



## Sheffield City Council Safeguarding Adults Policy and Procedures Framework

<b>Document Control Sheet</b>	
<b>Title</b>	Safeguarding Adults Policy and Procedures Framework
<b>Purpose</b>	This policy and procedures document provides a framework and guidance to support all employees to be successful within their role by answering key questions, resolving ambiguities, defining expected standards and highlighting best practice.
<b>Type</b>	Policy with Supporting Procedural Guidance
<b>Target Audience</b>	All Adult Social Care Staff responsible for discharging safeguarding duties on behalf of Sheffield Local Authority.
<b>Approved By</b>	Directorate Leadership Team (DLT)
<b>Date Approved</b>	<b>31 August 2023</b>
<b>Review Date</b>	<b>31 August 2025</b>
<b>This should be read alongside</b>	This document is compliant with all relevant legislation at the time of publication and adheres to the current South Yorkshire Adults Procedures: <a href="https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures">https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures</a>
<b>Version</b>	Version 2 - August 2023
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Further detailed information to support adult safeguarding can be found for each of the topics listed below in the Adult Care and Wellbeing manual located at:		
<a href="https://sccextranet.sharepoint.com/sites/AdultCareandWellbeingManual">https://sccextranet.sharepoint.com/sites/AdultCareandWellbeingManual</a>		
Safeguarding Adults Policy and Procedures (includes templates for SCC forms referenced in this adult safeguarding policy and procedures framework document)		
Allegations against Staff and the Interface with Safeguarding		
Clinical Concerns		
Conversion Practice		
Coroner		
Deprivation of Liberty Safeguards (DOLS)		
Domestic Abuse and Coercive Control Policy		
Impaired Mental Capacity or Substantial Difficulty		
Learning from Safeguarding		
Multi-Agency Safeguarding Audit Toolkit		
Multi-Agency Safeguarding Hub (MASH)		
Modern Slavery and Human Trafficking		
Police Involvement with Safeguarding		
Professional Curiosity		
Office of Public Guardian		
Organisational Safeguarding (abuse)		
Radicalisation – Channel and Prevent		
Safeguarding concerns involving a provider’s service		
Safeguarding guidance for CQC registered providers in Sheffield		
Safeguarding training		
Self-neglect including complex case management and VARMM		
Unpaid Carers		
Vulnerable Adults Panel (VAP)		

# **1. Safeguarding Policy**

## **1.1 Introduction**

This document outlines the policy, procedures and related practice guidance for safeguarding adults at risk of harm from abuse or neglect. It should be read alongside the Sheffield Safeguarding Adults Board's Multi-Agency Safeguarding Principles and the over-arching South Yorkshire Adult Safeguarding Procedures:

[https://www.sheffieldasp.org.uk/assets/1/sy\\_principles\\_and\\_approach\\_v8\\_final\\_2.pdf](https://www.sheffieldasp.org.uk/assets/1/sy_principles_and_approach_v8_final_2.pdf)

<https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures>

This policy is governed by a set of key principles and practice standards consistent with the Care Act 2014 and the Care and Support Guidance, Department of Health 2014 (updated April 2021):

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

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

It has been designed to ensure that people who are subject to abuse, neglect or self-neglect experience the safeguarding process in a way that is person-led, outcome-focused and sensitive to individual circumstances. It is vital for successful safeguarding that the procedures in section 2 of this document are understood and applied consistently by all staff working for Sheffield City Council (SCC).

## **1.2 What is meant by safeguarding?**

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and address any abuse or neglect. Alongside this, the adult's general wellbeing must be promoted in accordance with Section 1 of the Care Act 2014, including having due regard to the views, wishes, feelings and desired outcomes of the adult throughout the safeguarding process. It is important to understand that the process for safeguarding adults is a dynamic one which must be undertaken with people and not done to people. Professionals should work with the adult at risk to establish what being safe means to them and to determine how that can be best achieved.

The overarching aims for adult safeguarding include:

- Preventing harm and reducing the risk of abuse or neglect,
- Stopping abuse or neglect wherever possible,
- Safeguarding adults in a way that supports them in making choices and having control about how they want to live,
- Concentrating on improving life for the adults concerned,
- Addressing what has caused the abuse or neglect.

### 1.3 What is a safeguarding concern?

A safeguarding concern occurs where anyone has reasonable cause to suspect the risk or occurrence of abuse or neglect. It is important to note, however, that there is no overarching definition or threshold to identify what might qualify as abuse or neglect. The individual circumstances which might give rise to a safeguarding concern can occur in different ways and take different forms. Views should not, therefore, be unduly limited in terms of what could constitute abuse or neglect. Each potential case requires careful consideration of the individual circumstances and context of the situation as everyone has their own personal histories, lifestyles, priorities and preferences.

Further information to support the recognition of a safeguarding concern can be found at:

<https://www.local.gov.uk/publications/understanding-what-constitutes-safeguarding-concern-and-how-support-effective-outcomes>

### 1.4 What is abuse and who is at risk?

Abuse is the violation of a person's human or civil rights by another person or persons or by an organisation. Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse and neglect can take many forms and may occur whether or not harm actually results from the abusive behaviour or whether the abuse is intentional or unintentional. Adults considered 'vulnerable' or 'at risk' are those who are at an increased risk of abuse as they are unable to protect themselves against significant harm or exploitation. Practitioners must not be constrained in their view of what constitutes abuse or neglect and must always consider the individual circumstances presented in each case.

#### **Abuse can be described as:**

Harm that is caused by anyone who has power over another person. The cause of harm may be due to the behaviour of family members, friends, unpaid carers and health or social care workers. It can take various forms including physical harm or neglect, verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by a single individual or multiple individuals and can also arise from deficiencies in the services being provided by an organisation.

#### **Neglect can be described as:**

When a person is mistreated by not being given the **care and support** they need where they are not able to fully care for themselves. It can also take numerous forms including, for example, not being given enough food, or the right kind of food, being left without help to wash or change clothes or not being helped to see a doctor when there is a need to ('Think Local, Act Personal', 2018). It is also worth noting that people can also self-neglect.

#### **Care and support can be defined as:**

A mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. This can include older people, people with a disability or long-term illness, people with mental health problems and carers. Care and support includes undertaking an assessment of people's needs, the provision of services and/or the allocation of funds to enable a person to purchase their own care and support. It can include services delivered by care homes, home care providers, personal assistants, day services or via the provision of aids and adaptations.

The Social Care Institute for Excellence (SCIE) has provided further information on the different types of abuse and neglect along with suggested signs and indicators for each:

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

## 1.5 Principles and Values

Priority should be given to the prevention of abuse and neglect by raising the awareness of adult safeguarding issues and by fostering a culture of good practice. Safeguarding adults is a multi-agency responsibility and this policy prescribes that all staff working for Sheffield Council must actively work in partnership with other organisations and agencies to address the abuse or neglect of adults with care and support needs.

It is every adult's right to live free from abuse and neglect in accordance with the principles of respect, dignity, autonomy, privacy and equity. Where adults at risk are clearly able to make choices, they must be advised of the options available and their wishes should be respected, unless there is a statutory responsibility for intervention such as where other people may be put at risk if no action is taken to address the cause of harm.

### Making Safeguarding Personal

There are six key principles for safeguarding within the Care Act 2014. These are:

- **Empowerment** – it should be considered that the adult themselves knows best about what kind of care and support they want and therefore their views, wishes, feelings and beliefs should always be considered. To ensure that this is implemented in the right way, professionals must consider the possible outcomes of the adult's decisions, without unduly enforcing their own opinions. If the adult does not have capacity to give consent in relation to decisions which need to be made, then suitable decisions can be made on their behalf in certain circumstances. For more information on this, see the section on the Mental Capacity Act at 1.6 in this policy document.
- **Protection** – Professionals should always work to protect the adult and other people from abuse and neglect. Concerns must be raised about the safety or wellbeing of someone who has care needs. If an adult is at risk of abuse or neglect, authorities must act immediately to safeguard the wellbeing of the person (or any others) at risk.

