

The Council's Employee Assistance Programme – Advice and Counselling Service is available on 0800 282 193.

Yours sincerely

[Insert Name of Manager]
[Insert Manager’s Job title]
1. INTRODUCTION

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice guidance for managing complaints made in relation to safeguarding adults (whether individual cases, with respect to Safeguarding Adults Board, or Safeguarding Adults Reviews).

The Care Act 2014 states that guidance should be formulated about the arrangement for managing adult safeguarding and dealing with complaints.

This guidance is intended to support and read in conjunction with the document by the Local Government Ombudsman ‘Casework Guidance Statement: Complaints about Safeguarding Adults Boards’. This document can be accessed at http://www.adass.org.uk/lgo-casework-guidance-statement-sabs-april-2015/

A complaint for the purposes of this guidance is any expression of dissatisfaction which requires a response, whereas an appeal is a request to review or change the decision made. In terms of the safeguarding, the latter relates primarily to decisions made in safeguarding and / or actions put in place as a result of safeguarding plans. Appeals are managed by the Service whom made or was responsible for the decision. Both of these within the Local Authority can be sent through the Councils Complaints Service, whom will liaise with the appropriate service.

2. HOW COMPLAINTS ARE DEALT WITH BY THE COUNCIL

2a) Complaints or appeals about section 42 Enquiries

In relation to complaints or appeals with respect to safeguarding in individual cases, the adult at risk, their carer, friend or personal representative including the advocate should make a complaint to the Council under the Adult Social Care Complaints Procedure. Individuals should be provided with a complaint leaflet on request which details how to make a complaint. The Corporate Complaints Team can be contacted on complaintsandinformation@enfield.gov.uk. If the concerns raised appear to be with respect of a decision made, the Corporate Complaints Service will liaise with the Strategic Safeguarding Adults Service to hand over the response.

Both complaints and appeals raised by any partner organisation should be referred to the relevant Safeguarding Adults Manager (if in relation to an individual case) and to the Head of Safeguarding Adults and Quality who will make a decision in consultation with relevant partner organisations about what action to take.

Appeals should be considered whereby for example:

- there has been an obvious deviation in the Safeguarding Adults planning and enquiry process
- there has been a flaw in the decision making at a meeting or by partner, that is, when a decision made without key information has been presented or where information has not been taken properly into account
- when one agency has evidence that other agencies were involved in the issues but have not been brought into the decision-making process, for example, the role of health and social services staff in the support of a private/voluntary provider
- when new information is submitted to the enquiry process following the outcome
- when a conflict of interest has been identified in the make-up of the enquiry leads or chair / Safeguarding Adults Manager.
2b) Complaints about SAB or SAR

Complaints with respect to the Safeguarding Adults Board or a Safeguarding Adults Review should be made to the Council's Corporate Complaints Team on: complaintsandinformation@enfield.gov.uk.

The Corporate Complaints Manager should contact the Head of Safeguarding Adults and Quality, who will liaise with the Independent Chair of the Safeguarding Adults Board and notify senior managers. Councils will have the opportunity to consider complaints and investigate these before they can be sent to the Local Government Ombudsmen should the complainant remain dissatisfied.

3. HOW COMPLAINTS ARE DEALT WITH BY THE LOCAL GOVERNMENT OMBUDSMAN

The Local Government Ombudsman (LGO) has jurisdiction to investigate complaints about safeguarding investigations for which Councils have coordinating responsibility.

Depending on the nature of the complaint, LGO’s practice is to consider whether:
- The safeguarding investigation is proportionate
- The Council has taken appropriate action in response to the findings of the safeguarding investigation
- The Council continues to monitor the situation e.g. through its contracts and monitoring team or reviews
- The Council can provide evidence why the safeguarding allegation did not meet the safeguarding threshold
- There were any delays or failures in the process
- The conclusions are consistent with the evidence
- The Council considered all relevant and available evidence

In relation to the Safeguarding Adults Board the LGO considers that they can look at the actions of the Board including – in some circumstances – actions of professionals who are not employees of the council. The LGO expects someone to complain to the local authority, as the body responsible for setting up the SAB, before asking the LGO to consider the complaint. The SAB, as the only body able to commission a Safeguarding Adults Review, also falls under this jurisdiction.
Guidelines for referring deaths to the Coroner:
Safeguarding Concerns involving death of an adult at risk where abuse or neglect is indicated

This local practice guidance has been developed to provide additional assurance that when the Local Authority becomes aware of the death of an adult at risk, and abuse or neglect is alleged or suspected to have contributed to the death, that the appropriate partners are contacted. In particular, this local practice guidance focuses on referrals to the Coroner, so that the appropriate action can be taken.

Process:

1. To refer a death to the Coroner, you must fill in the referral form, and email it to the Coroner at the following address: court.clerk@hmc-northlondon.co.uk. Do not fax it to the coroner, and do not email it to any other email address.

All referrals should be copied into the Enfield Multi Agency Safeguarding Hub (themeshteam@enfield.gov.uk) and the Strategic Safeguarding Adults Service (safeguardingadults@enfield.gov.uk).

