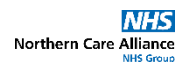




OLDHAM ADULTS SAFEGUARDING BOARD

Part One: Multi-Agency Safeguarding Adults Policy

Author: Oldham Safeguarding Adults Board
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Foreword

This policy has been adapted from the policy developed by Local Safeguarding Adults Boards across the North West region, to meet the requirements of the Care Act 2014 and the Department of Health Statutory Guidance. It is designed to support current good practice in adult safeguarding and outlines the arrangements which apply to Oldham. This document will inform all those who have a role to play in adult safeguarding.

Statement from the Independent Chair of Oldham Safeguarding Adults Board

I am pleased to introduce the Oldham Safeguarding Adult Board policy and procedures. These policies and procedures have been reviewed and revised in the light of recent legislation and local practice and provide the framework within which the Safeguarding Board expect all those with responsibility for safeguarding adults will act. The priority now will be to implement the policies and ensure that they are embedded in local practise. The Oldham Safeguarding Adult Board is committed to evaluating the implementation of these policies and procedures and to ensuring that the threshold for triggering their use and their compliance is commonly applied across the partnership of agencies that are engaged in safeguarding adults. The worth of these policies and procedures is dependent on such assurance.

Dr Henri Giller, Independent Chair, Oldham Safeguarding Adult Board

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1.1 Introduction

1.1.1 The Care Act 2014 signifies a shift from existing duties on Local Authorities to provide particular services, to the concept of 'meeting needs'. In the Care Act 2014, adult safeguarding is established as a core function of the Local Authority care and support system. Chapter 14 of the Act introduces a new statutory framework for adult safeguarding which replaces the previous No Secrets Guidance issued in 2000.

1.1.2 The Care Act 2014 statutory guidance outlines a number of fundamental principles that must now underpin the care and support system including adult safeguarding. It also sets common expectations for how Local Authorities should approach and engage with people when assessing need and providing support as explained below.

- The principle of promoting wellbeing applies in all cases where a Local Authority is carrying out a care and support function, or making a decision, in relation to a person, including the support provided in the context of adult safeguarding.
- The duty to promote wellbeing applies equally to those who do not have eligible needs but come into contact with the system in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support, and have an ongoing relationship with the Local Authority.
- People must be supported to achieve the outcomes that matter to them in their life with practitioners focusing on the needs and goals of the person concerned.
- The importance of beginning with the assumption that the individual is best placed to make judgements about his/her own wellbeing. Building on the principles of the Mental Capacity Act 2005, practitioners should assume that the person themselves knows what is in his/her best interests in relation to outcomes, goals and wellbeing.
- Consideration of the person's views and wishes is critical to a person centred system. Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about his/her support, these should be taken into account. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions for themselves.
- The importance by a preventative approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
- The importance of the individual participating as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions made from which the person is excluded.
- Promoting participation by providing support that is co-produced with individuals, families, friends, carers and the community. 'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. This approach promotes resilience of individuals and helps to develop self-reliance and independence, as well as ensuring that services reflect what the people who use them want.
- The importance of considering a person in the context of his/her family and wider support networks, taking into account the impact of an individual's need on those who support them, and take steps to help others access information or support.

- The need to protect people from abuse and neglect. In carrying out any care and support functions the Local Authority and its partner agencies should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues but should be a general principle applied in every case.
- The need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. Where action has to be taken, which places restrictions on rights or freedoms, the course followed must be the least restrictive necessary.

1.2 Glossary and Acronyms

In using this document, a number of phrases, wording or acronyms have been used. The following provides more information and where necessary a definition:

Adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them and because of those needs are unable to protect themselves against abuse or neglect

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect

Advocacy taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need

Best Interest the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest. This is one of the principles of the MCA

Carer throughout these policy and procedures refers to Family/Friend Carers as distinct from paid carers who are referred throughout as Support Workers. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who 'spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'

Concern is the term used to describe when there is or might be an incident of abuse or neglect and it replaces the previously used term of 'alert'

Desired Outcomes the aim of Making Safeguarding Personal is to ensure that safeguarding is person-led focused on the outcomes that they want to achieve. It engages the person in a conversation about how best to respond to his/her safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Enquiry establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken.

Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone

Host Authority is the authority where the alleged abuse or neglect occurred.

IMCA (Independent Mental Capacity Advocate) established by the Mental Capacity Act (MCA) 2005. IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns

Making Safeguarding Personal (MSP) is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them.

Organisational abuse 'is the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights' (Care and Support Statutory Guidance 2014)

Person/organisation alleged to have caused harm is the person/organisation suspected to be the source of risk to an adult at risk.

Placing Authority is the Local Authority or NHS Body that has commissioned a service from a provider (that may be located outside their Authority).

Position of trust refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

Risk Management Response the actions required to reduce risk of abuse or neglect.

Safeguarding plan is a detailed plan of actions to be taken by identified individuals in order to ensure the adult is protected from further abuse or harm.

1.3 Context, Principles and Values

1.3.1 Context

The Care Act puts adult safeguarding on a legal footing and requires each Local Authority to set up a Safeguarding Adults Board (SAB) with core membership from the Local Authority, the Police and the NHS (specifically local Clinical Commissioning Group/s).

One of the key functions of the SAB is to ensure that the policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice. All organisations involved in safeguarding are asked to adopt this policy in respect of their relevant roles and functions.

1.3.2 Statutory safeguarding duties

Clauses 42 – 45 of the Care Act 2014 constitute the statutory adult safeguarding framework in which Local Authorities are required to:

Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens

Make enquiries, or request others to make them when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed

Establish Safeguarding Adults Boards with the Local Authority, NHS and Police as core members and develop, share and implement a joint safeguarding strategy

Carry out a Safeguarding Adult Review (SAR) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them

Arrange for an Independent Advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The new statutory adult safeguarding framework requires a fundamental shift in approach to supporting adults at risk. Implementation cannot be achieved through a 'business as usual' stance. This policy is designed to support partner organisations and their staff to make the shift in culture and practice necessary to achieve the vision of the Care Act 2014 for adult safeguarding in which:

- Safeguarding is the responsibility of all agencies
- A whole system approach is developed
- Safeguarding responses are proportionate, transparent and outcome focused
- The adult's wishes are at the centre of safeguarding enquiries and these drive the process
- There is an emphasis on prevention and early intervention
- People are supported in their recovery from abuse or neglect.

1.3.3 Principles

The policy and procedures are based on The Six Principles of Safeguarding that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.	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
Partnerships	Local solutions through services working together within their communities.	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
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

The Care Act and Guidance state that safeguarding:

- Is person led
- Engages the person from the start, throughout and at the end to address his/her needs
- Is outcome focused
- Is based upon a community approach from all partners and providers

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

1.3.4 Making safeguarding personal values

Person led safeguarding

This policy adopts the principle of ‘no decision about me without me’ and means that adults, their families and carers are working together with agencies to find the right solutions to keep the person safe and to support them in making informed choices.

A person led approach leads to services which are: person centred and focused on the outcomes identified by the individual; planned, commissioned and delivered in a joined-up way between organisations; responsive and which can be changed when required.

Personalised care and support is for everyone, but some people will need more support than others to make choices and manage risks. Making risks clear and understood is crucial to empowering and safeguarding adults and in recognising people as ‘experts in their own lives’. A person led approach is supported by personalised information and advice and where needed, access to advocacy support.

Making Safeguarding Personal (MSP) is about responding in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve

their circumstances and support their recovery. MSP is also about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Statutory guidance states that all safeguarding partners should:

“Take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised” and that adult safeguarding 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, wellbeing and safety.”

