Doncaster Safeguarding Adults Procedure

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Contents

1.   Introduction

This procedure is for Doncaster Council staff and is designed to ensure a consistent approach when working with Adults (age 18 years and over), who may be or are at risk of abuse or neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support adults to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make these decisions. The procedure is underpinned by a commitment to being person led and outcome focused, upholding the principles of Making Safeguarding Personal, including sharing learning, expertise and to develop best practice to the benefit of adults at risk of abuse and neglect.

Safeguarding adults is, however, far more than a set of guidance or procedures; it is all we do in all our work, in our practice and our communities to prevent abuse and promote the wellbeing of adults with care and support needs. It includes the preventative work of our care and health services, the support of our neighbourhoods and communities, the courage of everyone who has 'blown the whistle' and the actions of every individual who looks out for the welfare of their friends and neighbours.

This procedure promotes
- A commitment to the six safeguarding principles;
    - empowerment
    - prevention
    - proportionality
    - protection
    - partnership
    - accountability
- A commitment to the principle of Making Safeguarding Personal
- Providing a framework for recognising and taking action to prevent the abuse of adults at risk
- Defining the responsibilities of partner organisations in responding effectively to safeguarding adult concerns;
- Providing common values, principles and practice that underpin the safeguarding of adults at risk.

This procedure should be read in conjunction with:

- Doncaster Council Safeguarding Adults Policy (Oct 2018), based around the principles of Making Safeguarding Personal (MSP)
- The Safeguarding Adults South Yorkshire Principles and approach
- ADASS S42 Framework https://www.local.gov.uk/sites/default/files/documents/25.130%20Making%20 Decisions%20on%20the%20duty_06%20WEB.pdf
- Care Act 2014 https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
- Making safeguarding personal https://www.local.gov.uk/msp-toolkit

In the context of the legislation, the procedures relate to any adult whom:
- Has care and support needs whether or not those needs are being met by the local authority, and
- Is experiencing, or is at risk of, harm through abuse or neglect, and
- Is unable to protect themselves because of their care and support needs from the risk of or the experience of abuse or neglect.

OR

There is information that suggests that abuse or neglect has occurred to an adult with care and support needs but the adult is no longer at risk. It would still be expected that a concern would be raised with the local authority in such circumstances. This could occur if the adult has died or moved from the location of the risk.

N.B. Consideration must be given to risks to others who remain in the environment or in receipt of the service where the abuse or neglect is believed to have taken place.

2. Safeguarding is everyone's business

The wellbeing principle is at the heart of care and support as set out in the Care Act, 2014 https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-1

'Wellbeing' is a broad concept, and it is described as relating to the following areas;

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

All organisations working with adults who are, or may be, at risk of abuse and neglect must aim to ensure that they remain safeguarded from it. This should underpin every activity through consistent safeguarding adults work.
The wellbeing principle should apply to all agencies involved in safeguarding adults

The Care Act 2014 Guidance supports the need for safeguarding to be person led and outcome focused. For safeguarding, this would include safeguarding activities in the widest community sense and is not confined to safeguarding enquiries under https://www.legislation.gov.uk/ukpga/2014/23/section/42/enacted

"14.15. Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to

respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety."

The 6 Safeguarding Principles in the Care Act 2014

Empowerment - support for individuals to make their own decisions.

Proportionality - the least intrusive or restrictive intervention appropriate to the risks presented.

Partnership - working across services and communities to prevent, detect and report neglect and abuse.

Prevention - taking action before harm occurs or risk escalates.

Protection - supporting those in need as a result of abuse or neglect.

Accountability - enabling service users and leaders to challenge agencies for their responses to those at risk of harm.

3. Involving the Adult

Making Safeguarding Personal (MSP) stresses the importance of keeping the adult at the centre. Under MSP the adult is best placed to identify risks, provide details of its impact and whether or not they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:

- Adults feel more in control
- Adults are empowered and have ownership of the risk
- There is improved effectiveness and resilience in dealing with a situation
- There are better relationships with professionals
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the person's quality of life and wellbeing can be safeguarded.

4. Concerns Identified

Where a concern is identified and the situation is a serious one indicating imminent risk, or that the situation is urgent, this should be reported to a manager immediately. In the case of concerns received by Customer Service Officers in IFO/ISAT, discuss with the Safeguarding Adults hub management team. For concerns raised in other adult social care teams, discuss with your own line managers and escalate as needed through the line management structure.

