



Local Operating
Guidance for
safeguarding adults
concerns and Section
42 enquiries

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Hull Safeguarding Adults Partnership Board

Local Operating Guidance for safeguarding adult concerns and Section 42 enquiries

1. Introduction

1.1 This Local Operating Guidance is written in line with the Care Act 2014 and the Making Safeguarding Personal principles which underpin safeguarding practice as defined within the Act. Making Safeguarding Personal (MSP) marks a shift in culture and practice to ensure that the person being safeguarded is involved throughout and is able to define what actions are taken to support them to be safe. The focus is on improving quality of life, well-being and safety.

1.2 Throughout this guidance, the key focus is on developing a real understanding of what the person being safeguarded wishes to achieve, and agreeing, negotiating and recording their desired outcome or goal. It is about working out with the person (and their representative or advocate if the person lacks capacity) how best to bring about those outcomes, and then being able to measure our success in this.

[Find out more about Making Safeguarding Personal here](#)

(or visit

<http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>)

1.3 This guidance is for use by all agencies involved in safeguarding adults with care and support needs in Hull. It explains the local safeguarding practice and supports Chapter 14 of the Care Act 2014 which provides national statutory guidance in relation to adult safeguarding.

1.4 The Act gives each local authority the statutory lead. It also sets nationally agreed definitions for care and support needs, types of abuse and when the local authority statutory duty to undertake a safeguarding enquiry applies under Section 42 of the Act.

1.5 It has moved safeguarding to an outcome-focussed enquiry where the person's wishes and feelings directly inform outcomes. It recognises that adults can have complex lives and that being safe is only one of the things they want. Safeguarding is addressed within that context.

1.6 The purpose of an enquiry under the Act is to prevent or stop abuse from occurring and to safeguard adults in a way that supports them in making choices and having control about how they want to live. Substantiating abuse or neglect is no longer an outcome in this local operating guidance.

[Access Chapter 14 of the Care Act here](#)

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

1.7 This guidance describes how the safeguarding duty (known as the Section 42 duty) will be applied in Hull to reflect outcome focussed and person-centred safeguarding practice in the city. It explains the stages of safeguarding work from raising a safeguarding concern, undertaking a Section 42 enquiry, through to Safeguarding Plans and reviews.

1.8 It is important to note that the Care Act guidance warns against prescribing a process for addressing safeguarding concerns which must always be followed and stresses the importance of engaging the person in a conversation about how best to respond to their particular situation. This operating guidance supports that approach.

1.9 The adult safeguarding duties apply to an adult who:

- needs care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those care and support needs, is unable to protect themselves from either the risk, or the experience of, abuse and neglect

If someone aged 18 or over is receiving support from children's rather than adult services, any safeguarding concerns should still be addressed under the adult safeguarding framework.

1.10 Policies and pathways to deal with concerns regarding Children and Young people can be accessed by:

[Visiting the Procedure manual here](#)

(or visit <http://hullscb.proceduresonline.com/>)

[Visiting the Female Genital Mutilation \(FGM\) pathway here](#)

(or visit http://hullscb.proceduresonline.com/chapters/p_fem_gen_mutil.html)

[Visiting the Unborn procedures and guidance here](#)

(or visit http://hullscb.proceduresonline.com/chapters/p_multi_age_unborn.html)

2. Reporting and responding to abuse or neglect in Hull

Safeguarding principles

2.1 In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult – whether in a volunteer or paid role – must understand their own role and responsibility. They must also have access to practical and legal guidance, advice and support; this will include understanding this guidance.

2.2 The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response. This could be a conversation exploring the outcomes the person would like to achieve.

2.3 Proportionality is key and the six safeguarding principles should be followed which will ensure the person is at the centre of any actions or decisions at every stage. The six safeguarding principles are:

- Empowerment

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

- Prevention

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

- Proportionate

"I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."

- Protection

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent I want."

- Partnership

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

- Accountability

"I understand the role of everyone involved in my life and so do they."



Good practice tip...use the six principles in planning any safeguarding enquiry. Where the person has **mental capacity**, consider using the 'I statements' to make sure the person is never left behind.