Care Act 2014, Statutory Guidance, Department of Health

Safeguarding has the highest priority across all organisations. There is a shared value of placing safeguarding within the highest of corporate priorities. Values include:

- People are able to access support and protection to live independently and have control over their lives;
- Appropriate safeguarding options should be discussed with the adult at risk according to his/her wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle;
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control;
- All action should begin with the assumption that the adult at risk is best- placed to judge his/her own situation and knows best the outcomes, goals and wellbeing they want to achieve;
- The individual's views, wishes, feelings and beliefs should be paramount and are critical to a personalised way of working with them;
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about his/her safety, decision making will be made in his/her best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice;
- People will have access to supported decision making;
- Adults at risk should be given information, advice and support in a form that they can understand and be supported to be included in all forums that are making decisions about their lives. The maxim 'no decision about me without me' should govern all decision making;
- All decisions should be made with the adult at risk and promote his/her wellbeing and be reasonable, justified, proportionate and ethical;
- Timeliness should be determined by the personal circumstances of the adult at risk
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

1.3.5 Mental capacity, consent and best interests

People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be 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 his/her behalf, must be made in his/her best interests. Professionals and other staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005. In all safeguarding activity due regard must be given to the Mental Capacity Act 2005 (MCA). In all cases where a person has been assessed to lack capacity to make a decision, a best interest's decision must be made. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process.

1.3.6 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) provides protection to people in hospital and care homes, DoLS applies to people who have a mental disorder and do not have the capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment.

For people being cared for somewhere other than a care home or hospital, deprivation of liberty will only be lawful with an order from the Court of Protection.

Requests for authorisation to deprive someone of his/her liberty, if considered in the person's best interests, are made through the Local Authority as the Supervisory Body. All decisions on care and treatment must comply with the MCA and the DoLS Code of Practice. In case of serious dispute, it may be necessary for the local authority to apply to the Court of Protection.

The Law Commission has completed a review of MCA and DoLS and produced a draft Bill in March 2017 which awaits a response from government. Further details and updates can be obtained from The Law Commission.

1.3.7 Advocacy and support

The Care Act 2014 requires that a Local Authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR, where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate individual to help them.

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act 2005 and an Independent Advocate introduced under the Care Act 2014.

Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

1.4 Adult safeguarding policy

1.4.1 What is Safeguarding?

Safeguarding is defined as:

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

Care and Support Statutory Guidance, Chapter 14

Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

The aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;

- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult; and
- Address what has caused the abuse.

1.4.2 Prevention

Section 2 of the Care Act requires local authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs or reduce care and support needs). Organisations should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies.

It is a responsibility of a SAB to have an overview of prevention strategies and ensure that they are linked to relevant local partnerships which may include for example: The Health and Wellbeing Board's, Quality Surveillance Group's (QSG), and Community Safety Partnerships. Prevention strategies might include:

- Identifying adults at risk of abuse;
- Public awareness;
- Information, advice and advocacy;
- Inter-agency cooperation;
- Training and education;
- Integrated policies and procedures;
- Integrated quality and safeguarding strategies;
- Community links and community support;
- Regulation and legislation;
- Proactive approach to Prevent.

Prevention should be discussed at every stage of safeguarding and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Discussions between staff and adults, their personal network and the wider community (if appropriate) help build up resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified and put into safeguarding planning.

1.4.3 Wellbeing

'Wellbeing' is a broad concept. It is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over his/her day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual's living accommodation
- The individual's contribution to society.

There is no hierarchy in the areas of wellbeing listed above – all are equally important. There is also no single definition of wellbeing, as how this is interpreted will depend on the individual, his/her circumstances and priorities.

Wellbeing is a broad concept applying to several areas of life, not only to one or two. Therefore, using a holistic approach to ensure a clear understanding of the individual's views is vital to identifying and defining wellbeing in each case.

1.4.4 Information and advice

Information and advice is critical to preventing or delaying the need for services and, in relation to safeguarding, can be the first step to responding to a concern. All organisations should ensure that they are able to provide this service and can signpost adults to receive the right kind of help by the right organisation. This includes information and advice about safeguarding and should include:

- How to raise concerns about the safety or wellbeing of an adult who has care and support needs;
- Awareness of different types of abuse and neglect;
- How people can keep safe, and how to support people to keep safe;
- The safeguarding adults process;
- How SABs work.

Whereas information may be generic to a lesser or greater extent, advice needs to be tailored to the person seeking it, recognising people may need different mediums through which to communicate. Advice and information should, where possible, be provided in the manner preferred by the person and in a way to help them understand the information being conveyed. This should be cognisant of the Equality Act 2010. 'Reasonable adjustments' should be made to ensure that disabled people have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or with communication support.

Organisations have a number of direct opportunities to provide, or signpost people to information and advice, in particular for safeguarding:

- At first point of contact;
- During or following an adult safeguarding enquiry;
- Safeguarding planning;
- Risk management;
- Through complaints and feedback about a service which identifies a safeguarding concern.

1.4.5 Who do adult Safeguarding duties apply to?

Where a Local Authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident) and that adult has:

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

Then the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and if so, what should happen and by whom. This then constitutes a statutory Section 42 enquiry.

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;
- Children and young people in specific circumstances (please see Section 1.4.10)

Outside of the scope of this policy and procedures

- Adults in custodial settings i.e. prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these arrangements. The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters. Local Authorities are required to assess for care and support needs of prisoners which take account of their wellbeing. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contributes towards safeguarding offenders.

1.4.6 Different types of enquiries

'Safeguarding is everybody's business'

Safeguarding concerns

A safeguarding concern is defined as the first contact between a person concerned about the abuse or neglect and the Local Authority.

Safeguarding enquiry

This refers to any enquiries made or instigated by the Local Authority AFTER receiving a safeguarding concern. There are two types of safeguarding enquiries. If the adult fits the criteria outlined in Section 42 of the Care Act, then the Local Authority is required by law to conduct enquiries or ensure that enquiries are made. These will be referred to as 'Statutory Safeguarding Enquiries'. Local Authorities will sometimes decide to make safeguarding enquiries for adults who do not fit the Section 42 criteria. These enquiries are not required by law and therefore will be referred to as 'Non-Statutory Enquiries'.

Statutory Safeguarding enquiry

A Section 42 enquiry must take place if there is reason to believe that abuse or neglect is taking place or is at risk of taking place, and the local authority believes that an enquiry is needed to help decide what action to take to support and protect the person in question.

The criteria for a Section 42 response is: an adult who is believed to:

- a) be experiencing, or at risk of, abuse or neglect; **AND**
- b) have needs for care and support (whether or not the Local Authority is meeting any of those needs); **AND**
- c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect

"The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk. An enquiry may take the form of a conversation with the individual concerned (or with his/her representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency plan to ensure the wellbeing of the adult concerned. This may or may not be preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore whether the Section 42 duty applies."

Non-statutory Safeguarding enquiry

These are enquiries carried out on behalf of adults who DO NOT fit the criteria outlined in Section 42 of the Care Act 2014. These enquiries may relate to an adult who is believed to be experiencing, or is at risk of, abuse or neglect, but does not have care and support needs (for example might just have support needs). Local Authorities are NOT required by law to carry out enquiries for these individuals and do so at their own

discretion. This may include people with learning disabilities, mental health issues, older people, and people with a physical disability or impairment. It may also include adult victims of abusive care practices; neglect and self-neglect; domestic abuse; child sexual exploitation; hate crime; female genital mutilation; forced marriage; modern slavery; human trafficking; honour based violence and anti-social abuse behaviour.