If it appears a crime has been committed, this should be reported immediately to the police.

5. Definition of care and support needs

Whether or not an adult is defined as having care and support needs is **not** dependent on whether they meet eligibility criteria for services. The Care Act 2014

Statutory Guidance states *"The safeguarding duties apply to an adult who: has needs for care and support whether or not the local authority is meeting any of these needs."* Care and support can be informal which might be provided by friends and family. It can also include people who clearly have needs even if they are choosing not to accept help with them or are not eligible for help with them. It is considered to be good practice for this definition to be used in a broad and inclusive manner.

6. Consent

Our statutory powers under the Care Act 2014 allow us to share information with partners for safeguarding purposes (**Care Act 2014 S 45**). However, it is good practice to gain consent for information sharing if possible. Working to 'making safeguarding personal', the adult should always be contacted for consent unless this would increase risk, or there are issues around mental capacity or coercion / control to consider.

In cases of self-neglect, it may not always be appropriate to gain consent, see the Self-Neglect and Hoarding Policy

7. Refusing an assessment

Chapter 6.20 Care Act 2014 Statutory Guidance states "An adult with possible care and support needs or a carer may choose to refuse to have a section 9 assessment. The person may choose not to have a section 9 assessment because they do not feel that they need care or they may not want local authority support. In such circumstances, local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so.

The same applies where the local authority identifies that an adult is experiencing, or is at risk of experiencing, abuse or neglect. Where the adult who is or is at risk of abuse or neglect has capacity and is still refusing an assessment, local authorities must undertake an assessment so far as possible and document this. They should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so."

Remember to be proportionate in your intervention. It is mandatory to record any action taken and how risks have been assessed and addressed. The Recording Practice Note and Strength based risk-taking policy will support with this.

8. Concerns and Notification

It is the expectation that the local authority is notified of any safeguarding concern on the same day. The expected method of notification for internal Doncaster Council staff and external partners is via the online safeguarding concern form, which can be found at: https://www.doncaster.gov.uk/doitonline/reporting-a-safeguarding-concern

The only exceptions to this are the Yorkshire Ambulance Service, 111 Health Service, Care Quality Commission and the Police. The originations would either e mail SAH SafeguardingAdultsHub@doncaster.gov.uk or SAHBSU SAHBSU@doncaster.gov.uk with the exception of the police who directly e mail the safeguarding hub ISATSafeguarding@doncaster.gov.uk

Where it is not possible for members of the public to raise concerns via the online form they can speak to a customer service officer from IFO telephone number 01302 737391 (or ISAT) who will record the concern and action.

Action to be taken by:

Safeguarding Hub
Adult Safeguarding concerns will be directed to the Safeguarding hub in all cases, the senior practitioner or team leader in the safeguarding hub will review the safeguarding concern to consider its urgency and its appropriateness for the adult safeguarding process based on the information given. Please see section 13 for guidance.

It is the responsibility of the Safeguarding Hub to ensure further signposting to alternative services and relevant information is shared and is recorded throughout the process.

Allocated worker
Where there is an already allocated worker, the worker will collect any information relevant to risk, concern, need and the safeguarding process. It is expected that the worker should follow the same principles as the Safeguarding Adults hub worker when gathering information (see section 9)

Once the information is gathered, the worker would discuss with their own line manager and agree the next steps.

This is not a threshold decision but an initial review of the concern identifying the immediate risks and the need for any immediate protection actions. This needs to happen same working day of receiving the referral.

The allocated worker's manager should:

- Assess any immediate risks and safety needs in respect of the adult
- Assess any immediate risks and safety needs in respect of other adults with care and support needs
- Ensure any appropriate actions to provide immediate safeguards are put in place
- Ascertain if there is a need for immediate police referral
- The manager will then triage the concern for attention by the allocated worker
- The manager will add a case note, indicating which partner agencies to approach for later checks.