- **Prevention** – The main aim of professionals should be to focus on supporting the adult’s wellbeing, reducing the need for care and support and minimising or delaying the likelihood that the adult will need more care and support in the future. Local authorities have a legal duty to prevent, reduce and delay people’s needs from worsening. The aim for all local authorities is to adequately support people at an early stage to prevent and/or reduce the likelihood of people ending up in crisis situations in the future.
- **Proportionality** – Appropriateness and proportionality are concepts that must apply to all safeguarding assessments. This means that responses which are taken due to a risk of harm need to be person-centred and based on individual circumstances. The person at risk must be empowered to make informed decisions regarding their own life as indicated by the following case law judgement:  
 “What good is it making someone safer if it merely makes them miserable?”  
 Re MM (An Adult); Local Authority X v MM [2007] EWHC 2689 (Fam)  
[https://www.mentalhealthlaw.co.uk/Re MM \(An Adult\); Local Authority X v MM \(2007\) EWHC 2689 \(Fam\)](https://www.mentalhealthlaw.co.uk/Re_MM_(An_Adult);_Local_Authority_X_v_MM_(2007)_EWHC_2689_(Fam))
- **Partnership** – As above, any decisions should be made with the adult’s involvement and their wellbeing should be considered alongside the input of any involved family and friends. Partnership also applies to multi-agency collaboration for the provision of appropriate care and support for the individual in a person-centred way.
- **Accountability** – Professionals should ensure that any actions taken to support an adult receiving care adversely affect their rights and freedom as little as possible. The accountability principle also states that safeguarding is everybody’s duty and everyone in contact with a vulnerable person should take responsibility for noting any risks and taking action on any harm identified.

The principles above must underpin the work of all professionals and other staff who work with adults. They apply to all sectors and settings that work to care for and safeguard adults. These include (amongst others) health, care and support services, further education settings, commissioning, social work, public health, welfare benefits, housing, wider local authority functions and the criminal justice system.

## 1.6 Wellbeing

The Care Act 2014 places a duty on local authorities to promote a person’s wellbeing. This means that they should always have a person’s wellbeing in mind and must demonstrate this by taking a rounded approach when making decisions about safeguarding.

### Wellbeing can relate to:

- Personal dignity, including treating the person with respect,
- Physical and mental health and emotional wellbeing,

- Protection from abuse and neglect,
- Control by the person over their own day-to-day life including over their care and support,
- Participation in work, education, training or recreation,
- Social and economic wellbeing,
- Domestic, family and personal relationships,
- Suitability of living accommodation,
- The person's contribution to society.

Wellbeing is a broad concept and 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 person, their circumstances and their own individual priorities. Wellbeing encompasses several areas of life. A holistic approach must be adopted to ensure a clear understanding of the person's views in order to identify and define what wellbeing means to the person themselves.

The need to provide support for any unpaid carers should also be considered when planning services for adults at risk of abuse and neglect. At the very least, a carer must be offered an assessment of their need for support and, if eligible, support must be made available. Where the carer is also at risk of harm the safeguarding process should be followed in the same way as with an adult at risk.

## 1.7 Mental capacity

Our values are underpinned by the principles set out above and bound by both the Mental Capacity Act 2005 and Human Rights Act 1998:

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

It should be noted that where an individual has capacity, they retain the right to make what might be seen as an eccentric or unwise decision. This policy still applies to support people who have capacity and may choose to live with risk, even where that risk is causing or likely to cause them harm. Where people do have capacity to make decisions whereby such decisions may result in ongoing risk of abuse or neglect, this policy must be followed proportionately so that any decisions not to safeguard are taken on a multi-agency basis and are clearly evidenced and recorded.

If the adult has the capacity to make decisions in this area of their life and declines assistance then this may limit the interventions that the council or other organisations can make. The focus should therefore be on harm reduction. However, the adult's wishes should not limit any action that is needed to protect other people who may also be at risk of harm. Any potential for 'undue influence' will also need to be considered where relevant. If the adult suspected of being abused or neglected is thought to be refusing intervention because of duress, then appropriate action should be taken.

More information on supporting an adult thought to be refusing intervention because of duress is available under 'Impaired Mental Capacity or Substantial Difficulty in



Understanding Safeguarding Processes' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

Where an individual does not have capacity in relation to making a decision which is needed, any action taken on their behalf must be in line with the five key principles of the Human Rights Act 1998:

<https://www.legislation.gov.uk/ukpga/1998/42/schedule/1>

Any actions taken should be in the adult's best interests, the least restrictive to their basic rights and freedoms and proportionate to the level of concern. The adult should always be involved from the beginning of any intervention unless exceptional circumstances apply which could increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no suitable person available to support them, then Sheffield City Council must arrange for an independent advocate to represent them and facilitate their involvement. Where the adult lacks mental capacity then an Independent Mental Capacity Advocate may be more appropriate depending on the kind of decision and interventions required.

## **1.8 Information-sharing**

Information-sharing is key to delivering better and more efficient services that co-ordinated around the needs of the individual. It is essential to enable early intervention and preventative work: for safeguarding, for promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Sheffield's Multi Agency Safeguarding Hub (MASH) aims to facilitate better information-sharing for a faster and more coordinated response between agencies. Professionals within the MASH must recognise the importance for people of being confident that their personal information is kept safe and secure and that practitioners will maintain their rights to privacy. Any information shared within the MASH should only be done so on a 'need to know' basis and the information must only be used for the purpose of determining the most appropriate level of response by appropriate agencies to deliver better services.

Sharing information between organisations as part of day-to-day safeguarding practice is not covered in the Care Act because it is already covered in the common law duty of confidentiality, the Data Protection Act 2018, the General Data Protection Regulation (GDPR), the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs need to be able to assess whether someone has the mental capacity to make a decision(s) concerning risk, safety or sharing information.

The Social Care Institute of Excellence has produced guidance which will be useful for frontline workers and managers working with people with care and support needs. The guide explains the key elements of these laws to help increase understanding of the basic principles in relation to safeguarding practice and particularly the sharing of safeguarding information:

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

## **1.9 Recording**

Good record-keeping is an essential requirement for the accountability of organisations to those who use their services. Maintaining proper, accurate records is therefore a key responsibility for Sheffield City Council. If records are inaccurate or non-factual/untrue, suitable decision-making in the future may adversely affected and this could cause harm or distress to the individual. Where an allegation of abuse has been notified, it is our responsibility to keep clear and accurate records. Good record keeping is also essential to protect evidence on what action has been taken and the rationale for what decisions have been made and why. These must be consistent with the safeguarding principles of proportionality and accountability.

## **1.10 Feedback**

It is important to ensure feedback is given to the adult at risk, the person who raised the concern and appropriate partners. The extent of any feedback will depend on various issues such as the relationship they have with the adult at risk, the need for appropriate confidentiality and to prevent any compromise to an enquiry. At the very least, it should be possible to advise the referrer whether their concern has led to a safeguarding enquiry. Partners in provider organisations will require feedback to allow them to continue to provide appropriate support and make informed staffing decisions.

## **1.11 Expectations**

All staff in adult social care must act with utmost integrity and respect for people using our services. Our thinking directs our actions and all staff involved in safeguarding adults work must ensure the following basic principles are applied in practice. As an officer of Sheffield City Council's Adult Care and Wellbeing service, people in Sheffield should be able to be confident that:

- Your practice will be inclusive and the individuals and people who are important to them will always be central to the safeguarding process;
- You will focus on the desired outcomes, views and wishes of the person subject to safeguarding enquiry and ensure that independent advocacy is made available for the person whenever appropriate;
- Your approach and response to concerns will always be proportionate and inclusive of the views, wishes and feelings of individuals, carers and/or their advocates;
- Your actions and behaviours will be in accordance with best practice standards, statute, policy and procedure;
- You understand the importance of being honest with people who use services, particularly about the need to say sorry where things have gone wrong for the person. You will be organised with your time and only record

accurate information in a way that is both respectful and accessible to the people who need to read it and for whomsoever it refers to;

- All responsible managers will need to consider carefully and on a case-by-case basis the capability and competency of the worker's skills and qualifications to undertake a safeguarding enquiry and must also ensure adequate supervision at all times.
- All staff should seek opportunities for reflection at different stages of the safeguarding process, making use of reflective practice sessions to identify and address any learning needs.