3. Differentiating between poor care and potential safeguarding issues

3.1 Defining abuse can be complex, but it can involve intentional, reckless, deliberate or dishonest acts by the perpetrator.

3.2 Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- the Care Quality Commission ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action

- the core duties of the police to prevent and detect crime

3.3 There are incidents of poor care or concerns about regulatory issues that are separate from the safeguarding concerns reported into the Multi-Agency Safeguarding Hub (MASH).

The nature and timing of the intervention and who is best placed to lead will partly be determined by the circumstances. For example, where there is poor, neglectful care or practice, then an employer-led disciplinary response may be more appropriate. Commissioning or regulatory enforcement action may also be appropriate.

3.4 There is a separate policy in Hull which deals with provider issues relating to poor care.

Below are some examples demonstrating the difference between poor care and abuse or neglect. Poor care might include:

- a one-off medication error (although this could, of course, have had very serious consequences)
- an incident of under-staffing, resulting in a person's incontinence pad not being changed in a timely manner
- poor quality, unappetising food
- one missed visit by a care worker from a home care agency

Potential indicators of a safeguarding concern might include:

- a series or pattern of medication errors
- an increase in the number of visits to A&E, especially if the same injuries happen more than once
- changes in the behaviour and demeanour of adults with care and support needs
- repeated failure to support someone with eating and drinking
- clothes and person being dirty/unkempt
- repeated missed visits by a home care agency
- an increase in the number of complaints received about the service
- an increase in the use of agency or bank staff
- a pattern of missed GP or dental appointments
- an unusually high or unusually low number of safeguarding alerts

3.3 There should be careful analysis to understand what is intentional and what is unintentional harm. However, where there is unintentional harm due to a lack of guidance for staff, this may also constitute organisational abuse.

4. Types of abuse and neglect

4.1 This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not an exhaustive list but a guide to different types of abuse and the sort of behaviour which could give rise to a safeguarding concern. Abuse and neglect includes:

- **Physical abuse** – for example, assault, hitting, slapping, pushing, misuse of medication, and unlawful restraint.
- **Psychological abuse** – for example, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, and unreasonable and unjustified withdrawal of services or supportive networks.
- **Sexual abuse** – for example, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, and sexual assault.
- **Financial or material abuse** – for example, theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements (including in connection with wills, property, inheritance or financial transactions), and the misuse or misappropriation of property, possessions or benefits.
- **Domestic abuse** – this can include physical, psychological, sexual and financial abuse. It can also include emotional abuse, Female Genital Mutilation and so-called ‘honour-based’ violence.
- **Modern slavery** – this includes slavery, human trafficking, forced labour, and domestic servitude. Modern slavery is characterised by traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – for example, harassment, slurs or other mistreatment because of race, gender, gender identity, age, disability, or sexual orientation.
- **Organisational abuse** – this can include neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – for example, ignoring medical, emotional or physical care needs. It can also include the failure to provide access to appropriate health, care and support or educational services, and the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – for example, a person neglecting to care for their own personal hygiene, health or surroundings, including behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

4.2 Incidents of abuse may be one-off or multiple, and affect one person or more.

Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CCG, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

5. Responding to a safeguarding concern

5.1 A safeguarding concern is when you see, or have been told about, something that makes you think a person with care and support needs may be at risk of, or is experiencing, abuse or neglect



Good practice tips on responding to a safeguarding concern...

- consider the situation in more detail and, if possible and safe, discuss your concern with the person who is affected and ask them what they want to happen to help keep them safe
- speak with the person in a private and safe place
- accept what the person is saying
- don't 'interview' the person; establish the basic facts avoiding asking the same questions more than once
- ask them what they would like to happen and what they would like you to do
- don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why
- if there are grounds to override a person's consent to share information, explain what they are
- explain how the adult will be involved and kept informed
- provide information and advice on keeping safe and the safeguarding process
- make a best interest decision about the risks and protection needed if the person is unable to provide informed consent

5.2 If possible, agree what actions you or they can take to help them protect themselves and resolve the situation. If further actions or enquiries are needed to resolve the situation, or you need to discuss the situation or actions you plan to take, contact the Multi-Agency Safeguarding Hub (MASH) and ask to speak to a Duty Officer **Tel: 01482 616 092**. Before doing so, it may be necessary to consider what immediate steps are needed to protect the person. This includes whether you decide to refer the matter to the police as a criminal investigation. Early engagement with the police is vital to support a criminal investigation; **the non-emergency contact number for the police is 101**.