Who may be considered for statutory and non-statutory enquiries?

This may include people with learning disabilities, mental health issues, older people, and people with a physical disability or impairment. It may also include adult victims of abusive care practices; neglect and self-neglect; domestic abuse; child sexual exploitation; hate crime; female genital mutilation; forced marriage; modern slavery; human trafficking; honour based violence and anti-social abuse behaviour.

An adult's need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness and it is important to note that vulnerability can fluctuate.

Many adults may not realise that they are being abused and/or exploited, particularly where there is an abuse of power, a dependency, a relationship or a reluctance to assert themselves for fear of making the situation worse.

Who can carry out an enquiry?

Although the Local Authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who is the right person/agency to carry out an enquiry, such as: Care Provider; Health Professional; Social Worker. The Local Authority will decide who is the most relevant person/agency to carry out an enquiry; the police will lead criminal investigations. The Local Authority will decide when a case can be closed and if the Section 42 duty is satisfied.

Risk Management Response

Risk Management is the action/s needed to safeguard an adult or adults from abuse, harm or neglect. Risk Management Response is the term used to reflect a broad range of different actions and approaches that may be used to respond to the risk of abuse or neglect either where a formal enquiry is not required, or as an outcome of an Enquiry. There are no fixed set of actions and there could be a range of responses to address the safeguarding concern/s

The approach taken must respond to the individual needs and circumstances of the adult at risk, alongside any service wide actions. The approach taken may include actions taken by the adult at risk to safeguard themselves from the risk of abuse and neglect.

1.4.7 Early sharing of information

Early sharing of information is pivotal to providing effective help where there are emerging concerns. Statutory guidance advises us that the fear of sharing information must not stand in the way of promoting and protecting the wellbeing of adults at risk of abuse and neglect. A professional should never assume that someone else will pass on information which they think may be critical to the safety and wellbeing of an adult at risk of abuse or neglect. If a professional has concerns about an adult's welfare in relation to abuse and neglect they should share the information with the Local Authority. Communities can also help by being aware of abuse and neglect, how to respond and how to keep people safe. If a criminal act is committed the statutory guidance advises that sharing of information does not rely on the consent of the victim. Criminal investigation by the police takes priority over all other enquiries but not over the adult's well-being and close co-operation and coordination among the relevant agencies is critical to ensure safety and well-being is promoted during the criminal investigation.

1.4.8 Achieving best evidence

If there is a police investigation, where appropriate the police will ensure that interviews with the adult subject to the safeguarding concern, who is a vulnerable or intimidated alleged victim or witness, are conducted in accordance with 'Achieving Best Evidence in Criminal Proceedings'. Special measures are those specified in the Youth Justice and Criminal Evidence Act 1999 and will be used to assist eligible witnesses. The measures can include the use of screens in court proceedings, the removal of wigs and gowns, the sharing of visually recorded evidence-in-chief, cross-examination and re-examination and the use of intermediaries and aids to communication.

If you are of the view the alleged victim falls within the remit of the protocol you should discuss this with the police at the earliest opportunity.

1.4.9 Out of area referrals

In the case of a safeguarding concern for someone who is temporarily residing in a Local Authority area where they are not ordinarily resident the host authority will take the lead for the assessment and co-ordination of the safeguarding investigation. Examples include where someone is receiving hospital or residential care in another Local Authority. This includes care which is funded by the Local Authority or health and care which is paid for by individuals. Where there are repeat referrals of individuals in acute hospital settings the ordinary residence rule will apply and the person's usual authority will lead rather than the host authority. Where the nature of the allegation gives rise to a concern that the alleged abuse or neglect may be linked to systemic issues affecting the whole organisation, the host authority will lead the enquiry/investigation as a whole service enquiry/investigation. ADASS has recently published guidance regarding out of area safeguarding adult's arrangements, for further details [click here](https://www.adass.org.uk/out-of-area-safeguarding-adult-arrangements/) (https://www.adass.org.uk/out-of-area-safeguarding-adult-arrangements/).

1.4.10 Children and young people

Local Authorities have specific duties under the Children Act 1989 in respect of children in need (Section 17) and children at risk of significant harm (Section 47). All those working with adults and children in health, social care and voluntary sector settings have a responsibility to safeguard children when they become aware of, or identify, a child at risk of harm. They should follow Local Safeguarding Children Board (LSCB) procedures which are based on the Government Guidance Working Together to Safeguard Children 2015. There is an expectation that health and social care professionals who come into contact with children, parents and carers in the course of their work are aware of their responsibilities to safeguard and promote the welfare of children and young people. Children identified as being placed at risk by the behaviour of their parents or carers should be referred by adult workers into Children's Services.

1.4.11 Transition

Together the Children and Families Act 2014 and the Care Act 2014, create a new comprehensive legislative framework for transition, when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria. The care needs of the young person should be at the forefront of any support planning and requires a co-ordinated multi-agency approach. Assessments of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements should be discussed as

part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review.

Clarification should be sought on:

- What information and advice the young person has received about adult safeguarding;
- The need for advocacy and support;
- Whether a mental capacity assessment is needed and who will undertake it;
- If Best Interest decisions need to be made;
- Whether any application needs to be made to the Court of Protection.

If the young person is not subject to a plan, it may be prudent to hold a professionals meeting.

1.4.12 Carers and Safeguarding

Circumstances in which a carer could be involved in a situation that may require a safeguarding response includes when:

- A carer may witness or speak up about abuse or neglect;
- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

1.5 Definition of abuse

1.5.1 Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where an adult at risk is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent.

Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of, the individual. In many cases abuse may be a criminal offence.

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Professionals and others need to look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- Serial abusing in which the person alleged to have caused harm seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern, as do some forms of financial abuse;
- Long term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

1.5.2 Types and indicators of abuse and neglect

The Care and Support Statutory Guidance identifies types of abuse, but also emphasises that organisations should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered. All three factors need to be satisfied for a safeguarding enquiry to be

addressed in accordance with Section 42 of the Care Act. The table that follows identifies what forms of abuse are considered in the guidance documents.

Type of abuse	Description or supporting guidance
Discriminatory Abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person’s disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are ‘not liked’ is also discriminatory abuse, for example, hate crime
Domestic Abuse	<p>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 it is not limited to:</p> <ul style="list-style-type: none"> • psychological • sexual (including Female Genital Mutilation) • financial • emotional • forced marriage • honour based violence <p>A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced to the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.</p> <p>Domestic Violence, Crime and Victims Act 2004</p>
Financial or material abuse	<p>Theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Internet scams, postal scams and doorstep crime are more often than not targeted at adults at risk and all forms of financial abuse. These scams are becoming ever more sophisticated and elaborate.</p> <p>For example:</p> <ul style="list-style-type: none"> • internet scammers can build very convincing websites • people can be referred to a website to check the caller’s legitimacy but this may be a copy of a legitimate website • postal scams are mass-produced letters which are made to look like personal letters or important documents • doorstep criminals call unannounced at the adult’s home under the guise of legitimate business and offering to fix an often non-existent problem with his/her property. Sometimes they pose as police officers or someone in a position of authority <p>In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases his/her life savings. These instances should always be reported to the local police service and local authority Trading Standards</p>

	<p>Services for investigation. The SAB will need to consider how to involve local Trading Standards in its work.</p> <p>These scams and crimes can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses his/her income and independence.</p>
Modern slavery	<p>Slavery, servitude and forced or compulsory labour. A person commits an offence if:</p> <ul style="list-style-type: none"> • The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or • The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. <p>There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:</p> <p>Forced to work - through mental or physical threat;</p> <ul style="list-style-type: none"> • Forced to work – through mental or physical threat Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; • Dehumanised, treated as a commodity or bought and sold as 'property'; • Physically constrained or has restrictions placed on his/her freedom of movement. • Human Trafficking <p>Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 Modern Slavery Act 2015.</p> <p>For information and advice refer to the Modern Slavery Helpline: 0800 0121 700</p>
Neglect and Acts of Omission	<p>Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.</p>
Organisational Abuse	<p>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 his/her human rights.</p>
Physical Abuse	<p>Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</p>
Psychological Abuse	<p>Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p>

<p>Sexual Abuse</p>	<p>Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.</p> <p>Sexual Exploitation - Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.</p>
<p>Self-Neglect</p>	<p>This covers a wide range of behaviour to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling his/her own behaviour. There may come a point when they are no longer able to do this, without external support.</p>

This is not an exhaustive list, and it is important for individuals and organisations to understand that types of abuse can be multiple and very complex in nature. There are certain types of emerging abuse (see below) which we need to be aware of.