### **1.12 Quality Assurance and Audit**

To evaluate the effectiveness of the safeguarding process, audits are carried out by on our service by experienced professionals. Auditors then make evidenced-based judgements on the quality of safeguarding work around 6 essential quality standards:

- Making Safeguarding Personal,
- Information Gathering,
- Risk Management,
- Decision Making,
- Partnership Working,
- Recording.

Individual feedback is provided to practitioners whose work has been audited alongside any recommendations for future practice to improve our collective safeguarding practice and recording in future. Quarterly Reports which include both good practice and any improvements for consideration are provided to Sheffield Adult Safeguarding Partnership (SASP) and Local Authority Executive Groups.

### **1.13 Who does this policy and these procedures apply to?**

Sheffield City Council's statutory adult safeguarding duties apply to any adults at risk of abuse or neglect or who appear to have care and support needs, regardless of whether those needs are being met and regardless of the extent of such needs. It also does not matter in what setting the abuse may have taken place.

The responsibility for the coordination of adult safeguarding arrangements lies with Sheffield City Council but the implementation of this policy and procedure is a collaborative responsibility. Effective work must be based on a multi-agency approach with the individual adult at risk placed firmly at the centre.

Safeguarding is everybody's responsibility and consideration needs to be applied when determining whether an issue which is affecting or .has affected an adult involves a risk of abuse or neglect. All organisations working with adults need a common understanding of the circumstances that require for a safeguarding concern to be referred to Sheffield City Council and also where other actions, outside of safeguarding processes, may be required.

The key question to consider is ‘are there any concerns that an adult is at risk of or is experiencing abuse or neglect?’ Consideration should be given to:

- What types of abuse or neglect are the concerns about?
- Has a conversation about the concerns taken place with the adult at risk?
- Have the views and wishes of the adult been sought?

Support guidance on how to recognise and respond to a safeguarding concern is available at:

<https://www.local.gov.uk/publications/understanding-what-constitutes-safeguarding-concern-and-how-support-effective-outcomes>

### **1.14 Local Authority Accountability and Safeguarding Leads**

This policy has been developed to provide the flexibility needed at local level to support the professional practice of individuals and the partnerships needed to promote safeguarding and keep individuals and communities safe from harm. In addition, it incorporates the roles and responsibilities of:

- SCC Strategic Director of Adult Care and Wellbeing – Alexis Chappell
- SCC Lead Professional: Chief Social Work Officer – Dawn Bassinder
- SCC Adult Safeguarding Lead – Tim Gollins
- SCC Adult Care and Wellbeing workforce
- Sheffield Adult Safeguarding Partnership Board
- Care Quality Commission

### **1.15 The Multi-agency Safeguarding Hub (MASH)**

The Sheffield Multi-Agency Safeguarding Hub (MASH) is a function delivered by a multi-agency group of professionals who work together but may be individually employed by different agencies. The purpose of the MASH is to build up a holistic picture using information known amongst different agencies to identify and manage risk at an early stage and to inform quicker and more responsive decision-making on appropriate responses to risks.

Further detailed content about the ‘MASH’ is available under Adult Safeguarding in the Adult Care and Wellbeing Manual.

### **1.16 Cross-Boundary and Inter-Authority Adult Safeguarding Enquiries**

Risks may be increased as a result of complicated cross-boundary arrangements regarding a person’s care and it can be dangerous and unproductive for organisations to delay required safeguarding actions due to disagreement over specific responsibilities. The general rule for managing safeguarding enquiries is that the initial lead in response to a safeguarding concern should always be taken by the Local Authority responsible for the geographical area where the incident occurred.

Their actions might include taking immediate action to ensure the safety of the person or contacting the police where a criminal offence is suspected.

There should also be close liaison with the other placing local authority. Whilst it is acknowledged that many people at risk live in residential settings beyond the boundaries of the placing authority, the placing authority continues to hold responsibility for commissioning and funding the placement. In addition, a safeguarding incident might occur during a short-term health or social care stay, or whilst visiting another area which may require police action or other immediate steps to protect the person while they are within that area. Any further actions should then be taken in line with the 'Making Safeguarding Personal' initiative incorporating the views of the adult to help determine which local authority is best placed to lead on an enquiry.

Support guidance on 'Making Safeguarding Personal' can be found at:

<https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/making-safeguarding-personal>

### **1.17 Transitional Safeguarding**

The Children and Families Act 2014 and the Care Act 2014 jointly create a comprehensive legislative framework for the transition to adulthood from when a person becomes 18 years old. The duties in both Acts are intended for 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 young person's care needs 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 must ensure that the young adult's safety is not put at risk through delays in providing services that they need to maintain their independence, well-being 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 continued safeguarding as an adult then suitable safeguarding arrangements must be discussed as part of transitional support.

Please be aware that the Mental Capacity Act 2005 is applicable from the earlier age of 16.

Further support guidance on the transition to adulthood is available at:

<https://www.local.gov.uk/our-support/sector-support-offer/autistic-and-learning-disabilities/adulthood>

### **1.18 Safeguarding Timescales**

SCC has adopted the safeguarding timescales as recommended in the Northern ADASS Regions Collective document 'ANRC Assurance - What Good Looks Like' (December 2022). This prescribes:

- Any referrals regarding a potential emergency safeguarding concern must receive an immediate response.
- Screening should take place within 24 hours of referral receipt.
- Majority of (strategy) discussions should take place within 5 days and enquiries within 28 days.

Timescales must reflect the ethos of the Making Safeguarding Personal agenda. It is important that timely action is taken whilst also respecting the principle that the views of the adult are paramount. Initial fact finding should take place as soon as possible, including liaison with the adult at risk and any other agencies who should be involved.

It is the responsibility of the local authority and agencies involved to proactively to monitor concerns to ensure that drift does not prevent timely action or place people at further risk. A degree of divergence from any target identified timescales may sometimes be justified, in particular where:

- adherence to the agreed timescales would jeopardise achieving the outcome that the adult wants,
- it would not be in the best interests of the adult,
- significant changes in risk have been identified that need to be addressed,
- suitable supported decision-making requires an appropriate resource which is not immediately available,
- a person's physical, mental and / or emotional wellbeing may be temporarily compromised.

### **1.19 Legislation and mandatory reporting**

Responsibilities for safeguarding are enshrined in national and international legislation. This creates duties and responsibilities which must be incorporated into safeguarding practice. Sheffield City Council must also adhere to the following legislation and guidance:

[Crime and Disorder Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1998/37)

[Female Genital Mutilation Act 2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2003/37)

[Sexual Offences Act 2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2003/42)

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9)

[Mental Capacity \(Amendment\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2019/21)

[Mental Health Act 2007 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2007/6)

[Convention on the Rights of Persons with Disabilities – Articles | United Nations Enable](#)

[Modern Slavery Act 2015 \(legislation.gov.uk\)](#)

[Prevent duty guidance - GOV.UK \(www.gov.uk\)](#)

[Domestic Abuse Act 2021 \(legislation.gov.uk\)](#)

[Care Act 2014 \(legislation.gov.uk\)](#)

Care and Support Statutory Guidance:

[40573\\_2902364\\_DH\\_Care\\_Guidance\\_accessible\\_pdf \(publishing.service.gov.uk\)](#)

## **1.20 Whistleblowing**

It is the legal duty of every employee who works with adults at risk to report potential or actual abuse. The local authority also fosters openness among staff and encourages whistleblowers to come forward and voice any concerns they have. This is to help cultivate a culture of transparency in the workplace.

Any member of staff who may have any concerns should follow the main Sheffield City Council whistle-blowing procedures policy. A link to the current policy is available at:

<https://intranet.sheffield.gov.uk/hr/work-relationships-and-conduct/whistleblowing>

## **2. Safeguarding Procedures**

### **2.1 Introduction**

These procedures are written in the spirit of empowering practitioners to make consistent decisions where safeguarding concerns have been raised. We want practitioners to be confident in the rationale for these actions which are rooted in the legal framework. We intend for the following guidance to impact positively both on delivering outcomes for people and the levels of accountability for achieving these outcomes.