5.3 Having conducted your own preliminary enquiries, and in consultation with the person and the MASH wherever possible, if you believe the risk of abuse or neglect remains and further enquiries are needed, you should complete a Safeguarding Adults Concern form.



Good practice tip...use this as a checklist for completion of the Safeguarding Adults Concern form:

- Record the date when the concern is being raised, and include all of the person's basic details as directed.
- Describe any communication needs, for example, the need for an interpreter, British Sign Language etc.; details of family or friend who can support with communication;

does the person have cognitive impairment or a learning disability; can the person communicate with Makaton, flash cards etc.

- Consent – the expectation is that, in all but rare circumstances, you will have sought and gained the consent of the person to formally raise this safeguarding concern on their behalf; please see Section 6 of this guidance. If you encounter difficulties in gaining consent please provide details of the difficulty and how you have tried to overcome this.
- Mental Capacity – if the person does not have the capacity to consent to your contacting the MASH, please complete the concern form using the Mental Capacity Act Guidance and include details of the Mental Capacity Assessment and Best Interest decision-making process you have followed.
- Provide details of the person or organisation believed to be abusing or neglecting the person(s).
- Provide a detailed and clear account of the safeguarding concern. Record the date and time of the incident to which the concerns relate and where it happened. If the situation is ongoing please say so. Record in as much detail as possible what happened, whether the incident was witnessed or not, who was present/involved, the seriousness of injuries sustained, immediate action taken and any measures in place to reduce risks or prevent it happening again.
- If the police have been informed, please record the Crime Reference Number given when reported, or if you have a police contact name, please provide this information.
- Record if you are aware of any other services involved in the support of this person.
- Advise of any known risks to the person, children, others, professionals, or the environment.
- Record your own details and contact details in full.
- Person-centred outcomes – when you seek consent from the person or their representative, where possible ask them what they want to happen, establish whether they feel safe, and whether they know how to keep themselves safe. Any outcomes identified must be realistic and achievable.

Here are some examples of the types of outcomes people might identify:

- I want the abuse to stop and to feel safe
 - I want to be involved in what happens next
 - I want the police to take further action
 - I don't want that carer to support me anymore
 - I want to prevent this from happening to anyone else
 - I don't want any action taken
 - I love my partner I just want them to stop hitting me
- If you are able to discuss outcomes with the adult, discuss ways they think their outcomes can be achieved, for example, an adult punched by another resident may think that moving to an alternative room, and putting distance between the two residents, may achieve their desired outcome. Record the person's desired outcomes on the form.

Email completed Adults Safeguarding Concern forms to:

adultsafeguarding@hullcc.gcsx.gov.uk

If you do not have access to email, forms can be **faxed to 01482 318 217** or sent to **The Adults Safeguarding Team, Brunswick House, Strand Close, Beverley Road, Hull, East Yorkshire, HU2 9DB**



Good practice tip...contact the MASH to discuss your concern before formally submitting a Safeguarding Adults Concern form can help you in working out what you need to do, what information would be needed on the form and can lead to a more timely resolution for the person at the centre of the concern.

5.4 The MASH is not part of emergency services and currently works office hours. If a concern comes to your attention outside of office hours, consider the following:

- Can you safeguard the situation in the short term or is additional support or input required?
- If you believe there are concerns for the person's immediate well-being that you are unable to address yourself, you can contact the **Out of Hours Service** to request a visit, or request they make phone contact with the person. The out-of-hours team will not be responsible for formally raising the safeguarding concern; they will simply check on immediate well-being and arrange any immediate support that might be required. It remains your responsibility to complete the preliminary enquiries and reach a decision on the need to submit a Safeguarding Adults Concern form to the MASH. If a welfare visit is required, you can contact the **Out of Hours Service on 01482 300 304**
- If you believe a **criminal investigation** might be required, contact the police on 101 and share details of your concern.
- If you believe the person is experiencing an **acute mental health crisis** and is at serious risk of harming themselves or others, contact the Hull Mental Health Crisis Team direct on 01482 335 787.