9. Action to be taken by the Safeguarding hub or allocated worker

When the safeguarding hub receives a safeguarding concern, they will give consideration:

- To the views, wishes and desired outcomes of the adult (this should have been considered by the person raising concerns) and whether or not contact should be made with them at this stage (unless doing so would place them or others at further risk or might contaminate evidence). This should not delay action being taken if immediate risks are identified
- Whether there has been previous safeguarding concerns or risk concerns about the individual or the alleged perpetrator
- To the mental capacity of the adult in respect of the safeguarding concerns
- To whether the adult is free to express their wishes or whether their decision making may be impaired or affected by their situation or coercion /control
- To whether the adult has substantial difficulty in being involved in the process and whether there is another suitable person to represent and support them
- To whether an advocate is required
- If action has already been taken to reduce or manage the risks e.g. if there has been a medication error or an altercation between service users and the service have immediately addressed this
- If any further information gathering is necessary, for example from the referrer, partner agencies etc. in order to reach a decision about whether an enquiry is needed. In some cases, it may be necessary to ask the alerted to resend their concern form with more information. This should not delay action being taken if immediate risks are identified.

A brief summary of the concerns and the reason the information is being requested should be recorded. This should include any information we hold about the adult's vulnerabilities or their care and support needs. When sending requests for information by secure email ensure this is recorded as a case note in Mosaic

When information is required from partner agencies for example Health partners, police or housing may be already involved, consideration should be made to whether a multi-agency approach needs to be applied.

If further information is required from the referrer or if it is appropriate to contact the adult this can be done by phone if this does not increase risk, otherwise other venues could be considered for a discussion. Staff members need to consider any risk implications of virtual or telephone contact with the adult direct as part of their decision making.

10. Decision tool

Refer to the Safeguarding Adults decision support guidance

The Safeguarding Adults hub's purpose is to gather information to determine whether there is a need for a safeguarding enquiry under S42 of the Care Act 2014 or whether it is appropriate to undertake a non- statutory enquiry, in the circumstances described above. Then to direct them to the appropriate team or

partner agency for enquiry, with an appropriate plan in place for the enquiry to happen.

11. Authorisation of the threshold decision

The Safeguarding Manager records their decision in relation to whether the concern raised is progressed. The decision is recorded on the relevant form in Mosaic providing a rationale for the decision

In cases which have not progressed under safeguarding, but further work is required (such as review, risk management or assessment) the worker will forward this request to the appropriate team:
- For cases not already open to Adult Care you will need to record an Contact (Adult) with a next action of Contact Assessment / Referral assigned to the either ISAT or the relevant Adult Care (Area) Team
- For cases already open to an Adult Care (Area) Team (no Key) worker involvement), you will need to record set Bring Forward Scheduled Review as a next action of the open Safeguarding form, assigning it to the relevant Adult Care Team
- For cases already open to an Adult Care (Key) worker you can send an Alert from Case Notes
- There needs to be a recorded and documented peer to peer handover prior to the formal transfer. Any barriers to this handover need to be escalated to the relevant Head of Service.

Where cases are progressing to an enquiry under safeguarding (either S42 or non – statutory 'other') the manager should record on the care management system what will be required from the worker undertaking the enquiry.

12. Signposting

Where the 3 stage test has not been met (threshold decision), signposting can be employed as an alternative support mechanism, in order to point individuals to information, advice and guidance or refer to other services, as appropriate. Any action taken by the safeguarding team needs to be clearly recorded within the case notes and appropriate documentation.

- Signpost the person who raised the concern
- Signpost the issue by the worker
- Prevention services
- Advocacy services
- Professional social care support
- Contracts monitoring
- Complaints
- Disciplinary procedures
- Training
- Referral to other agency e.g. Health, Housing, Trading Standards

13. The Enquiry Stage

NB Police investigations take priority over any other type of enquiry/investigation and the focus will be on the 'offender' and whether a criminal threshold has been reached. However, a multi-agency approach should still be employed to ensure that the adult is safe and that the principles of Making Safeguarding Personal (MSP) are adhered to. **https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal#:~:text=Making%20Safeguarding%20Personal%20(MSP)%20is,impro ve%20or%20resolve%20their%20circumstances.**

What is a Section 42 (S42) Enquiry?

Note: **"An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place".**

If the criteria for a S42 enquiry are met, as outlined in the ADASS S42 Framework, the Local Authority (LA) has a duty to make enquiries; or cause enquiries to be made and should be endeavouring to achieve Making Safeguarding Personal outcomes throughout this process, with the wishes and desired outcomes of the person taking priority from the start to the end of the enquiry.