A practice guidance process map is available under 'Multi-Agency Safeguarding Hub' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

### **2.2 The Adult's Wishes - Making Safeguarding Personal (MSP) in Practice**

Safeguarding must be both person-led and outcome-focused. The adult at risk should be involved at all stages of the process. It is important for the adult at risk's desired outcomes to be sought as early as possible and preferably at the time the safeguarding concern is raised. The person who has raised the concern may have already done this and included the information within the referral form or otherwise may be well-placed to determine this.

Alternatively, you should gather this information promptly via telephone call or meeting with the adult or their representative or via a third party (eg. the care provider). The outcomes must be agreed by the adult at risk or their advocate and will need to be realistic, achievable and measurable. Professionals should also agree timescales with the adult and should keep them regularly informed of progress – if any timescales are likely to slip this should also be communicated to the adult as soon as possible.

Caution must obviously be taken to avoid any possible conflict of interest, however, and any conversations with the adult at risk must not be conducted by anyone who may be implicated within a safeguarding concern or which could forewarn an alleged source of harm of a possible criminal investigation.

More information regarding responding to safeguarding concerns involving possible criminal activity is available under 'Police Involvement with Safeguarding' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

Further information to support 'Making Safeguarding Personal' can be found at:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

### **2.3 Mental Capacity or Substantial Difficulty for the adult's engagement in safeguarding**



In line with the Mental Capacity Act 2005, people must be assumed to have capacity to make their own decisions and should be considered as being best-placed to judge their own wellbeing and their preferred wishes. The person should therefore be helped to express their views through any reasonable means. Your engagement with the person should be guided by the following points:

- Start by thinking the person has capacity and consider if anything might be needed to help support the person to make decisions.
- Enable and empower people to talk about what is important to them – talk through the options the person has and discuss what they want to do about their situation. Seek to enable people to resolve their circumstances, to recover from any abuse or neglect and to achieve what matters most to them by asking ‘what do you want to be different and how?’
- Ensure the person’s wishes (outcomes) are discussed – don’t assume the person does not have capacity just because you may feel their decision or wishes may seem unwise to you.
- Try to agree the person’s outcomes at an early stage but remember that all safeguarding outcomes will need to be realistic, achievable and measurable. Sometimes the person may desire outcomes which cannot be achieved through the safeguarding process.

Consideration should be given to the capacity of the adult at risk to be involved in the safeguarding enquiry. People must be assumed to have capacity to make their own decisions and be given all practicable help to do so before anyone treats them as being unable 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 behalf of, the adult must be made in their best interests. If the person lacks capacity then their views and wishes should be gained from a representative or advocate. Where the adult has capacity it is essential that their own views are central to the process. Whilst the views of others such as family members, etc can provide useful context and input, it is important that these are not prioritised over the adult’s own feelings and views.

An ongoing consideration regarding the adult’s mental capacity or any substantial difficulties should also be maintained throughout the safeguarding process. Your assessment of their mental capacity will need to be both time and decision specific and the person’s capacity itself may also change – a lack of capacity can be temporary and/or fluctuate. The Mental Capacity Act is intended to be enabling and supportive of people who lack capacity, rather than used to restrict or control their lives. It aims to protect people who lack capacity to make particular decisions but also to maximise their ability to make decisions or participate in decision-making, as far as they are able to do so.

If an adult has substantial difficulty in understanding what has happened to them, in communicating their views or in making decisions, they should be appropriately supported so their views can still be represented. Support can normally be provided by an existing representative of the adult such as a family member, friend or advocate. However, it is obviously important there must be no conflict of interest i.e. the person offering support as the adult’s representative must not be implicated within the safeguarding concern. If the adult at risk needs support but does not have anyone appropriate to support them, alternative representation should be arranged

through the Sheffield Advocacy Hub - email [referrals@sheffieldadvocacyhub.org.uk](mailto:referrals@sheffieldadvocacyhub.org.uk) or telephone 0114 2261674.

More information on adhering to the Mental Capacity Act within your safeguarding practice is available under 'Impaired Mental Capacity or Substantial Difficulty' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

Staff should also ensure that the adult has accessible information in their preferred communication format to help support the adult in understanding the information given to them and so they are able to make informed choices about safeguarding: what it means, any risks and benefits and possible consequences. Staff will need to clearly define the various options to help support them to make an informed decision regarding their safety.

## **2.4 Consent in Relation to Safeguarding**

The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and wellbeing of the adult. Staff should strive to deliver effective safeguarding in accordance with this. Making Safeguarding Personal is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information which empowers them to do so. This approach recognises that adults have a general right to independence, choice and self-determination which includes having control over information about themselves.

Adults may sometimes withhold their consent to the sharing of safeguarding information for various reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of possible reprisals, they may fear losing control, they may not trust social services or other organisations or they may fear that their relationship with the alleged abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. Staff should consider the following:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information;
- Tell the adult with whom you are needing to sharing the information and why;
- Explain the benefits, for them or for other people, of sharing information;
- Discuss the consequences of not sharing the information – could someone else be at risk of harm?
- Reassure them that the information will not be shared with anyone who does not need to know;
- Reassure them that they are not alone in managing their situation and that support is available to them.

If, after this discussion, the adult's decision is that safeguarding information should not be shared with other safeguarding partners and/or to not intervene to safeguard the adult, practitioners must:

- Support the adult to weigh up the risks and benefits of different options,
- Ensure they are fully aware of the level of risk and possible outcomes,
- Offer to arrange for them to have an advocate or peer supporter,
- Offer support for them to help build confidence and self-esteem if necessary,
- Agree on and record the level of risk the adult is taking and the reasons for the adult's decision,
- Record the reasons for not intervening or sharing information,
- Try to build trust to enable the adult to better protect themselves,
- Regularly review the situation.

Where the adult continues to refuse intervention to help address a safeguarding concern and/or requests that information about them is not shared with other safeguarding partners, their wishes should generally be respected.

### **Exceptional circumstances where the person's consent may not be required**

There are certain circumstances where staff can reasonably override a decision of the person to refuse intervention to address the safeguarding concern and/or to share information with other safeguarding partners. These include when:

- The adult lacks the mental capacity to make this decision – if so, this must then be properly explored and recorded in accordance with the Mental Capacity Act,
- Emergency or life-threatening situations warrant the sharing of relevant information with the emergency services without the person's consent,
- Other people are, or may otherwise be, placed at risk, including children
- A serious crime has been committed,
- Sharing information could prevent a serious crime,
- The risk is unreasonably high and an overarching duty of care will need to be considered,
- The risk implicates a Person in a Position of Trust – see associated content under 'Allegations against Staff and the Interface with Safeguarding' in the Adult Care and Wellbeing Manual.
- There is a court order or other legal authority for action to be taken, even where the person withholds their consent.

In such circumstances, it is important to keep a careful record of the decision-making process. Practitioners should also seek further advice from managers before

overriding the adult's decision, except in an emergency situation where there would not be time to do so. Managers should make decisions based on whether there is an overriding reason which would make it necessary to take action without consent and also whether doing so would be proportionate because there would not be a less intrusive way to ensure safety. Legal advice should be sought where appropriate.

If a decision is made to take action without the adult's consent then, unless it is unsafe to do so, the adult should be informed of this decision alongside an explanation of the reason(s) why this is felt to be necessary.

### **Other important considerations**

It is important that any risks which may result from the sharing of information are also properly considered. For example, in some cases such as domestic abuse or 'hate' crime, it is possible that sharing information could result in an increase in the risks posed to the adult. The local authority and partners will need to work jointly to provide advice, support and protection to the adult in order to minimise the possibility of any retribution or increase in the risk of harm due to any personal relationships with an alleged source of harm.