See Appendix A: Responding to a concern for more information on what to consider, who to involve and when to involve them.

6. Gaining consent

6.1 As a general rule, no decisions should be made or actions taken without the consent of the person you are concerned about. The Safeguarding Adult Concern form should include detail on how consent was gained. There will however be occasions when it will be necessary to raise a concern without the person's consent and this will include situations where:

- there is a risk of **serious** harm to the well-being and safety of the person or others, this is often referred to as 'Public Protection' and consent is sometimes overridden in these instances
- it is necessary to prevent crime or you are concerned a crime may have been committed
- the person lacks mental capacity to consent – the Mental Capacity Act (MCA) procedure and guidance must be adhered to and evidenced
- gaining consent would put the person at further risk



Good practice tip...always try to obtain consent in writing. Explain what information you will be sharing, who with and how it will be used and stored.

- 6.2 When raising a concern without consent, you should inform the person with care and support needs about this decision and the reasons for taking this action (unless telling them at the point of raising the concern would jeopardise their safety or the safety of others). This will ensure they understand why actions they have not consented to are being taken and what will happen next.
- 6.3 If the person has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and be confident that the person is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the person that this action is being taken unless doing so would increase the risk of harm.

Case studies

1. Consent not given

Dan has mild learning disabilities, but lives quite independently in the community. There are safeguarding concerns regarding financial abuse by his brother who has a drug addiction and often steals from Dan to support his addiction.

Dan values the relationship with his brother and does not want that to be affected.

Dan tells his support worker that his brother has stolen £15 from him to buy drugs but he is adamant that he does not consent to a safeguarding concern being made and does not consent for this information to be shared.

Dan wants it to stop but does not want his brother to get into trouble.

The support worker works with Dan to identify ways he can keep himself safe and makes sure Dan knows who he can contact and what he can do if he wants to change his mind, or if the situation gets worse. The worker does not have consent and no other person is at risk to override consent in the public interest.

2. Consent overridden

Martha has a long-term health condition and receives home care services twice a day. She has grown very fond of a particular worker who she really likes.

There are safeguarding concerns regarding financial abuse by this worker and it seems that Martha is having money going missing.

Martha refuses to give consent for a safeguarding concern to be made. She says she can afford the odd £10 here and there and does not want the worker to get into trouble.

In this case there are other people who are potentially at risk of financial abuse. Martha's consent is overridden as there are public protection issues and a safeguarding concern is reported.

7. Decision-making

7.1 When a formal Safeguarding Adult Concern form is received by the MASH, a decision is made about what needs to happen next. The degree of involvement from the MASH will vary from case to case.

7.2 In some instances it might be that the actions taken by the person raising the concern have been sufficient to address the risks and have been successful in preventing or stopping the abuse or neglect, with no S42 enquiry being undertaken. In some instances it is clear that further enquiry is needed. Sometimes this will be undertaken by a member of the MASH, sometimes by the organisation or the person raising the concern. However, sometimes the enquiry will be undertaken by a professional body not directly involved in raising the initial safeguarding concern.

7.3 At this decision-making stage, the following will be considered:

- the immediate safety of the person at risk and whether an interim Safeguarding Plan is required
- the consent and capacity of the person at risk (see Section 6 of this guidance)
- the need for advocacy (see Section 8 of this guidance)
- initial views and wishes of the person at risk; begin to explore what actions they want taking and if possible what resolution they are hoping for
- whether a crime has taken place
- whether actions so far have completed the enquiry, in which case, consider whether any other follow-up action is required
- a proportionate response to decision-making itself, that is to say, whether it requires an informal conversation with the person at risk or a more formal multi-agency discussion

- whether the concern meets the eligibility criteria for a Section 42 Enquiry as detailed in Section 1.7 of this guidance
- where a Section 42 Enquiry is to be undertaken, who is the best person to lead on and/or carry out the enquiry; this decision will be made by the MASH in consultation with other relevant bodies, including the person at the centre of the concern or their representative
- what, in broad terms, the enquiry plan will look like and how agency interventions will be co-ordinated



Good practice tip...always record your actions, think about who might read them (HM Coroner, Crown Court Judge, the adult or their family, and your peers), and think about the language you use and ensure the record is able to prompt your memory many months – or even years – after about why you made that decision.