Forced marriage

Forced marriage is against the law and occurs when one or both spouses do not consent to a marriage and some element of duress is involved. Duress might include both physical and/or emotional/psychological pressure. Forced marriage is recognised as an abuse against human rights and will also constitute abuse within the context of this Multi-Agency Safeguarding Adults Policy and Procedure if the person is also an adult subject to the safeguarding concern.

The Forced Marriage Unit is a joint initiative between the Home Office and the Foreign and Commonwealth Office providing specialist advice and guidance. The Forced Marriage Unit provides comprehensive resources and information, including the following guidance:

- Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage (June 2009)
- Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines (Dec 2010)

The guidance recommends forced marriage of an adult subject to the safeguarding concern, should be dealt with within the safeguarding adults procedure. The One Chance Rule is that sometimes there will only be one chance to help a person facing forced marriage, hence reference should be made with urgency to the Multi-Agency Practice Guidelines listed above.

The police should always be contacted for advice in relation to suspicions or concerns about forced marriage.

In addition, the Forced Marriage Unit provides a confidential advice and assistance for:

- those who have been forced into marriage
- those at risk of being forced into marriage
- people worried about friends or relatives
- professionals working with actual or potential alleged victims of forced marriage

Forced marriage should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised.

The Forced Marriage Unit website provides a wealth of information and guidance together with a helpline: 020 7008 0151

Gov.uk provides some [Forced Marriage Guidance](https://www.gov.uk/stop-forced-marriage) (<https://www.gov.uk/stop-forced-marriage>)

Honour-Based Violence

So-called 'honour-based violence' is a crime or incident, which has or may have been, committed to protect or defend the perceived honour of the family and/or community.

Honour-based violence can take many forms; it is used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Examples may include murder, fear of or actual forced marriage, domestic violence, sexual abuse, false imprisonment, threats to kill, assault, harassment and forced abortion. This list is not exhaustive.

Women are predominantly (but not exclusively) the alleged victims and the violence is often committed with a degree of collusion from family members and/or the community.

Honour-based violence is a crime and should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should be raised.

Female Genital Mutilation

Female Genital Mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on young women before marriage or pregnancy.

FGM is a criminal offence in the UK; under the FGM Act 2003 it is also an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

Since April 2014 NHS hospitals are required to record:

- If a patient has had Female Genital Mutilation;
- If there is a family history of Female Genital Mutilation;
- If a Female Genital Mutilation-related procedure has been carried out on a patient.

From September 2014 all acute hospitals must report this data centrally to the Department of Health on a monthly basis. This is the first stage of a wider ranging programme of work in development to improve the way in which the NHS will respond to the health needs of girls and women who have suffered Female Genital Mutilation and actively support prevention.

Human Trafficking

Human trafficking involves acts of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

The police are the lead agency in managing responses to adults who are the victims of human trafficking.

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

See also the National Crime Agency

Prevent agenda: Exploitation by radicalisers who promote violence

The Government's counter-terrorism strategy as defined in the Counter Terrorism and Security Bill 2015 is known as CONTEST.

Prevent is an element of this strategy. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Violent extremists may target vulnerable people and use charisma and persuasive rationale to attract people to their cause.

The Prevent strategy:

- responds to ideological challenge faced from terrorism and aspects of extremism, and the threat faced from those who promote these views
- provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that need to be addressed.

Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services, the police) and the local community to identify individuals at risk of being drawn into terrorism; to assess the nature and extent of that risk; and to develop the most appropriate support plan for the individuals concerned.

Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

Incidents of exploitation by radicalisers who promote extreme ideas that could lead to violence should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding adults concern should also be raised.

Read the [Counter-Terrorism and Security Act 2015](https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted)
(<https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>)

Hate Crime

Hate crime is taken to mean any crime where the alleged perpetrator's prejudice against any identifiable group of people is a factor in determining who is allegedly victimised. Hate crime is a form of discriminatory abuse.

Hate crimes happen because of hostility, prejudice or hatred of people due to:

- disability
- gender identity
- race, ethnicity or nationality
- religion or belief
- sexual orientation

It should be noted that this definition is based on the perception of the alleged victim or anyone else and is not reliant on evidence. Apart from individually charged offences under the Crime and Disorder Act 1998, local crime reduction partnerships can prioritise action where there is persistent anti-social behaviour that amounts to hate crime where appropriate.

The police and other organisations work together to ensure a robust, coordinated and timely response to situations where adults become a target for hate crime. Coordinated action will aim to ensure that alleged victims are offered support and protection and action is taken to identify and prosecute those responsible. Hate crime should be reported to the local community safety initiative. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised. In the event that a person is at immediate risk, contact the police.

Anti-Social Behaviour

Anti-social behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life. This might, for example, include:

- persistent verbal abuse or threats
- assault or physical harassment
- racial or homophobic harassment
- graffiti, vandalism or damage to property

Anti-social behaviour teams bring together experienced staff from the local authority, police, housing and other organisations to prevent and resolve anti-social behaviour. Anti-social behaviour teams will manage incidents referred, working with the private or social housing agency concerned in addressing incidents of anti-social behaviour.

Persistent anti-social behaviour can cause significant alarm, harassment and stress. The anti-social behaviour team may assist by a range of actions, including:

- setting up mediation sessions
- referring those committing anti-social behaviour to diversionary activities and support
- using acceptable behaviour contracts to deter the person or group from persisting with their action
- securing injunctions against individuals
- use of housing legislation to address persistent incidents within a local neighbourhood
- use of anti-social behaviour orders to prevent the person or group from persisting with their activities

Anti-social behaviour should be reported to the local community safety initiative. If the person has needs for care and support, and is unable to protect themselves as a result, consideration should be given to raising a safeguarding concern. In the event that a person is at immediate risk, the police should be contacted. For further information on anti-social behaviour and community safety follow the links below:

[Anti-Social Behaviour](https://www.oldham.gov.uk/info/200321/crime_and_safety/858/anti-social_behaviour) (https://www.oldham.gov.uk/info/200321/crime_and_safety/858/anti-social_behaviour)

[Community Safety and Cohesion Partnership](https://www.oldham.gov.uk/info/200321/crime_and_safety/862/community_safety_and_cohesion_partnership)

(https://www.oldham.gov.uk/info/200321/crime_and_safety/862/community_safety_and_cohesion_partnership)

Senior representatives of prisons and the National Probation Service, who have responsibility for approved premises may sit on the Safeguarding Adults Board and play an important role in the strategic development of adult safeguarding locally. The Safeguarding Adults Board can act as a forum for members to exchange advice and expertise to assist prison and probation staff in ensuring that all people in custodial settings are safeguarded.