## **2.5 Sheffield City Council's duties under Section 42 of the Care Act, 2014**

### **Introduction**

The following procedures are not intended to prescribe what must always be done for every single case without exception. However, they are presented as important supporting guidance to help improve both practice standards and consistency amongst practitioners when making decisions about whether or not a safeguarding adult concern requires an enquiry under the Care Act's Section 42 (S42) duty for a local authority. The term 'duty' here means that it is the law that someone or something (in this case, a local authority) must always undertake and that if they do not follow this 'duty' they may face a legal challenge.

Section 42 (S.42) of the Care Act is the legislative framework which governs how local authorities must act when a safeguarding concern becomes known to them. It therefore determines the actions required from Sheffield City Council (SCC) as the local authority (LA) for people who may be at risk of or are experiencing abuse or neglect here in Sheffield to be kept safe.

Where SCC is made or becomes aware (via any means) that an adult (that is, any person over 18 years of age) may be at risk of being abused or neglected, then information must be gathered (and recorded) to determine whether the safeguarding concern meets the specific criteria as set out in Section 42 (part 1) of the Care Act. This is a statutory safeguarding adult's response and must be carried out by SCC for any concern which has been raised. The Care Act (2014) criteria (commonly known as the 'three-point test') can be seen as a screening tool to help determine whether SCC may have a duty to undertake any further actions under the safeguarding process.

## 2.6 The Care Act – Section 42, part 1 or S.42 (1)

*S.42 (1) applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):*

- *(a) has needs for care and support (whether or not the authority is meeting any of those needs),*
- *(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.*

In other words, the initial requirement for SCC is to check whether the person who has been referred to us as being at risk of abuse or neglect in Sheffield:

- a) has needs for care and support (whether or not they already receive any care or support). Has the adult any degree of identified vulnerability or do they appear to require a needs assessment?  
**and**
- b) is at risk of or is already experiencing abuse or neglect. Be mindful here however that it is not uncommon for some non-safeguarding issues which may be affecting an adult to be referred into SCC via the safeguarding concern route. We need to determine whether the issues being reported involve a risk or presence of abuse or neglect;  
**and**
- c) because of the person's needs for care and support ie. their vulnerability, the person cannot protect themselves from the risk of abuse or neglect or from being abused or neglected.

### 2.6.1 Initial information gathering

Your first action should be to telephone the person who submitted the referral form. If they are unavailable, leave a message asking for the person (or another suitable person eg. their manager) to telephone you back to discuss an important safeguarding concern. This is important because:

- A telephone conversation is the quickest and simplest way for SCC to be updated on any further information known or actions completed since the referral form was sent. It is important we have the most up to date information as this will help determine what outstanding issues might remain which in turn determines what our next steps will be.
- It is professional courtesy for the referrer to receive prompt telephone contact from SCC as acknowledgement to the receipt of their safeguarding referral.

At the same time, our own internal systems (eg. 'Liquid Logic') may also provide relevant information alongside other partner agencies who may hold useful additional background information. We need to make sure we have a good understanding of the nature, level and type of risk, what support the person may need to mitigate the risk and also the views of the adult themselves.

Consider the following issues when undertaking initial information gathering:

- What are the circumstances of the adult thought to be at risk eg. their age, any physical or learning disability, any other physical frailty or mental health condition? Are they already known to us or might they require a needs assessment?
- How and when did the concern come to light?
- When did the alleged abuse occur?
- Where did the alleged abuse take place?
- What is the nature/extent of the abusive acts?
- What is the frequency of the abuse?
- What actions have been taken so far?
- What impact is this having on the adult at risk? Consider their physical and mental well-being and any effects on their independence.
- What does the adult at risk feel about the abuse? What would they like to happen now? What would make them feel safe?
- Are there any witnesses?
- Who or what is the alleged source of harm?
- What may be the intent of the alleged source of harm?
- What are the risks of the abuse being repeated to the adult at risk or any other adults or children? If there are risks to others then additional actions including further referrals to appropriate services may be required, for example: <https://www.safeguardingsheffieldchildren.org/sscb/news/referring-a-safeguarding-concern-to-childrens-social-care-1>
- What are the risks that the risk of harm or potential impact of harm could escalate if no action is taken?
- Does the incident involve a regulated service provider?
- Does the concern involve a commissioned service?
- Do the allegations involve any “Person(s) in Position of Trust”? If so, a disciplinary procedure may need to take place run alongside any safeguarding activity? More information is contained under ‘Allegations against Staff and the Interface with Safeguarding’ in the Adult Care and Wellbeing Manual.
- Has a crime been committed? If so, the criminal justice system may need to run alongside safeguarding. More information is contained under ‘Police Involvement with Safeguarding’ in the Adult Care and Wellbeing Manual

The list above is not exhaustive. An information gathering template can be used to help support your information gathering. The template is available in the appendices to this document which can be found under ‘Sheffield City Council Adult Safeguarding Policy and Procedures Framework’ in the Adult Safeguarding section of the Adult Care and Wellbeing Manual. All information should be returned to the person or team requesting this information before further decisions are made to ensure accurate and informed decision-making takes place along with appropriate recording and documentation.

Information gathering is a continuous process which describes all efforts made to establish information regarding the concern of abuse or neglect. It consists of initial information gathering undertaken to determine whether the S.42 (1) criteria has been met along with the gathering of any further information which may be required later as part of the safeguarding process.

## **2.6.2 Risk assessments**

The first priority should always be to ensure the safety and well-being of the adult.

The purpose of a risk assessment is to identify the likelihood and impact of any actual or potential harm caused by abuse or neglect and what measures or interventions need to be in place to address it. At the same time, it is important to remember that some risk is part of everyday life and therefore the approach to safeguarding adults must be empowering and proportionate as well as preventative.

It is important to consider the full impact to the person which may arise due to a proposed intervention. The level of intervention should be balanced against the potential impact of the adult's rights which are laid out in the Human Rights Act (1998) and reflected throughout the safeguarding enquiry:

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

Practitioners need to view the safeguarding concerns holistically by discussing overall safety and well-being with the adult and not simply focussing on the concern in isolation. Good safeguarding work is about planning the actions and the arrangements alongside the adult and with their agreement to best support them to maintain their safety. The person should experience the safeguarding process as both empowering and supportive. The emphasis must remain on taking a proportionate response and sensible risk appraisal which fully considers the adult's own preferences, history, circumstances and lifestyle. Interventions should not be unduly restrictive and you may need to facilitate some degree of risk where this is appropriate to meet the adult's wishes.

The risk assessment process should begin when a safeguarding concern has first been received as part of informing the decision on whether or not the adult meets the Care Act Criteria in S.42 (1). In many cases, immediate response actions might already have been undertaken by the person raising the concern prior to it being received by Sheffield City Council (SCC). This is entirely appropriate as the person's immediate safety must be managed in response to identified risks and there must be an assurance that appropriate actions have been taken to safeguard the adult from any immediate abuse or neglect e.g. seeking of any medical attention.

At the early stages following receipt of a concern, it is unlikely that full details about the concern itself, the risk of harm and/or the person's wishes will all have been fully established. As a result, any risk assessment decisions should be made based on the fullest information known at the time. The risk assessment may need to be regularly revised in response to further information received at a later stage. This process may need to be repeated multiple times to ensure all risks identified are properly managed and appropriate support given to the adult(s) at risk.

## **2.6.3 Potential criminal activity**

Everyone is entitled to the protection of the law and access to justice. Criminal behaviour incorporating abuse and neglect such as physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination will usually constitute specific criminal offences under various pieces of legislation in addition to being abusive and/or neglectful acts.

Where any criminal activity is suspected, then the police should be notified at the earliest opportunity. This early involvement of the police is necessary to provide protection to the adult and/or others and to preserve evidence. Although SCC has the lead role in making safeguarding adult S.42 enquiries, any criminal investigation must always take priority. More information is available under 'Police Involvement with Safeguarding' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

There may be occasions where police decide not to continue with a criminal justice process, however the safeguarding process must continue in any event to ensure the safety of the adult at risk and any others.

#### **2.6.4 Where the S.42 (1) criteria is not met**

For this to be the case, it must mean that:

- a) the adult does not have needs for care and support; and/or
- b) the adult is not experiencing or is not at risk of abuse or neglect; and/or
- c) The adult is considered able to protect themselves from the experience of or the risk of abuse and/or neglect.