Section 42 Flowchart Summary and Timescales

STAGE AND TIMESCALE	ACTIONS TO BE TAKEN	OUTCOMES
1. REPORTING A CONCERN "tell us your concern" **To be reported within 24 hours**	Anyone can report a concern. Is this an adult at risk who meets the Section 42 duty? Inform the Safeguarding Manager (organisations only) Gather information Evaluate risk Take actions to safeguard the adult (and/or other adults/children) Establish wishes and desired outcomes of the adult at risk	Report safeguarding concern to the Local Authority Record issues and actions taken to reduce the risk Report to Police/emergency services if required

	Where required assess mental capacity and act in 'best interests'	
2.RESPONDING TO THE CONCERN/INFORMATION GATHERING "together we will consider how best to help you" **Assess risk and ensure safety of the adult at risk within 24 hours Decide on the proportionate response to the concern within 5 working days**	Is this an adult at risk who meets the Section 42 safeguarding criteria? Is there any immediate risk requiring the emergency services? If able to do so and appropriate, has the adult consented? Consider, do you need to speak to the adult at risk? Consider / confirm their desired outcomes Have all appropriate and necessary actions already been taken to reduce/remove risk?	If the Section 42 duty is fulfilled, end and exit the case Consider and implement any follow on actions as necessary If not exited, the Section 42 duty continues if the adult is at continued risk of harm
3. SAFEGUARDING RESPONSE "we will take agreed actions to support you to be safe" **Discussion with the adult at risk on outcomes and safeguarding response should be done within 10 working days from the Enquiry decision**	Where the concern cannot quickly and proportionately be ended, the Section 42 duty continues. Decide on what actions are required if necessary and who will carry these out to safeguard the adult(s) at risk Discuss desired outcomes with the adult or their representative/advocate and to manage risk. All enquiries require some degree of planning. This can range from a conversation between the Enquiry Officer and the adult and/or their representative through to a multi-agency meeting to determine roles and plan	If the Section 42 enquiry duty is fulfilled, end and exit the case. Consider and implement any follow on actions as necessary If the Section 42 duty continues, carry out actions as planned and continue to 'Outcomes'

	actions required to manage risk in the best way possible and to review appropriately	
4. OUTCOMES AND CLOSURE (INCLUDING PLAN AND REVIEW) "we will check we have addressed your concerns **To complete within 12 weeks of the reporting of the concern**	All enquiries conducted to manage risk should be conducted by holding an outcomes meeting. This could be a face to face meeting with the adult or a multi-agency meeting. The aim is to ensure: 1. Has the Local Authority met its statutory duty to enquire into the safeguarding concern? 2. Has the enquiry ensured wherever possible the outcomes have been met for the adult(s)? **3. Is there a need to update or devise a safeguarding plan?** 4. What is the level of risk for the adult? Any further support or actions for the adult(s)	If the Section 42 duty is fulfilled, exit If there is a need to continue and review, continue with the Section 42

A S42 enquiry can be as brief or as detailed as necessary. It could range from a conversation with the adult with care and support needs to a formal multi-agency approach.

Who can contribute to a S42 Enquiry?

Section 6 of the Care Act 2014 spells out the duty on the Local Authority and partner agencies to co-operate and share information for the "purpose of protecting adults with needs for care and support who are experiencing, or are at risk of abuse or neglect".

If another agency/party is contributing to the S42 Enquiry (e.g. the CCG may be undertaking their own Root Cause Analysis (RCA) (investigations in respect of a pressure ulcer), any documentation in respect of this should be saved on the service users indexed documents within the Care Management System (with the exception of PiPOT investigations).

Some S42 enquiries may be undertaken entirely by the worker and should include, as appropriate, discussions with the service user, their relatives, friends, advocate etc. about how they want to address the issue of abuse and include an assessment of risk (see Strength based risk-taking policy). The worker should record their S42 Enquiry on the Safeguarding enquiry form, which can be found in the Care Management System documents.

The focus is on removal and/or management of risk and supporting the adult to achieve their desired outcomes. However, other agencies/organisations may reach findings following their own investigation processes (e.g. disciplinary investigation, RCA etc.)

14. Completing the S42 enquiry

Results of the enquiry will be gathered and may proceed to outcome meetings and/or safety plan. It remains the responsibility of the local authority to gather this information.