1.5.3 Who abuses and neglects adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners
- Other family members
- Neighbours

- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals (people in a position of trust)
- Volunteers and strangers
- Carers
- Other adults with care and support needs

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

1.5.4 Safeguarding adults boards roles and responsibilities

Each local authority must set up Safeguarding adults Board (SAB). The main objective of a SAB is to assure itself those local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria of an adult at risk.

The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners as well as providers of services.

The SAB can be an important source of advice and assistance, for example, in helping others improve their safeguarding mechanisms. It is important that the SAB has effective links with other key partnerships in the locality and share relevant information and work plans. They should consciously cooperate to reduce any duplication and maximise any efficiency, particularly as objectives and membership is likely to overlap.

A SAB has three core duties:

- It must publish a Strategic Plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an Annual Report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action
- It must conduct any safeguarding adults review in accordance with Section 44 of the Care Act

Safeguarding requires collaboration between partners in order to create a framework of interagency arrangements. Local authorities and their relevant partners must collaborate, and work together as set out in the cooperation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.

Local Authorities may cooperate with anybody they consider appropriate where it is relevant to their care and support functions. The lead agency with responsibility for coordinating adult safeguarding arrangements is the local authority, but all the members of the SAB should designate a safeguarding lead officer. Other agencies should also consider the benefits of having a lead for adult safeguarding.

Each SAB should:

- Identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults
- Establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds a picture over time
- Establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements
- Determine its arrangements for peer review and self-audit
- Establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives
- Develop preventative strategies that aim to reduce instances of abuse and neglect its area
- Identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry
- Formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults
- Develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect
- Balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need to know basis'
- Identify mechanisms for monitoring and reviewing the implementation an impact of policy and training
- Carry out safeguarding adult reviews and determine any publication arrangements
- Produce a strategic and annual report
- Evidence how SAB members have challenged one another and held other boards to account
- Promote multi-agency training and consider any specialist training that may be required. Consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership

Members of a SAB are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the local authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the Board. Members might also support the work of the SAB by providing administrative help, premises for meetings or holding training sessions. It is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.

Local SABs decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act.

The arrangements that the SAB needs to create include for example, how often it meets, the appointment of the chair, any sub groups to it and other practical arrangements. It also needs to be clear about how it will seek feedback from the local community, particularly those adults who have been involved in a safeguarding enquiry.

Membership of Safeguarding Adults Boards

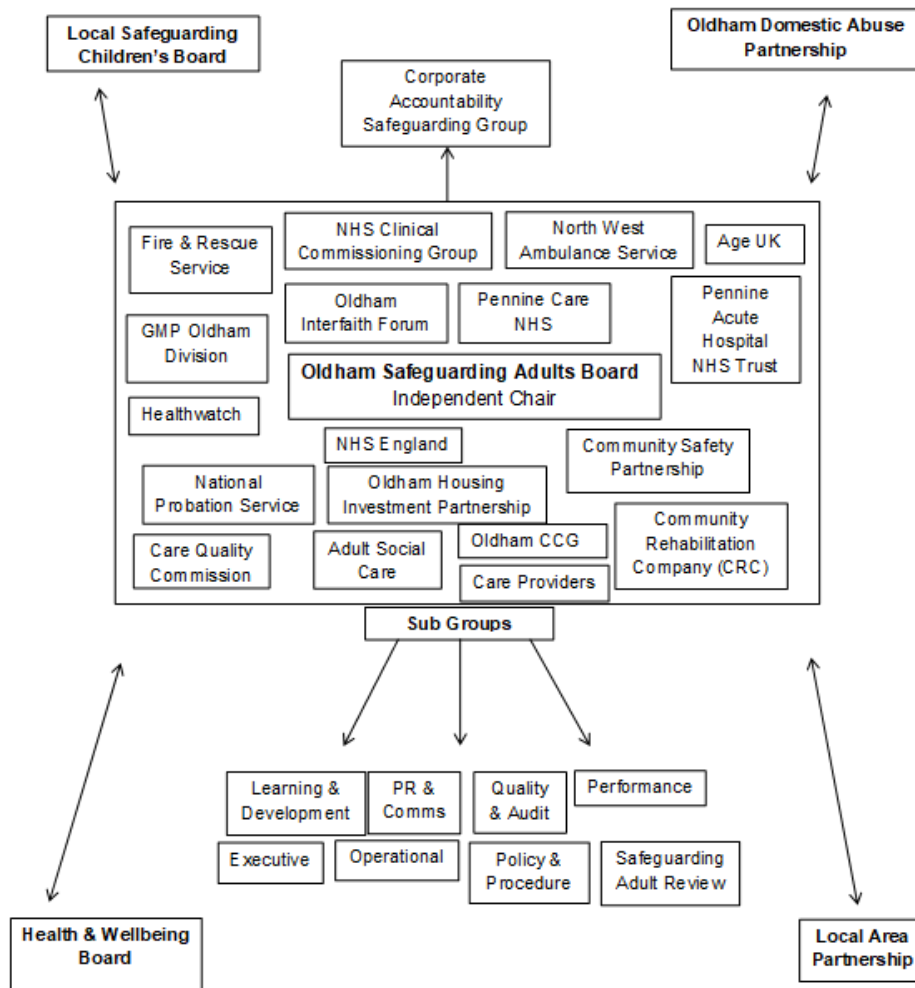
The information about how the SAB works should be easily accessible to partner organisations and to the general public. The following organisations must be represented on the Board:

- Oldham local authority
- Oldham CCG
- The Chief Officer of police in Oldham

The SAB may also include other organisations and individuals as considered appropriately the SAB partners. The SAB may wish to invite additional partners to some meetings depending on the specific focus or to participate in its work more generally. The Oldham SAB has an independent Chair and has representation from the following partner agencies:

- Adult Social Care
- GMP Oldham Division
- Oldham CCG
- Age UK
- Community Rehabilitation Company (CRC)
- Community Safety Partnership
- Care Providers
- Care Quality Commission
- Fire and Rescue Service
- Healthwatch
- Oldham Interfaith Forum
- National Probation Service
- NHS Clinical Commissioning Group
- NHS England
- North West Ambulance Service
- Oldham Housing Investment Partnership
- Pennine Acute Hospital NHS Trust
- Pennine Care NHS Foundation Trust

This is not a definitive list, but SABs should assure themselves that the Board has the involvement of all partners necessary to effectively carry out its duties. Additionally, there may also be effective links that can be made with related partnerships to maximise impact and minimise duplication and which would reflect the reality and interconnectedness of local partnerships. There are strong synergies between the work of many of these bodies, particularly when looking at a broader family agenda as well as opportunities for efficiencies in taking forward work.



1.5.5 Safeguarding Adults Reviews

[Section 44 of the Care Act 2014](#) requires Local Safeguarding Adult Boards to arrange a safeguarding adult review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. It places a duty on all Board members to contribute in undertaking the review, sharing information and applying the lessons learnt. The purpose of the safeguarding adult review is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk.