Following proportionate fact finding, where it has been determined that the S.42(1) criteria has not been met because the person does not meet any part of the above criteria then a statutory Safeguarding Section 42 Duty does not apply. This means that a statutory response to the concern which would result in a Section 42 safeguarding enquiry is not required. If the person is not at risk and there are no risks to others, then no further action is required under Section 42. The concern should be formally recorded on 'Liquid Logic' and the safeguarding episode can then be closed. Feedback should be given as appropriate to the people/professionals involved thus far, taking into consideration confidentiality and data protection regulations regarding what actions have or have not been taken and why.

Whilst it may now be apparent that the concern raised did not involve a risk or occurrence of abuse or neglect, SCC still holds a duty to consider whether other types of action or signposting may be required because of the information now known to us as a result of the initial information gathering. Consideration should be given to any appropriate alternative course of action such as S9 assessment, S10 carers assessment, other care management, quality of care concern, complaint or MARAC etc. Signposting for further advice may also be required.

#### **Exceptions**

Safeguarding decision-making must remain dynamic. Depending on the circumstances in the individual case, Sheffield City Council (SCC) may decide that there is a need to undertake additional safeguarding duties for people even where there may not be a Care Act statutory 'duty' for it to do because the S.42 (1) criteria has not been met.

SCC may conclude that further action is needed to better promote the person's wellbeing or that of other people in a preventative capacity (Care Act Guidance, 2018). If so, it may be proportionate to continue with the safeguarding process and



progress to S42 (2) in any event. For example, in the event of the death of a person subject to an ongoing safeguarding concern, where the safeguarding concern has been referred about a provider's service or the conduct of an employee, an ongoing risk to others must also be considered and therefore a need for the safeguarding process to continue may remain.

Additionally, practitioners should feel able to change their mind if further information becomes known at a later stage which would result in the concern meeting the statutory criteria for undertaking an enquiry under the S42 (2) duty.

### **Understanding the wider context of concerns**

Any likelihood of future risk should be assessed especially where there are service quality concerns involving regulated or commissioned services. Relevant information regarding an identified likelihood of future risk should also be shared with relevant commissioners (the people or organisations that arrange and/or oversee the care and support available within a geographical area) such as SCC Commissioning, NHS Integrated Care Board, Care Quality Commission (CQC), etc.

Previous safeguarding concerns may have been raised regarding a particular organisation such as a care provider which may have been originally assessed as not having met the safeguarding criteria such as past issues of apparent one-off poor practice. Previous referrals should be considered alongside the current concern to determine if any possible contextual connection or repeating elements are present within the concerns raised.

More information regarding the above can be found under 'Organisational Safeguarding' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

### **2.6.5 Where the S.42 (1) criteria is met**

For this to be the case, this must mean that:

- (a) the adult has needs for care and support; and/or
- (b) the adult is experiencing or is at risk of abuse and/or neglect; and/or
- (c) The adult is not considered able to protect themselves from the experience of or the risk of abuse and/or neglect.

Where it has been determined, following proportionate fact finding, that the S.42(1) criteria has been met, an additional Statutory Safeguarding Section 42 Duty now applies as detailed in S42 (2) below.

### **2.7 The Care Act – Section 42, part 2 or S.42 (2)**

*S.42 (2) - 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 (whether under this Part or otherwise) and, if so, what and by whom.*

In other words, there is now another statutory duty for SCC to obtain any further information – to “make or cause enquiries” – as might be needed to determine if

there are any other actions needed to safeguard the person (or other people) at risk, to define what these further actions are and to identify who or which organisation(s) are best placed to carry out each of the further actions needed.

For some relatively straight-forward cases, confirmation of all the necessary information and actions taken in response to the concern may have already been achieved through the initial information gathering under S.42 (1). For these cases, it is possible there will be no further activity required under S.42 (2) because we are already confident based on the information we already have that no further action is needed to safeguard the person (or other people). Professional judgment will need to be exercised to decide whether or not the risks (including those which may be posed to other people) have been properly managed and whether the person's outcomes have been met with regards to any actions taken so far.

Further enquiries under S.42 (2) will normally be required if we are still needing any further information (or action) in connection with any of the following questions:

- Is it clear what happened and why?
- Are the causes of any abuse or neglect fully understood?
- Have appropriate actions been undertaken to keep the adult (or others) safe in future including the revision of any existing plans?
- Are any other actions necessary to adequately address the source of harm?

### **2.7.1 Further information gathering - Section 42 (2) enquiries**

The objectives for any S.42 (2) enquiries are to:

- Ensure the adult's views and wishes are known,
- Ensure all relevant facts relating to the concern are established,
- Assess the adult's needs for protection, support and redress and determine how these might be met in accordance with the wishes of the adult.
- Protect the person from abuse and/or neglect in accordance with the person's wishes.
- Make decisions as to what follow-up action should be taken with regard to the alleged source of harm and/or organisation responsible for the abuse or neglect.
- Enable the adult to achieve resolution and recovery.

In many straight-forward cases, the enquiries may be relatively simple to complete and may be as minimal as additional conversation(s) with the adult for whom the concern has been raised about. This conversation can be carried out by a Social Worker or Social Care Practitioner or may be undertaken by someone else such as a care home manager, healthcare professional or advocate etc on our behalf.

However, other cases may need the involvement of other organisation(s) or individual(s) and may require a more co-ordinated process, perhaps leading to an agreed multi-agency plan to ensure the wellbeing of the adult concerned. These cases require SCC to co-ordinate and oversee the undertaking of the necessary safeguarding enquiries.

## 2.7.2 Planning

An appropriately skilled person within SCC will need to review previous stages of the safeguarding procedure to ensure there is a chronology of the events that have occurred and appropriate recording of any actions already undertaken to keep the adult safe. The first priority will be to ensure that any ongoing safety plans remain suitable for continuing to prevent a risk of harm.

They should then consider how best to arrange and collate the further information required under the enquiry. This might be best achieved by having planning discussion(s) which can take place via telephone, conference call, email exchange or, if required, a planning meeting 'in person'. The decision about how this planning should best take place will depend on the complexity of the situation, who is already involved and anyone else whose involvement will be needed (including representation from other organisations). The planning discussion(s) or meeting should aim to address:

- What happened - who can best establish the full facts and by when?
- Why did it happen – who can best determine this and by when?
- What documents or records might be required as evidence to support events - who can provide these and by when and who will need to see them?
- What needs to be put in place to reduce the risk - i.e. protection plan – who will oversee this and by when?
- What further actions are needed in relation to the person or organisation responsible for the abuse/or neglect? Who is responsible for overseeing these and by when?
- Is it clear what the adult at risk or their agreed representative expect as an outcome of the process and is this both achievable and realistic – who will establish this and by when?
- How will the adult be advised of progress and the outcome of their concern? Who will be the lead professional responsible for communicating with the adult?

Consideration must be given to the relevance of the health and social care history of the adult, including any previous concerns that may have been raised, and, if relevant, what the person would like to happen now. If a decision is made to arrange a planning meeting, consider if it is relevant or appropriate for the adult or their representative/advocate to attend. The adult's views and wishes must be considered within the planning discussion or meeting, even if the adult or their representative are not present. Any recommendations (as appropriate to their situation) must be shared and agreed with them.

The professional outcomes and consideration regarding any risk to others may need to be managed separately to those directly affecting the adult's own situation and a pre-meeting may be useful to enable those discussions to take place beforehand. A record must be made of the planning discussion or meeting and the agreed actions should be recorded and shared.

A planning meeting template can be used to help support you. The template is available in the appendices to this document which can be found under 'Sheffield

City Council Adult Safeguarding Policy and Procedures Framework' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

### **2.7.3 Involving other parties when making S.42 (2) enquiries**

Whilst SCC has the lead responsibility for the oversight for all safeguarding adult Section 42 enquiries, it also has power to 'cause' others to undertake S.42 (2) enquiries on its behalf where it is felt this would be beneficial for the safeguarding process. This does not mean that a written S.42 enquiry is always needed, it just means that we can ask other parties to supply us with any additional information which we feel is needed. All enquiries need to be proportionate to the concern raised. The best way to achieve this is usually through having a telephone conversation with the person(s) who are thought to be able to provide the additional information we are seeking. This approach allows us to enter into a dialogue to discuss and clarify exactly what information we require, in what format and by when. Again, this information can usually be supplied quickly through subsequent telephone conversations.