On completion of the enquiry, the allocated worker should;
- Evaluate the outcome with the adult and other relevant parties
- Review the desired outcomes and what action the adult wishes to be taken
- Identify any on-going risks
- Feedback outcomes to the alerted, partner agencies, as appropriate. It may be appropriate to do this in writing
- Consider whether a safeguarding meeting is required
- Complete a safety plan and record the process for review of the plan by the appropriate agency
- Evaluate whether a Section 9 Needs Assessment or any other assessment/referral to others is required
- Consider the adult's mental capacity and best interests where appropriate

Review

When the enquiry is completed, it should be submitted to the safeguarding manager to make a decision whether a safeguarding meeting is needed or whether other action or closure is appropriate. The enquiry should also be recorded by being input onto the Care Management System.

ADASS S42 Enquiry framework offers support in making decisions about whether or not a reported safeguarding adults concern requires an enquiry under the Section 42 (S42) Duty of the Care Act (2014).

Enquiries undertaken by partner agencies
See the following link 14.93 Care Act 2014
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
Where Doncaster Council may decide that another organisation should carry out the enquiry, the responsibility remains with the council who have overall accountability. Doncaster Council must satisfy itself that the organisation will meet agreed

timescales and follow-up actions. Whatever form the enquiry takes, the following must be recorded:

- details of the safeguarding concern and who raised it
- the views and wishes of the adult affected, at the beginning and over time, and where appropriate the views of their family
- any immediate action agreed with the adult or their representative
- the reasons for all actions and decisions
- details of who else is consulted or the concern is discussed with
- any timescales agreed for actions
- sign-off from a line manager and/or the local safeguarding lead or designated adult safeguarding manager.

Also, the local authority will need to record data for NHS Digital's Safeguarding Adults Collection, and practitioners will need to make sure that their recording captures everything necessary for this, as spelled out in local procedures.

Non-statutory enquiries (known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about carers, or about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014.

15. Safeguarding Meeting

It may be helpful to agree the best way to keep the adult and relevant parties informed. Where the enquiry is more complex and requires a number of actions that may be taken by others to support the outcome, it may be appropriate for a planning meeting to be held. Where enquiries are simple single agency enquiries, it may not be necessary to hold a meeting. Action should never be put on hold due to the logistics of arranging meetings. Proportionality should be the guiding principle.
If the adult wishes to participate in a meeting with relevant partners, one should be convened.

Effective involvement of adults and/or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way.

- How should the adult be involved?
- Where is the best place to hold the meeting?
- How long should the meeting last?
- Timing of the meeting?
- Agenda
- Preparation with the adult
- Who should chair?
- Agreement by all parties to equality
- Communication needs
- Access

If the adult does not have the capacity to attend, or does not wish to attend, then an advocate should represent their views.

The purpose of the safeguarding meeting is to:

- Provide an opportunity to discuss the issues with the adult and their representative where appropriate
- Share relevant information
- Review and evaluate outcome of enquiries with the adult and involved others
- Identify on-going risks of harm through abuse or neglect
- Populate the safety plan and agree who will monitor this
- Review desired outcomes and what action the adult wishes to be taken
- Consider best interests where the adult lacks mental capacity in respect of safeguarding decisions
- Consider whether any other action is required e.g. sharing information about risks to others
- Consider whether further advice is needed e.g. legal
- Agree and acknowledge where there are shared responsibilities in managing risks

Meetings between the worker and the adult or their representatives will go on through the process.

Meetings involving a number of agencies or about situations, which are complex or high risk may be required and will be chaired by management.

Such meetings may be particularly helpful in situations where there are complex family dynamics, high-risk situations, risk disputes, complications as a result of mental health, alcohol or substance abuse etc. These meetings can be valuable in terms of sharing decision making, acknowledging shared responsibilities and agreeing on risk management.

A safeguarding meeting chaired by a manager would not usually be requested solely for the purpose of feeding back outcomes to other parties such as relatives. It is expected that these discussions would form part of the safeguarding enquiry and should be undertaken by the worker.

Since the implementation of the Care Act 2014, there is no longer a requirement to reach a safeguarding finding i.e. substantiated etc. and that the focus is on risk management and the wishes and desired outcomes of the adult in respect of the risks. These need to be recorded along with the rationale and any follow up plans.

The worker in the case should present the safeguarding enquiry report form to the meeting for the basis of the discussion. The minutes of the meeting should be stored on EDM and the meeting inputted onto the care management system.

16. Recording Outcomes

Throughout the process the desired outcomes should be recorded to demonstrate the enquiry is person centred and whether these outcomes have been achieved. There is also a requirement to record outcomes and evaluation of risk which is a condition of the annual reporting for the Statutory Return "Safeguarding Adults Collection."