8. Advocacy

8.1 Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options and assist them in making their own decisions.

8.2 Section 68 of the Care Act 2014 requires that a local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review. This should take place where an adult has 'substantial difficulty' in being involved and where there is no other appropriate individual to help them.

The Care Act defines four areas where people may experience substantial difficulty, these are:

- understanding relevant information
- retaining information
- using or weighing information
- communicating views, wishes and feelings

8.3 A family member or friend can advocate on their behalf if appropriate, but the 'appropriate individual' cannot be:

- already providing care or treatment to the person in a professional capacity or on a paid basis
- someone the person does not want to support them
- someone who is unlikely to be able to, or available to, adequately support the person's involvement
- someone implicated in an enquiry into abuse or neglect or who has been judged by a safeguarding adult review to have failed to prevent abuse or neglect

8.4 The role of an 'appropriate individual' under the Care Act is different to that of an individual with whom it is 'appropriate to consult' under the MCA. Under the Care Act, the appropriate individual's role is to **facilitate** the person's involvement, not merely to consult with them and make decisions on their behalf.

See Appendix C for more information on whether an advocate is needed.

9. Section 42 enquiries

9.1 When a safeguarding concern is raised, and the local authority is satisfied that the situation meets the eligibility criteria described in Section 1.7 of this guidance, it must ensure that an enquiry is undertaken in accordance with Section 42 of the Care Act 2014. According to Section 42 of the Act, the purpose of the enquiry is to decide whether and what action should be taken to prevent or stop abuse or neglect of the eligible person, and to clarify what these actions are, who is to undertake them, and by when.

9.2 Hull City Council has the lead role for undertaking and overseeing enquiries; it may require other partners (including managers of council-run service provision) to undertake specific enquiries (i.e. cause enquiries to be made) under S42 of the Care Act 2014. The specific circumstances will usually determine who the right person is to begin an enquiry.

9.3 It should be noted that while the council can cause an enquiry to be undertaken by individuals/organisations, it cannot delegate this function entirely; the overall decision making, or the need to ensure the enquiries and actions have been undertaken, remains with the council. The council will be responsible for ensuring that when it causes an enquiry, or part of an enquiry, it is referred to the right place and is acted upon. This will include:

- clearly communicating the request to complete an enquiry, or part of an enquiry, to an accountable person in the organisation, including an explanation of why they are best placed to do this
- being satisfied that the organisation undertaking the enquiry is competent to do so and that there is no conflict of interest in this organisation (or person) undertaking this role
- confirming the legal context of the request, the statutory nature of the duty to co-operate under S6, and the duty of candour under S81 of the Care Act 2014
- agreeing the timescale within which the enquiry should be completed
- agreeing the actions that should be undertaken and **initiating** the Enquiry Plan as described above
- confirming how the enquiry outcomes will be fed back to the council (e.g. by written report, verbal account or meeting), and to whom
- recording the actions agreed with the accountable person

9.4 The objectives of a S42 Enquiry into abuse or neglect are to:

- Establish the facts.
- Ascertain the person's views, wishes and preferred outcomes. Wishes need to be balanced against other factors, such as the level of risk to the individual or to others. However, safeguarding must recognise that people have the right to take risks, even when they lack mental capacity and the right to safety must be balanced with other rights, such as the rights to liberty, autonomy and family life.
- Assess the needs of the person for protection, support and redress and how they might be met.
- Protect from the abuse and neglect in accordance with the wishes of the person.
- Make decisions as to what follow-up action should be taken about the person or organisation responsible for the abuse or neglect.
- Enable the adult to achieve resolution and recover.