Where the adult already has a relationship with another professional or organisation and/or the enquiry relates to the organisation's particular area of responsibility or expertise then it should be considered if any external parties might be better placed on SCC's behalf to assist in gathering information, undertaking enquiries or fulfilling actions. For example, the majority of social workers and care practitioners are not medically trained and there will sometimes be clinical elements involved in a safeguarding concern. In these situations, we can be supported in our oversight of the response to the concern by other partners who might supply clinical information or help explain clinical practices for us. We should not be reluctant to ask for help in these areas but, equally, just because a clinical element may be involved in the concern does not mean that our responsibilities for maintaining oversight for the response to a concern are transferrable to a clinical provider or organisation.

### **2.7.4 Causing a written S.42 (2) enquiry, if necessary**

The first point to note is that a request to another party for them to complete and return a S.42 (2) enquiry template should only be used where it is not otherwise possible to obtain the necessary information via a small number of telephone conversations. The reasons for this are for both speed and to avoid unnecessary bureaucratic activity both for ourselves and for others. Where there may be a need for a S.42 (2) enquiry template to be sent will likely become apparent during information gathering telephone conversations where the volume or complexity of enquiries being discussed would indicate that a written enquiry would be a more appropriate way forward.

In any event, no organisation or individual should be sent a S.42 (2) enquiry template to complete without there having been at least a preliminary telephone conversation, ideally with the person in the external organisation who will be undertaking the enquiry. This enables for discussion to take place regarding:

- the remit and intended outcomes for the enquiry,
- an appropriate and achievable timescale for its return,

- confirmation of the most suitable email address for the template to be sent to the recipient,
- contact details for the lead safeguarding worker within SCC in case any queries arise.

SCC may need to 'cause' a number of different people or organisations to undertake enquiries depending on the nature of the safeguarding concern, particularly where there has been more than one adult at risk or abused or neglected. Relevant partners of SCC include any other local authority with whom it is agreed it would be appropriate to co-operate and the following organisations operating within SCC's boundaries, which include:

- NHS England
- NHS South Yorkshire Integrated Care Board (SY ICB)
- NHS Trusts and NHS Foundation Trusts
- Department for Work and Pensions
- South Yorkshire Police
- Prisons
- Probation services

SCC must cooperate with each of its relevant partners, as described in the Care Act, and those partners must also co-operate with SCC in the exercise of their functions relevant to care and support, including those functions for protecting adults. SCC must also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including (but not limited to):

- General Practitioners (GP's)
- Dentists
- Pharmacists
- NHS Trusts
- Housing
- Health and Care Providers

(Care Act Guidance, 2018)

### **Following receipt of a completed written S.42 (2) enquiry**

Any organisation or person assisting with the undertaking of a Section 42 safeguarding enquiry is under a duty to share the findings and outcomes together with any supporting documentation to SCC who will retain oversight for the overall enquiry. SCC must be satisfied with the robustness of the responses it receives in addressing the aims for the overall enquiry.

The overall safeguarding duty is retained by SCC who must assure itself that the enquiry carried out satisfies its duties under S.42 of the Care Act (2014). SCC has the authority to challenge the organisation caused to undertake an enquiry if it considers that the process and/or outcomes are unsatisfactory. S.42 (2) enquiries

cannot be closed until SCC has determined that the S.42 (2) duty has been met with the following questions having been adequately and robustly addressed:

- Are the findings of the enquiry undertaken satisfactory?
- Is it clear what happened and why?
- Has all necessary and appropriate evidence to support the findings been submitted?
- Is it now understood what or who caused the abuse and is there a protection plan or revision of any existing plan in place to keep the adult (and any others) safe in the future?
- Have appropriate actions been taken to address the source of harm? This could range from a carers assessment or additional support for other adults with care and support needs where they are the source of harm to criminal justice, employer disciplinary action and appropriate referrals to the Disclosure and Barring Service (DBS) and/or professional bodies such as the General Medical Council (GMC), Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC).
- Have the outcomes for the adult been met?
- Does the adult feel safer?
- Has the adult been enabled to maintain involvement with the people who are important to them?
- Has the adult received an apology or access to justice? (redress)
- Does the adult know how to protect themselves in the future?
- Have the risks now been managed? There are 3 potential answers to this question:
  - Risk removed - the circumstances or source of harm have been completely removed e.g. the source of harm is no longer a part of the adult's life, the source of harm no longer has access to the adult to cause abuse and/or policies, procedures and practice have been improved to prevent a reoccurrence of this type of incident.
  - Risk reduced - the circumstances which were causing the risk have been mitigated to some degree. It is acknowledged that there may be valid reasons why a risk can sometimes only be reduced rather than removed entirely.
  - Risk remains - it is possible that a risk may be allowed to remain if that is what the adult with capacity chooses i.e. maintaining a relationship with the source of harm. Whilst it is recognised that it is not always possible to keep adults completely safe, any ongoing risks should be fully explained to the person and mitigated or reduced wherever possible.

SCC must be satisfied itself that enquiry response has been sufficient to deal with the safeguarding concern and to address the adult's outcomes. If not, SCC may undertake any enquiry of its own and undertake appropriate follow up action as may be appropriate such as referral to CQC or professional regulators (Care Act Guidance, 2016).

If SCC is assured that the risks to the adult are now managed as a result of the S.42 (2) enquiry and the person's outcomes are met (agreed by the adult or their representative or advocate), the details for the S.42 (2) enquiry should be recorded and the safeguarding concern can then be closed.

The person who raised the initial concern should receive feedback as appropriate to the situation. If appropriate and safe to do so, please also ensure the adult at risk is given the opportunity to provide feedback on their experience of the safeguarding process.

Other processes such as criminal investigations, Human Resources (HR) processes or complaints may still be ongoing but these should not delay or prevent closure of the safeguarding S.42 (2) enquiry. Once the adult is safe and their outcomes met including a clear process to provide a means for redress or access to justice, the safeguarding concern itself can be closed even where these processes may still be ongoing.

If the adult's outcomes have not been met or the person is unable to manage any ongoing risks then the findings of the S.42 (2) enquiry will need to be reviewed and the risks re-assessed.

### **2.7.5 Review findings, assess risks and any further enquiries**

SCC Adult Care and Wellbeing staff will need to continue to make decisions and evidence-based judgements about safeguarding concerns. Consideration will need to be given to the seriousness of the abuse that has occurred or is occurring, the ability of the adult at risk to protect themselves and the impact of the abuse and the risk of it reoccurring.

Where the findings of a safeguarding enquiry are inconclusive such as when it has not been possible to clearly determine the source of harm then adequate consideration must be given to whether or not the person remains at risk and what needs to happen to keep the person/or others safe. Where it has not been possible to determine a source of harm then it is likely that the risk of harm may still be present and ongoing. Any decisions taken about the adult's case will need to continue to be underpinned by the principles of Making Safeguarding Personal (MSP) and the adult's capacity to decide what they want to happen next.

- The adult needs to be able to understand and, where they have capacity and wish to contribute, to determining the risk management and protection plans i.e. to be given information and strategies to protect themselves.
- Each specific risk identified must have at least one response action(s) assigned to it. For example, engagement of support networks, changes to care plans or support, use of emergency contacts, etc.

- Careful recording will need to be undertaken to note any identified risks which an adult with capacity has chosen to accept. For example, an adult might express a wish to maintain contact with an alleged source of harm because maintaining the relationship is considered by the adult as being more important to them than the risk of potential further abuse.
- Any risk strategies that have been discussed or suggested but have been refused by the adult will also need to be carefully recorded. As an example, a suggestion that the source of harm should only be allowed to visit the adult at times when other people will also be present.