Desired outcomes of adult at risk were:
- Fully achieved
- Partially achieved
- Not achieved

Evaluation of risk:
- Enquiry ceased at individual's request and no action taken
- No risk identified and action taken
- No risk identified and no action taken
- Risk assessment inconclusive and action taken
- Risk assessment inconclusive and no action taken
- Action taken and risk remains
- Action taken and risk reduced
- Action taken and risk removed
- No action taken.

Making Safeguarding Personal Outcomes:
- Completed – MSP asked – outcomes expressed – Fully Achieved
- Completed – MSP asked – outcomes expressed – Not achieved
- Completed – MSP asked – outcomes expressed – partially achieved
- Completed – MSP asked – outcomes not expressed
- Completed – MSP not asked
- Completed – MSP Unknown if asked.

The line manager should check that this has been correctly entered, please also ensure that mental capacity / advocacy questions in the strategy discussion section have been completed.

These are recorded on the care management system. Please also ensure that mental capacity / advocacy questions have also been completed.

The allocated worker is also responsible for feeding back:
- The person raising the concerns and the alerter if different. E.g. a family member may have raised concerns via CQC
- Service Provider where the allegations were about their service
- Relatives, where appropriate
- Commissioning, where appropriate
- Partner agencies, where appropriate
- Any other party involved in the S42 enquiry

The level of feedback and how this is undertaken will depend on the circumstances. In some cases, it may be appropriate to feedback face or face, in writing or both, although the worker should utilise the recorded preferred method of communication and consideration of large print should be given.

If an outcome meeting is deemed necessary, particularly in complex cases, this must be chaired by an independent – someone not in practice who can ensure independence of the management team in the hub. A final review of the safety plan will also occur at this time.

17. Large Scale Overarching Enquiry

An overarching safeguarding enquiry involves a set of circumstances where there are multi-agency or multi-professional safeguarding concerns which are complex, large scale, high profile or involve a whole service i.e. Care Home, a Home Based Care Service, a Hospital/Ward or other services.

The Doncaster Safeguarding Adults Board Procedure for Coordination of Overarching Safeguarding Enquiries (see link above and below) sets out the following;
- Purpose
- Threshold
- Terms of Reference
- The Overarching Planning Meeting
- Overarching Safeguarding Enquiry Process
- Roles and Responsibilities
- Communication
- Risk Management and the Overarching Safeguarding Plan
- Record Keeping

Roles and responsibilities

The Safeguarding Manager when identifying the potential need for an overarching safeguarding enquiry process will make contact with a Head of Service (with safeguarding expertise) within their organisation.

The Head of Service then confirms the need for an overarching safeguarding enquiry process (Refer to Appendix 1: Threshold guidance for overarching enquiries) overarching safeguarding enquiry

The Head of Service will be responsible for the chairing of the meeting, effective co-ordination of the safeguarding enquiries and implementation of a communication strategy.

The appointment of a project officer is at the discretion of the Head of Service and will be determined by the size and complexity of the enquiry. They will work closely with the Safeguarding Manager to undertake and ensure the co-ordination of all processes.

Those agencies participating in the overarching enquiry should maintain a communication link with the Head of Service throughout this process. The Head of Service will then liaise with the Safeguarding Manager or anyone else required.

Where the concerns meet the threshold for an overarching safeguarding enquiry a meeting should be convened within 7 working days. There may be exceptional circumstances where the meeting is arranged outside of this timescale, this should be agreed between the Safeguarding Manager and the Head of Service.

18. Closure of enquiry

When safeguarding risks are reduced, removed, or managed the decision to close the safeguarding enquiry may be taken.

The allocated worker will complete a closure summary in case notes. The responsible manager will authorise the closure. This will involve the responsible manager checking that all stages of the process have been completed and that the risks have been removed or minimised wherever possible. The manager must check that all case management system inputting has been completed. A case note approving the closure must be completed by the authorising manager.

19. Person in a position of trust (PiPOT)

This relates to situations where we become aware of allegations that relate to the conduct of a person who is working in a position where they are in contact with vulnerable adults. The information may relate to actions away from their role with vulnerable adults but consideration needs to be given to the appropriateness of them continuing in their roles.

PiPOT, as defined by the Care Act 2014, is dealt with under Safeguarding, where the criteria is met. These should be undertaken in conjunction with Human Resources, with all documents saved to the Council s/drive in a restricted access, secure folder.