9.5 See Appendix D for details of the enquiry planning process through to the enquiry outcome and review.

The S42 should be tailored to the individual circumstances of the case, but should cover the following aspects:

- In gaining the views, wishes, consent, and desired outcomes of the adult (or planning how these views and wishes will be gained) it will be important to consider the person's emotional, physical, intellectual and mental capacity in relation to self-determination and consent. Any intimidation or other undue influence will have to be assessed and accounted for.
- Deciding if an independent advocate is required or planning how information will be gained to enable this decision to be made.
- Identifying what information needs to be gathered and shared.
- Agreeing what enquiries are needed and who will do these, and agreeing a timescale.
- Assessing risks, and formulating an interim Safeguarding Plan to promote safety and well-being while enquiries are undertaken.
- Considering how the person alleged to have caused harm is to be involved in the enquiry process.

9.6 Principles to adhere to when undertaking the enquiry include:

- everyone involved in an enquiry must focus on improving the person's well-being and must work together to that shared aim
- the person should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse
- the safeguarding process should be empowering and supportive for the person involved; practitioners should, wherever practicable, seek the consent of the adult before taking action
- the enquiry should reflect the outcomes that the person wishes to achieve

- the person (or their representative or independent advocate) should be included as far as possible throughout the process
- if in the progress of the enquiry the person alters their view of their desired outcomes, this should be reflected in the enquiry and the MASH should be informed of this
- the person (or their representative or independent advocate) must be informed of the outcome of the enquiry

9.7 Each enquiry will be different, as the desired outcomes will be defined by the person themselves, and the context in which the enquiry is undertaken will be different for each person. However, it is expected that in undertaking an enquiry the following areas will be explored and commented on:

- details of the initial safeguarding concern raised
- the view of the person or their representative/advocate in response to this concern, what risks they believe they are exposed to, what outcomes they want to achieve and how they wish to achieve these outcomes
- relevant information available about the person at risk such as health conditions, level of care/support need, lifestyle, family networks, routines, likes and dislikes
- details of how the abuse has impacted on the person's well-being, whether this is enduring and to what extent; summarise the changes resulting from the abuse
- was there a need to assess the adult under the MCA in relation to this safeguarding S42 Enquiry; include any MCA documentation when feeding back on the outcome of the enquiry
- if a formal advocate was needed, their details and the reasons for their needing to be involved should be included in the feedback given to the MASH
- details of the actions taken by the Enquiry Officer through the S42 Enquiry in response to the safeguarding concern (for example, consultations undertaken, documentation reviewed), other processes that provided information, identified risks to the person/others, and the outcome of these; include a summary of action taken with regard to the identified risks, to prevent further incidents.
- any documents that inform the summary of the enquiry (copies of these should be forwarded when giving feedback to the MASH)

9.8 The findings from the enquiry should be shared and discussed with the person, their representative or advocate, and consideration given to what extent the person's outcomes have been achieved. At the same time, the enquiry officer should take the opportunity to discuss the safeguarding plan with the person, their representative or advocate; the views of the person in respect of both discussions should be recorded. After sharing the enquiry outcome with the person and ensuring their views are fully recorded, the outcome will be fed back to the MASH in its agreed format for local authority consideration and sign-off.

9.9 If the enquiry officer is external to the MASH, they will need to share their outcome initially with the named manager or safeguarding lead within their organisation before feeding back to the council. Both the person who has completed the enquiry and the person who has had oversight of the outcome of the enquiry should be identified by name and role in the feedback to the MASH.

Hull City Council **must** satisfy itself that the enquiry has been concluded effectively and determine if it needs to undertake any further enquiries under S42 of the Care Act 2014.