The safeguarding adult review brings together and analyses the findings from individual agencies involved in order to make recommendations for future practice where this is necessary. The Safeguarding Adults Board is the only body that can commission a Safeguarding Adult Review and must arrange a safeguarding adult review of a case of an adult in its area with needs of care and support (whether or not the Local Authority was meeting those needs) if:

- The case involves an adult with care and support needs (whether or not the Local Authority was meeting those needs)
- There is reasonable cause for concern about how the Safeguarding
- Adult Board, its members or organisations worked together to safeguard the adult

AND

- The person died (including death by suicide) and the SAB knows/ suspects this resulted from abuse or neglect (whether or not it knew about this before the person died)
- OR**
- The person is still alive but the Safeguarding Adults Board knows or suspects they have experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.

The Care Act 2014 also enables Safeguarding Adults Boards to carry out reviews in other cases where it feels this would be appropriate in order to promote effective learning and improvement action to prevent future deaths or serious harm occurring again. These may be cases which provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults but which may not meet criteria for a safeguarding adult review.

1.5.6 Multi-Agency Public Protection Arrangements (MAPPA)

The purpose of [MAPPA](https://www.gov.uk/government/publications/public-protection-manual-psi-182016-pi-172016) (https://www.gov.uk/government/publications/public-protection-manual-psi-182016-pi-172016) is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous alleged victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- identify all relevant offenders
- complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies
- devise, implement and review robust risk management plans; and
- focus the available resources to best protect the public from serious harm

The police, probation and prison service (MAPPA Responsible Authorities) are the responsible authorities required to ensure the effective management of offenders, however NHS, social services, education and housing all have a duty to cooperate under the Criminal Justice Act (2003).

Where an offender is managed through the Multi-Agency Public Protection Arrangements, and they present a risk to an adult with care and support needs, consideration should be given to raising a Safeguarding Concern with the local authority and involving the local authority in the multi-agency risk management plan.

1.5.7 Prisons and Approved Premises

Local authority statutory adult safeguarding duties apply to those adults with care and support needs regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) have responsibility. Separate guidance for prisons and probation will be published by the National Offender Management Service.

Where a local authority is made aware that an adult in a custodial setting may have care and support needs, they must carry out a needs assessment as they would for someone in the community. If someone in a custodial setting refuses a needs assessment the local authority is not required to carry out the assessment, subject to the same conditions as in the community. This does not apply if:

- the person lacks the capacity to refuse and the local authority believes that the assessment will be in his/her best interests; or
- the person is experiencing, or is at risk of abuse

If, in the course of their assessment of a person living in a prison or approved premises, it becomes apparent to local authority staff (or those delegated to undertake needs assessments on behalf of the local authority) that the person is at risk of abuse, the assessor must report this to the management of the prison or approved premises who will lead on any enquiries required.

Local authority staff (or those delegated to undertake needs assessments on behalf of the local authority) must follow the safeguarding policies and procedures of custodial settings in their area. Local authority staff

(or those delegated to undertake needs assessments on behalf of the local authority) should address any safeguarding issues in the care and support plan. This means they will have to liaise with the prison or probation staff about any required actions identified by their enquiries to ensure that all people in custodial settings are safeguarded.

Prison and probation staff may approach the local authority for advice and assistance in individual cases although the local authority will not have the legal duty to lead enquiries in any custodial setting.

1.5.8 Specialist Support Services

Alongside this Multi-Agency Safeguarding Adults Policy and Procedure are a range of related specialist support services that serve to protect the safety and welfare of individuals. Each of these may need to be involved in, as part of, or alongside the safeguarding adults procedure, so as to minimise the risk to either an adult subject to the safeguarding concern or another person.

1.5.9 Court of Protection

The [Court of Protection](https://www.gov.uk/courts-tribunals/court-of-protection) (<https://www.gov.uk/courts-tribunals/court-of-protection>) deals with decisions and orders affecting people who lack mental capacity. The court can make major decisions about health and welfare, as well as property and financial affairs, that the person lacks the mental capacity to make. The court has powers to:

- decide whether a person has capacity to make a particular decision for themselves
- make declarations, decisions or orders on financial and welfare matters affecting people who lack mental capacity to make such decisions
- appoint deputies to make decisions for people lacking mental capacity to make those decisions
- decide whether a lasting power of attorney or an enduring power of attorney is valid
- remove deputies or attorneys who fail to carry out their duties

In most cases decisions about personal welfare can be made legally without making an application to the court, as long as there is agreement reached about the decisions and they are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the Code of Practice. However, it may be necessary to make an application to the court in a safeguarding situation where there are:

- particularly difficult decisions to be made
- disagreements that cannot be resolved by any other means
- ongoing decisions needed about the personal welfare of a person who lacks mental capacity to make such decisions for themselves
- matters relating to property and/or financial issues to be resolved
- serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration
- concerns that a person should be moved from a place where they are believed to be at risk
- concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed safeguarding adults actions may amount to a deprivation of liberty outside of a care home or hospital
- when there is an un-resolvable dispute with the family regarding whether the adult should be in a particular placement.

The Court of Protection and the Office of the Public Guardian (OPG) complement each other. The Court of Protection provides the decision making functions and the OPG provides regulation and supervision.

1.5.10 Office of The Public Guardian (OPG)

The [OPG](https://www.gov.uk/government/organisations/office-of-the-public-guardian) (<https://www.gov.uk/government/organisations/office-of-the-public-guardian>) was established under the Mental Capacity Act to support the Public Guardian and to protect people lacking mental capacity by:

- setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies
- supervising deputies
- sending Court of Protection visitors to visit people who lack mental capacity and also those for whom it has formal powers to act on their behalf
- receiving reports from attorneys acting under lasting powers of attorney and deputies
- providing reports to the Court of Protection
- dealing with complaints about the way in which attorneys or deputies carry out their duties

The OPG undertakes to notify local authorities, the police and other appropriate agencies where abuse is identified.

The OPG can carry out an investigation into the actions of a deputy, of a registered attorney (lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks mental capacity, and report to the Public Guardian or the court.

The OPG may be involved in safeguarding adults in a number of ways, including:

- promoting and raising awareness of legal safeguards and remedies, for example, lasting powers of attorney and the services of the OPG and the Court of Protection
- receiving reports of abuse relating to adults with care and support needs
- responding to requests to search the register of deputies and attorneys (provided free of charge to local authorities and registered health bodies)
- investigating reported concerns, on behalf of the Public Guardian, about the actions of a deputy or registered attorney, or someone acting under a single order from the court
- working in partnership with other agencies, including adult social care and the police

1.5.11 Trading Standards Service

The [Trading Standards Service](https://www.oldham.gov.uk/info/200210/trading_standards) (https://www.oldham.gov.uk/info/200210/trading_standards) can help support and protect adults at risk from doorstep crime and other abusive sales practices that exploit adults at risk. Doorstep crime describes situations where rogue traders, doorstep criminals and uninvited sales people persuade vulnerable people to let them into their homes, with the intention of carrying out a theft or to carry out unnecessarily or substandard work and then pressurise consumers to part with large sums of money.

Trading Standards Services can take a range of actions, including the investigation of complaints against traders, provide people with information on their consumer rights and work with partners to develop cold calling control zones. Trading standards staff will also identify situations where it is appropriate to raise a safeguarding concern and will work with partner organisations within the safeguarding adults procedure to safeguard adults with care and support needs.

1.5.12 Department of Work and Pensions (DWP)

The [DWP](https://www.gov.uk/government/organisations/department-for-work-pensions) (<https://www.gov.uk/government/organisations/department-for-work-pensions>) is responsible for welfare and pension policy. People who are unable to manage their own financial affairs may have an appointee. An appointee is fully responsible for acting on the customer's behalf in all the customer's dealings with the Department. This includes the claiming of benefits. Misuse of appointeeship will be investigated and potentially revoked by the Department of Work and Pensions. Strategy Discussions/Meetings will need to consider whether and how issues of suspected financial abuse should be reported to the Department of Work and Pensions.