2. If you are in any doubt whatsoever, as to whether you should refer a death to the Coroner or not, and where there is a clear safeguarding concern, you should refer it. Once referred, the Coroner will make the decision whether to accept it or not.

3. If you can answer YES to any one of the questions on the checklist below, you MUST refer it to the Coroner, and also to the Police where indicated on the checklist.

4. To report a case to the police at any time, call 101, but if you are concerned about the safety of any other persons call 999 immediately.

5. Please ensure that that the form is emailed to The MASH team, who will ensure the police are made aware.

6. The Coroner’s Officer will call you as soon as they are able to after receiving the referral:
   - They will first need to discuss your referral with the Coroner. If sufficient information has been included on the referral form for the Coroner to make a decision, the Coroner’s Officer may be able to advise you of next steps when they call.
   - However: The Coroner may need further information; either from you (the reporting doctor), or other party (e.g. the patient’s GP), in which case you may not get a definitive answer when the Coroner’s Officer calls. A patient’s family should not, therefore be promised a time frame for the issue of a Medical Certificate of Cause of Death (MCCD).
   - Once reported to the Coroner, an MCCD must not be issued without the express agreement of the Coroner. The cause of death must be recorded on the MCCD exactly as finally agreed with the Coroner’s Officer – with no abbreviations.

See below for:
- checklist for guidance as to when to refer
<table>
<thead>
<tr>
<th>Questions:</th>
<th>Your Answer:</th>
<th>Action you need to take: (you MUST answer all questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the cause of death <strong>unknown</strong>, Yes (the cause of death is <strong>unknown</strong>)</td>
<td></td>
<td>Refer to Coroner</td>
</tr>
<tr>
<td></td>
<td>Not sure what the cause is</td>
<td>Refer to Coroner</td>
</tr>
<tr>
<td></td>
<td>My colleagues disagree</td>
<td>If you cannot come to a consensus as to the cause of death, or whether or not to refer it, you should refer it to Coroner</td>
</tr>
<tr>
<td></td>
<td>No (the cause of death is known)</td>
<td>Check all the other questions on this checklist</td>
</tr>
</tbody>
</table>

**Even if you are sure about the cause of death, you MUST answer all of the following questions. If you answer YES to any one of the following questions you MUST refer the death to the Coroner.**

<table>
<thead>
<tr>
<th>Questions:</th>
<th>Your Answer:</th>
<th>Action you need to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Is it possible that <strong>assault or violence</strong> caused or contributed to the death? Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>3. Could <strong>poisoning</strong> have contributed to the death? [whether intentional or accidental, but not food poisoning] Yes</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>4. Did the death occur <strong>during or immediately after an operation?</strong> [regardless of the known risks of the operation] Yes</td>
<td>Refer to Coroner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>5. Did the death occur <strong>within 24 hours of an anaesthetic?</strong> [but there is no need to report a death simply because it occurred within 24 hours of admission to hospital] Yes</td>
<td>Refer to Coroner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>6. Do you think that a <strong>medical procedure or treatment</strong> (whether invasive or not) may have caused or contributed to the death? Yes</td>
<td>Refer to Coroner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>7. Do you think that a <strong>lack of treatment</strong> may have caused or contributed to the death?</td>
<td>Refer to Coroner</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>[either here, or elsewhere]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you think that <strong>neglect</strong> may have caused or contributed to the death?</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>9. Do you think that <strong>non-violent trauma</strong>, whenever it occurred, may have caused or contributed to the death?</td>
<td>Refer to Coroner</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>[e.g. a fall at home or school]. If you think <strong>violent trauma</strong> was involved, you should also report to the police – see Question 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you think that the deceased’s <strong>own actions</strong> may have caused or contributed to the death?</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>[e.g. by drug use, self-harm or self-neglect]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Did the death occur while in <strong>custody</strong></td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>[police or prison or compulsory detention under section of the Mental Health Act]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Did the death occur shortly after <strong>police contact</strong> or Could <strong>police action or inaction</strong> have caused or contributed to the death?</td>
<td>Refer to Coroner AND Report to the police (dial 101)</td>
<td>Go to next Question</td>
</tr>
<tr>
<td>13. Are there <strong>any other features</strong> of the death that concern you?</td>
<td>Refer to Coroner</td>
<td>ONLY in the event that you have answered NO to ALL Questions, do you NOT need to Refer the death to the coroner.</td>
</tr>
<tr>
<td>Please decide what it is that is of concern to you</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All referrals sent to the Coroner in relation to safeguarding must include the following information:

- Basic details about the adult at risk (name, DoB, address)
- Date of death, location and whether death certificate was issued
- Date of the safeguarding concern
- Reasons for referral to the Coroner. This is the opportunity to set out clearly why the referral is being made the circumstances around the death which are presenting as a safeguarding concerns
- Whether the Police have been notified. Date, time, whom was contacted and Police Reference Number
- Name of the person referring, their manager, and contact details (including email, telephone and address)