20. Information Governance

The Council has a Partnership Information Sharing Protocol, for the disclosure of information and/or sharing of information between parties.

21. Data Quality

The Data Quality Practice Standards have been designed to ensure consistency of approach and to support workers when inputting information into an electronic system.

Additional supporting guidance

1.   Cross border safeguarding

It is recognised that there is increased risk and complexity associated with adults whose care and support arrangements cross local authority boundaries. Such circumstances arise when the funding/commissioning responsibility lies with an authority in one area and where concerns about potential abuse and/or exploitation arise in another area. This can include social care and health commissioners. For some service providers such as mental health or learning disability services this may involve both local and regional specialised commissioning teams (ADASS Guidance "Out of Area Safeguarding Adults Placements") see link https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf should be read for further detailed guidance on the respective roles of the host authority, placing authority and service provider at each stage of the safeguarding process

The **host authority** is defined in the above guidance as "the local authority in the area where the alleged abuse occurred and which therefore has the S.42 duty to make enquiries or cause them to be made whether or not the host authority is commissioning the care and support services for the adult."

The **placing authority** is defined as the local authority or NHS Body that is responsible for commissioning care and support services for an individual involved in a safeguarding adult's enquiry.

Once a safeguarding concern has been raised with the host authority, it is their responsibility to lead the initial response to the concern in consultation with the placing authority.

The host authority must always seek to inform all placing authorities as soon as possible of any allegations involving one or more of their service users as either a person who has experienced the alleged abuse or the person who has caused the alleged abuse.

Providers should also supply the contact details of placing authorities responsible for the adults involved in the enquiry, so that the host authority can liaise with the, placing authorities. They should also provide information on adults who are funding their own care. If the information is not provided, the host authority may refer to the Safeguarding Adults Board procedure on Section 45 of the Care Act, https://www.legislation.gov.uk/ukpga/2014/23/section/45/enacted which places a duty on individuals and organisations to supply relevant information required to safeguard adults.

The host authority may well be reassured by the employer's response to the concern, so that no further action is required and in most cases a telephone call(s) completes the Section 42 enquiry. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding concern and if not, to undertake any enquiry of its own and any appropriate follow up action (for example, referral to CQC, professional regulators).

2.   Whistleblowing

Doncaster Council is committed to the highest possible standards of openness, probity and accountability.

In line with that commitment we encourage employees with serious concerns about any aspect of the council's work to come forward and voice those concerns.

- It is recognised that certain cases will have to proceed on a confidential basis
- This policy document makes it clear that staff can do so without fear of reprisals
- It is intended to encourage and enable staff to raise serious concerns within the council rather than overlooking a problem or blowing the whistle outside

See below link for policy and documents https://intranet.doncaster.gov.uk/directorates/finance-corporate-services/whistleblowing

3.   MAPPA

Multi-Agency Public Protection Arrangements (MAPPA)

The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous 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).
https://www.legislation.gov.uk/ukpga/2003/44/contents

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. See the following link for MAPPA statutory guidance.
https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa--2

4.   Risk management

Risk assessment and risk management should be carried out in partnership with the adult, wider support network and others. The decision to involve others or not is in itself a decision which may give rise to risk, and the individual may need support to make this decision.

The professional views of risk may differ from the views of the adult. Perceived risks have implications for the safety and the independence of the individual, but they also have implications for the accountability of professionals.

Professionals need to embrace and support positive risk taking by finding out why the person wishes to make a particular choice, what this will bring to their life, and how their life may be adversely affected if they are not supported in their choice. The promotion of choice and control, of more creative and positive risk-taking, implies greater responsibility on the part of the adult and greater emphasis on keeping them at the centre of decision making.
It may not be possible to reach agreement, but professionals need to evidence that all attempts to reach agreement were taken. Where there are concerns about people making unwise decisions, the decision making process must be fully recorded.

5.   Dispute Resolution and Escalation

Professional disagreements should be resolved at the earliest opportunity, ensuring that the safety and wellbeing of the adult remains paramount. Challenges to decisions should be respectful and resolved through co-operation. Disagreements can arise in a number of areas and staff should always be prepared to review decisions and plans with an open mind. Disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation.

In the event that operational staff are unable to resolve matters, more senior managers should be consulted. Multi-agency meetings may be a helpful way to explore issues with a view to improving practice. In the case of care providers, unresolved disputes should be raised with the relevant managers leading on the concern and commissioners.