The adult safeguarding plan will no longer be required when the adult is no longer at risk of abuse or neglect or where any remaining risks have reduced to the level that they can adequately and appropriately be managed by the adult or via other alternative means or where an adult with capacity has chosen to disengage with the process. An adult safeguarding case can be closed once the adult safeguarding (protection) plan is no longer required or following a review decision.

More information regarding protection planning can be found in the appendices to this document under 'Sheffield City Council Adult Safeguarding Policy and Procedures Framework' in the Adult Safeguarding section of the Adult Care and Wellbeing Manual.

## **2.8 Safeguarding Outcomes**

Whilst an adult's individual circumstances may differ and situations may change, it is important that safeguarding professionals are not deterred from taking the right course of action in their work. This includes making common sense and proportionate decisions in conjunction with the adult or appropriate others, reducing bureaucracy and increasing timeliness and exiting the safeguarding process earlier than expected if an adult at risk with capacity should request this.

A person cannot make informed decisions about their life choices unless they know what the options are and what the potential implications of selecting those options may be. When safeguarding concerns are raised about people who have care and support needs, are at risk of or experiencing abuse or neglect and unable to protect themselves, our role in Adult Care and Wellbeing is to work with them or their representative or advocate in order to develop a real understanding of what they wish to achieve from the safeguarding process.

The Local Government Association's Making Safeguarding Personal: Guide 2014 (Fourth Edition) reports that by and large people usually express a desire for realistic outcomes and it describes some of the typical outcomes that people wish to achieve:

“What difference is wanted or desired?”

- people are kept safe from continuing harm and/or abuse,
- people feel that they have recovered from the abuse or neglect,
- people are empowered and able to manage their situations,



- people are aware of services and options to meet their needs,
- people have their stated objectives and desired results met,
- people have access to independent advice and support,
- the person believes that their views, worries and wishes are taken seriously,
- the person reports that they haven't had to compromise their safety and wellbeing at the cost of having relationships with other people,
- the person develops stronger networks that are also protective,
- the person knows how to take precautions against harm and how to keep safe,
- the person knows who to contact to find out information,
- the person feels in control and not driven or controlled by the adult safeguarding process,
- the person can get help from someone who is independent.

This is not an exhaustive list. Wherever possible it is better to capture an individual's outcomes using their own words and expressions, for example "I want to feel safe in my own home again".

The adult's outcomes as agreed must be properly considered before a decision is taken to close the S.42 (2) enquiry. If the risks to the adult are now managed, their outcomes have been met and there is no risk present to others, the safeguarding case can be closed. However, where others have been tasked at earlier stages to gather information, safeguarding cannot be closed until all requests for information or caused enquiries have been responded to. This allows for accurate and fully-informed decision making, recording and documentation to take place.

Consider the following:

- Have the adult's outcomes been met?
- Have the adult's outcomes been only partially met?
- Are the adult's outcomes achievable? If there are any issues with this aspect, has this been communicated with the adult or their advocate?
- Does the adult feel safer?
- Does the adult feel satisfied with how their concerns were managed?

The focus of all safeguarding adults work should be on resolution through helping the adult to reach their own desired outcomes to reduce the risk of abuse and or neglect (MSP). Where risks are complex or the adults outcomes are uncertain, further discussion or safeguarding planning considerations may need to take place to enable the adult to achieve resolution or recovery for their future safety or wellbeing.

The relevant professionals must work in partnership to share information and consider options.

Whilst there is no requirement to hold a formal outcome meeting, it may be useful to do so in more complex cases to identify what, if any, further action needs to be taken and by whom. The meeting may need to include:

- Reviewing the adult's outcomes and identifying any reasons for where these may not have been met in full,
- Considering any remaining risks to the adult and what steps may be needed to ensure their own safety in the future,
- Professional outcomes – employers must take action against any employee(s) responsible for abuse and neglect and ensure that suitable referrals are made to the Disclosure and Barring Service (DBS) and any appropriate professional bodies such as the General Medical Council (GMC), Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC). These responsibilities remain with the employer even if the employee is no longer employed by the organisation due to their resignation, retirement or dismissal. It may also be determined that the organisation(s) responsible must update their policies and practices to be reflective of the incident and any opportunities for learning and improved safety.
- Making Safeguarding Personal does not limit any actions which may be required in order to protect any other people who are at risk of harm. However, it may be helpful to address these issues separately to the concerns that directly affect the adult's own situation. A pre-meeting or separate meeting may be required to enable other discussions to take place. The agenda for such a meeting may be subject to data protection laws where for example discussion is needed in relation to employees or People in Positions of Trust – see associated content under 'Allegations against Staff and the Interface with Safeguarding' in the Adult Care and Wellbeing Manual.

The type of meeting and circumstances in which a meeting may need to be held could include:

- An outcomes discussion – usually held between the lead practitioner for the safeguarding case with the adult or their representative or advocate to discuss their outcomes. This usually does not need to take place within a formal meeting setting.
- A meeting arranged and facilitated by Adult Care and Wellbeing with other safeguarding partners and/or the adult.
- A meeting chaired and facilitated by another person, independent of the worker who has had oversight of the S42 enquiry.

As part of the discussion or meeting, a decision should be made regarding whether or not the management of some or all of the risks identified will:

- continue to remain in safeguarding procedures,

- be managed outside of safeguarding procedures such as via other case management or through another process like VARMM. Alternatively, this might be also achieved by offering support to the adult for them to make a complaint in which the adult is supported to express their personal dissatisfaction with a service or an event and might ask for an apology and/or another form of redress.
- be managed elsewhere by another person, team or organisation. It is worth noting that the adult safeguarding process has no power to compel, enforce or sanction others to take action. As a result, the ultimate responsibility for the adult's safety or the safety of others is often established elsewhere. Regulators such as the Care Quality Commission (CQC) play a vital role to make sure that adults receive services from organisations which implement regulatory standards to prevent abuse and neglect and have the power to sanction any regulated providers who fail to adequately do this. In addition, contracts and quality managers and other commissioners of services also have a role to play where there has been a breach by a provider to deliver adequate care or are failing to effectively safeguard any adults in their care.

It is also important to note that the safeguarding adults process no longer determines whether concerns of abuse or neglect are substantiated, unsubstantiated or inconclusive. Instead, the aims and outcomes for adult safeguarding are person-centred (Making Safeguarding Personal) except where the source of harm is a Person in a Position of Trust.

### **Where outcomes are met but ongoing work is required**

There may be occasions when the adults' outcomes have been met but additional work is still needed to address other outcomes such as fully addressing the alleged source of harm. This could include, for example, where a care home has an on-going action plan to improve its overall quality of care or where employee disciplinary or the criminal justice processes are still continuing. For these cases it may be appropriate to close the safeguarding enquiry and schedule a review of the risk management plan at a later date to ensure all outcomes (including any outstanding or ongoing) have been successfully achieved.

If there is agreement that the adult's desired outcomes have been met, that due consideration has been given to the effectiveness of the safety plan in place and who is maintaining the responsibility for this, then the safeguarding case can be closed. At the time of closure, if appropriate and safe to do so, please ensure the adult at risk (or their representative) is given the opportunity to provide feedback on their experience of the safeguarding process so we might make improvements for others in future.

## **2.9 Dispute Resolution and Escalation**

Professional disagreements should be resolved at the earliest opportunity, ensuring that the safety and wellbeing of the adult remains paramount. Any challenges to decisions should be made respectfully of others and resolved through co-operation. Disagreements may arise across a number of different areas and staff should always

be prepared to review their decisions and plans with an open mind. Appropriate channels of communication should be established to avoid misinterpretation and any ongoing disagreements should be discussed through dialogue. The most important consideration is for assurance that the adult is safe.

In the event that operational staff are unable to resolve matters, more senior managers should be consulted with liaison between managers from different organisations where a number of agencies are involved. Multi-agency network meetings can be a helpful way to explore any issues with a view to improving practice for the future. In exceptional circumstances or where it is likely that partnership protocols are needed, the Sheffield Adult Safeguarding Partnership can become involved. In the case of care providers, any unresolved disputes should be raised with the relevant managers leading on the concern and commissioners.