1.5.13 Community Safety and Cohesion Partnership

[One Safer Oldham](http://www.oldham.gov.uk/info/200321/crime_and_safety/862/community_safety_and_cohesion_partnership)

(www.oldham.gov.uk/info/200321/crime_and_safety/862/community_safety_and_cohesion_partnership), Oldham's Community Safety Partnership, is a group of organisations working together to tackle difficult problems that affect communities.

The organisations are Oldham Council, the Police, the Fire Service, the NHS, the Probation Service and many local agencies.

One Safer Oldham deals with issues such as reducing crime and anti-social behaviour, effective drug treatment, support for people experiencing domestic violence or hate crime, protecting you from fire and burglary, or nuisance neighbours. Priorities include:

1. Creating safer places by tackling crime
2. Tackling the cause and impact of anti-social behaviour
3. Preventing serious harm to communities
4. Reducing reoffending
5. Building confident and cohesive communities
6. Value for public money

1.5.14 The Care Quality Commission (CQC)

The [CQC](https://www.cqc.org.uk/) (<https://www.cqc.org.uk/>) is the independent regulator of health and social care in England. The function of the CQC is to:

- Ensure health and social care services provide safe and good quality care
- Monitor, Inspect and Regulate services to make sure that they meet fundamental standards of quality and safety.

The CQC can take action where health and care services are failing to meet standards. QCO powers include:

- Using requirement notices or warning notices to set out what improvements the care provider must make and by when.
- Making changes to a care provider's registration to limit what they may do, for example by imposing conditions for a given time.
- Placing a provider in special measures, where we closely supervise the quality of care while working with other organisations to help them improve within set timescales.
- Hold the care provider to account for their failings by:
 - issuing simple cautions
 - issuing fines
 - prosecuting cases where people are harmed or placed in danger of harm

1.6 Linked Agendas

1.6.1 Commissioning

Commissioning Governance

Commissioners of services should set out clear expectations of the contracted organisation and monitor compliance. Commissioners have a responsibility to:

- ensure that their contracted organisations know about and adhere to relevant registration requirements and guidance
- ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the Multi-Agency Safeguarding Adults Policy and Procedure
- ensure safeguarding adults issues are always included in the monitoring arrangements for contracts and service-level agreements
- ensure that contracted organisation managers are clear about their leadership role in safeguarding adults
- liaise with safeguarding adult leads and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users
- commission a service with staff that have the right skills to understand and implement safeguarding adults principles and practice
- ensure that services routinely provide service users with information in an accessible form about how to make a complaint and how complaints will be dealt with
- ensure that contracted organisations give information to service users about abuse, how to recognise it and how and to whom they can raise a concern
- ensure that contracted organisations regularly review incidents and take actions to address any issues identified

In addition, sector specific guidance was produced by Department of Health Safeguarding Adults concerning [the Role of NHS Commissioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215715/dh_125036.pdf) (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215715/dh_125036.pdf)

Commissioned services

Service providers have to be open and transparent under their Duty of Candour, as required by the Care Quality Commission in relation to safeguarding and other issues. This includes a requirement to share information they hold relevant to a safeguarding enquiry. This would include witness or employee interview information relevant to the enquiry, and as needed for a Formal Enquiry report.

All commissioned service providers should work within internal guidelines that are consistent with the Multi-Agency Safeguarding Adults Policy and Procedure. These should set out the responsibilities of staff, clear

internal reporting procedures and clear procedures for reporting in accordance with the local safeguarding adults procedure.

In addition, provider organisations' internal guidelines should cover:

- a 'whistle-blowing' policy which sets out assurances and protection for staff to raise concerns
- how to work within best practice as specified in contracts
- how to meet the standards in the Health and Social Care Act 2015 (regulated activities) and the Care Quality Commission Regulations.
- how to fulfil their legal obligations under the Disclosure and Barring Service
- Mental Capacity Act
- the undertaking of enquiries if required to by the local authority
- Deprivation of Liberty Safeguards (DoLS) (hospitals and care homes only)
- robust recruitment arrangements
- induction and ongoing training and supervision for staff

Provider organisations should routinely provide users of their service with information on safeguarding adults and how to make a complaint.

1.6.2 Personal Budgets and Self-Directed Care

People receiving a personal budget or a direct payment often use it to employ a personal assistant. Some personal assistants, like others in a caring capacity, could harm or abuse the person who is employing them. In such circumstances, the person who is being harmed or abused is in a difficult legal and emotional situation. Whilst perhaps dependent on his/her abuser for personal care and social and emotional support, and fearful of this person, they are also the abuser's employer and expected to act in ways consistent with employment law.

Such employers may be reluctant to disclose issues of abuse as they may be fearful of having their payment suspended and losing necessary support. The fear of losing their independence and choice can leave the person in an even more vulnerable position.

Anyone who is purchasing his or her own services through the direct payments system should be made aware of the arrangements for the management of safeguarding adults in their area so that they may access help and advice through the appropriate channels.

Partner agencies providing direct payments/personal budgets need to support adults to recognise and understand risks, give information about how these risks can be managed, and contact information for support.

Recipients of direct payments/personal budgets should be supported and enabled to understand safe employment practices and how to respond to abuse by their employees or other people.

1.6.3 Duty of Candour

The Duty of Candour requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches.

1.6.4 Dealing with Concerns and Complaints

You must support service users and carers who want to raise concerns about the care, treatment or other services they have received.

You must give a helpful and honest response to anyone who complains about the care, treatment or other services they have received.

1.6.5 Whistle Blowing Guidance

It is the legal duty of every employee that works with adults at risk to report potential or actual abuse. Therefore, it is the responsibility of the employer to promote openness among staff and promote this process, taking the lead in giving clear priority to the protection of Adults at Risk. Procedures which empower staff to voice concerns about the practice they encounter should be owned and promoted by the voluntary; independent; statutory or private sector agencies which employ them. These policies are often known as “Codes of Conduct/Practice” or “Whistle-Blowing Procedures”. All members of staff or volunteers, who have concerns about the way an adult at risk is being treated in their place of work, should follow the Whistle-Blowing Procedures in their own organisation.

1.6.6 Record Keeping and Confidentiality

Organisations will have their own recording systems for keeping comprehensive records whenever a concern is made/arises/occurs and of any work undertaken under the safeguarding adults’ procedures, including all concerns raised. Organisations should refer to their internal policies and procedures for additional guidance on recording and storage of records. Throughout the safeguarding adults’ process, detailed factual records must be kept. This includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken relating to the process.

Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if the regulatory CQC authority decides to take legal action against a provider. Records kept by providers of services should be available to service commissioners and to regulatory authorities.

Agencies should identify arrangements, consistent with the principle of fairness, for making records available to those affected by, and subject to, enquiry with due regard to confidentiality.

All information should be held in accordance with the Data Protection Act 1998.

1.6.7 Equality and Diversity

It is every person’s human right to live a life free from abuse and neglect. Every adult at risk has an equal right to support and protection within this procedure regardless of his/her individual differences or circumstances. This Multi-Agency Policy and Procedure applies equally to:

- all adults at risk as defined within this policy
- all agencies
- all forms of abuse

Throughout safeguarding adults due regard must be given to individual differences, including age, gender reassignment, disability, religion or belief, sex, sexual orientation, race or racial group, caring responsibilities, class, culture, language, pregnancy and marital or civil partnership status.

1.6.8 Abuse by ‘Persons in a Position of Trust’

The term ‘persons in positions of trust’ refers to an employee, volunteer, or student (paid or unpaid) who works with adults with care and support needs.

In the event a ‘person in position of trust’ is alleged to have abused an adult with care and support needs, or may pose a risk of abuse to an adult with care and support needs, it is essential that the concerns are appropriately reported and responded to within this Multi- Agency Safeguarding Adults Policy and Procedure. The following concerns must be reported to the local authority:

- A 'person in a position of trust' has or is alleged to have abused an adult with care and support needs
- A 'person in a position of trust' has behaved (or is alleged to have behaved) towards another adult in a way that indicates that they may pose a risk of harm to an adult with care and support needs. This could include situations involving an investigation into a criminal offence, even if the victim is not a person with care and support needs
- A 'person in a position of trust' has behaved (or is alleged to have behaved) towards children in a way which means they may pose a risk of harm to adults with care and support needs. These concerns could emerge from the persons home and personal life or circumstances, as well as within their work.

The organisation responsible for the employee, volunteer or student may also need to:

- Invoke its own disciplinary procedure
- Undertake enquiries on behalf of the local authority, providing evidence of their findings as required.
- Consider the need to make a referral to the Disclosure and Barring Service
- Consider the need to refer the concerns to the relevant professional group under the relevant code of conduct for the profession.
- Report the concerns to the police, if a crime is suspected.
- Inform the Care Quality Commission (regulated care providers)
- Provide the relevant SAM(s) with demonstrable assurance that appropriate actions in relation to any identified risks are being undertaken
- Keep the relevant SAM(s) informed of actions and the decision(s) undertaken

Appendix: Legal and National Policy Framework for Adult Safeguarding

This section of the Policy Framework outlines key documents that lay the foundation for effective safeguarding at the local level. A summary is provided for each document together with a link if more detailed information is required.

- **Care Act 2014 Statutory Guidance (Department of Health, 2016)**

The legal framework for the Care Act 2014 is supported by this statutory guidance which provides information and guidance about how the Care Act works in practice. The guidance has statutory status which means that there is a legal duty to have regard to it when working with adults with needs of care and support and carers.

[Care Act Statutory Guidance](#)

(<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>)

- **Commissioning for Better Outcomes (Department of Health, Local Government Association, ADASS, Think Local, Act Personal)**

This guidance outlines standards to support a dynamic process of continuous improvement and, through self-assessment and peer review, to challenge commissioners and their partners, to strengthen and innovate to achieve improved outcomes for adults using social care, their carers, families and communities. The standards are relevant to all aspects of commissioning and service redesign, including decommissioning. The standards have been designed to reflect the improvements that experience has shown are needed, to support the transformation of social care to meet people's reasonable aspirations, and to support the implementation of the Care Act 2014.

[Commissioning for Better Outcomes](#) (<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/commissioning-and-market-shaping/icbo>)

- **Disclosure of Information**

The Crime and Disorder Act is an Act of Parliament. Any person may disclose information to a relevant authority under Section 115 of the Crime and Disorder Act 1998, 'where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder)'. 'Relevant authorities', broadly, are the police, local authorities, health authorities (clinical commissioning groups) and local probation boards.

[Disclosure of Information, Section 115 Crime and Disorder Act 1998](#)

(<https://www.legislation.gov.uk/ukpga/1998/37/section/115>)

- **Domestic Violence, Crime and Victims Act 2004**

The Domestic Violence, Crime and Victims Act 2004 is an Act of Parliament. It is concerned with criminal justice and concentrates upon legal protection and assistance to victims of crime, particularly domestic violence. It also expands the provision for trials without a jury, brings in new rules for trials for causing the death of a child or vulnerable adult, and permits bailiffs to use force to enter homes.

[Domestic Violence, Crime and Victims Act 2004](#) (<https://www.gov.uk/government/publications/the-domestic-violence-crime-and-victims-act-2004>)

- **Equality Act 2010**

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

[Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents) (<https://www.legislation.gov.uk/ukpga/2010/15/contents>)

- **Human Rights Act 1998**

The Human Rights Act gives effect to the human rights set out in the European Convention on Human Rights. These rights are called Convention rights. Examples of Convention or human rights include:

- the right to life
- the right to respect for private and family life
- the right to freedom of religion and belief.

The Human Rights Act means you can take action in the UK courts if your human rights have been breached.

[Human Rights Act 1998](https://www.legislation.gov.uk/ukpga/1998/42/contents) (<https://www.legislation.gov.uk/ukpga/1998/42/contents>)

- **Information Sharing Guidance (Department of Health) Statement of Government Policy on Safeguarding (HM Government, 2013)**

This guidance supports good practice in information sharing by offering clarity on when and how information can be shared legally and professionally, in order to achieve improved outcomes. This guidance will be especially useful to support early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding situations.

[Information Sharing Guidance](#)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417696/Archived-information_sharing_guidance_for_practitioners_and_managers.pdf)

- **Making Safeguarding Personal Guide 2014 (Local Government Association)**

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice. It was originally drafted to support the 53 councils who signed up to Making Safeguarding Personal (MSP) in 2013/14. It has been updated based on their experience. It gives some guidance about how to embark upon and take forward Making Safeguarding Personal in your council if your local area is interested in the approach.

[Making Safeguarding Personal Guide 2014](#)

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

- **Mental Capacity Act 2005 Code of Practice (Department of Constitutional Affairs, 2007)**

The legal framework provided by the Mental Capacity Act 2005 is supported by this Code of Practice (the Code), which provides guidance and information about how the Act works in practice. The Code has statutory force, which means that certain categories of people have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

[Mental Capacity Act 2005 Code of Practice](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf)

- **NHS Accountability and Assurance Framework (Department of Health, 2015)**

This document sets out the safeguarding roles, duties and responsibilities of all organisations in the NHS. It has been refreshed in partnership with colleagues from across the health and social care system, the Department of Health and the Department for Education.

[NHS Accountability and Assurance Framework](https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/) (<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>)

- **Prevention in Safeguarding (Social Care Institute of Excellence, 2011)**

This guidance outlines a range of methods of preventing the abuse of vulnerable adults, from public awareness campaigns through to approaches that empower the individual to be able to recognise, address and report abuse. In addition, it examines policy and practice guidance and examples of emerging practice.

[Prevention in Safeguarding](https://www.scie.org.uk/publications/reports/report41/) (<https://www.scie.org.uk/publications/reports/report41/>)

- **Serious Crime Act 2015**

An Act to amend the Proceeds of Crime Act 2002, the Computer Misuse Act 1990, Part 4 of the Policing and Crime Act 2009, section 1 of the Children and Young Persons Act 1933, the Sexual Offences Act 2003, the Street Offences Act 1959, the Female Genital Mutilation Act 2003, the Prohibition of Female Genital Mutilation (Scotland) Act 2005, the Prison Act 1952 and the Terrorism Act 2006; to make provision about involvement in organised crime groups and about serious crime prevention orders; to make provision for the seizure and forfeiture of drug-cutting agents; to make it an offence to possess an item that contains advice or guidance about committing sexual offences against children; to create an offence in relation to controlling or coercive behaviour in intimate or family relationships; to make provision for the prevention or restriction of the use of communication devices by persons detained in custodial institutions; to make provision approving for the purposes of section 8 of the European Union Act 2011 certain draft decisions under Article 352 of the Treaty on the Functioning of the European Union relating to serious crime; to make provision about codes of practice that relate to the exercise and performance, in connection with the prevention or detection of serious crime, of powers and duties in relation to communications; and for connected purposes.

[Serious Crime Act 2015](https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted) (<https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>)