10. Safeguarding Plan

10.1 The purpose of a Safeguarding Adults Plan is to formalise and coordinate the range of actions to protect the adult and to support them to recover from the experience of abuse or neglect. Safeguarding Adults Plans should be individual, person-centred and outcome-focused, following the direction in section [14.111 of the Statutory Guidance](#) (or visit <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>) and should set out:

- what steps are to be taken to assure the person's safety in future
- the provision of any support, treatment or therapy, including on-going advocacy
- any modifications needed in the way services are provided (for example, same gender care or placement, appointment of an Office Public Guardian deputy)
- how best to support the adult through any action they take to seek justice or redress
- any ongoing risk management strategy as appropriate
- any action to be taken in relation to the person or organisation that has caused the concern

10.2 A Safeguarding Plan may not always be required. The outcome of the enquiry may be that no further steps are required, or that ongoing risks can be managed or monitored through single agency processes, for example, assessment and support planning processes, community policing responses or health service monitoring. Where no Safeguarding Plan is required, the safeguarding process will end and the agreed outcomes will be recorded.

10.3 Provision of information, advice, signposting and other actions may need to continue under other processes, for example, addressing potential risks from people who are employed in positions of trust through referrals to the [Disclosure and Barring Service](#) (<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>) ; ongoing monitoring by commissioning teams or Hull City Council contract compliance officers, or regulatory inspection/action by the Care Quality Commission.

It should be noted that a Safeguarding Plan will usually be required in the following situations:

- where the risk of abuse or neglect is ongoing, complex and unstable;
- where the risk of harm to the adult or others is significant;
- where other factors such as coercion, undue influence or duress add to the complexity and uncertainty of the risk; and
- where the risk cannot be managed appropriately or adequately by other processes

These types of situations will require a greater level of scrutiny and review, usually within a multi-agency context.

10.4 Outcomes for Safeguarding Adults Plans should aim to be **SMART** (Specific, Measurable, Achievable, Relevant and Time-bound). The identified lead professional should monitor the plan on an ongoing basis and lead review processes in accordance with the views and outcomes of the adult concerned and within the timescales agreed on the plan.

The Safeguarding Plan will be signed off by the MASH and shared with all relevant parties. It will include an identified review process specific to the person's individual circumstances. The professional body responsible for overseeing this review process will be identified within the Outcome Report and Safeguarding Plan, and timescales for review will be set.

11. Safeguarding Plan review

11.1 The purpose of the review process is to evaluate:

- the ongoing effectiveness of the Safeguarding Adults Plan
- whether the plan is continuing to meet/achieve the adult's outcomes
- levels of current and ongoing risk

The review of a Safeguarding Adults Plan should consider one of the following outcomes:

- **the Safeguarding Adults Plan is no longer required**
- **the Safeguarding Adults Plan needs to continue** – any changes or revisions to the plan should be made, new review timescales set and the lead professional to monitor and review the plan must be identified
- **the Safeguarding Adults plan can be incorporated into other care and support processes** – for example, it may be appropriate to integrate safeguarding interventions into the person's ongoing support plans

12. Closing the Section 42 enquiry

12.1 Safeguarding Adults Enquiries and/or Plans can be closed in the following circumstances:

- information identifies that the safeguarding process is no longer required
- at any time where the Safeguarding Adults Plan is no longer required
- an adult with capacity who has care and support needs removes consent to continue with the safeguarding enquiry and/or plan and there are no overriding public or vital interest considerations that would overrule their wishes.

The Safeguarding Adults Plan will no longer be required when the adult is no longer at risk of abuse or neglect, or risks have reduced to the level that they can adequately and appropriately be managed or monitored through single agency processes, e.g.

assessment and support planning processes, community policing responses or health service monitoring.

13. Referrals to the Disclosure and Barring Service or professional bodies

13.1 Where allegations have been made in relation to an employee, volunteer or student, the **employer/student body must assess the risk** in the context of their service and consider appropriate risk management arrangements, taking into consideration their own internal policies and procedures and employment law. This may include actions, such as changes to their working arrangements or suspension

13.2 There is a legal duty on regulated activity providers and personnel suppliers to make a Disclosure and Barring Service referral, where the criteria are met. The guidance produced by the Disclosure and Barring Service should be consulted in reaching a decision as to the appropriateness of a referral. Referrals to other professional bodies such as the Nursing and Midwifery Council may also be made by the employer.



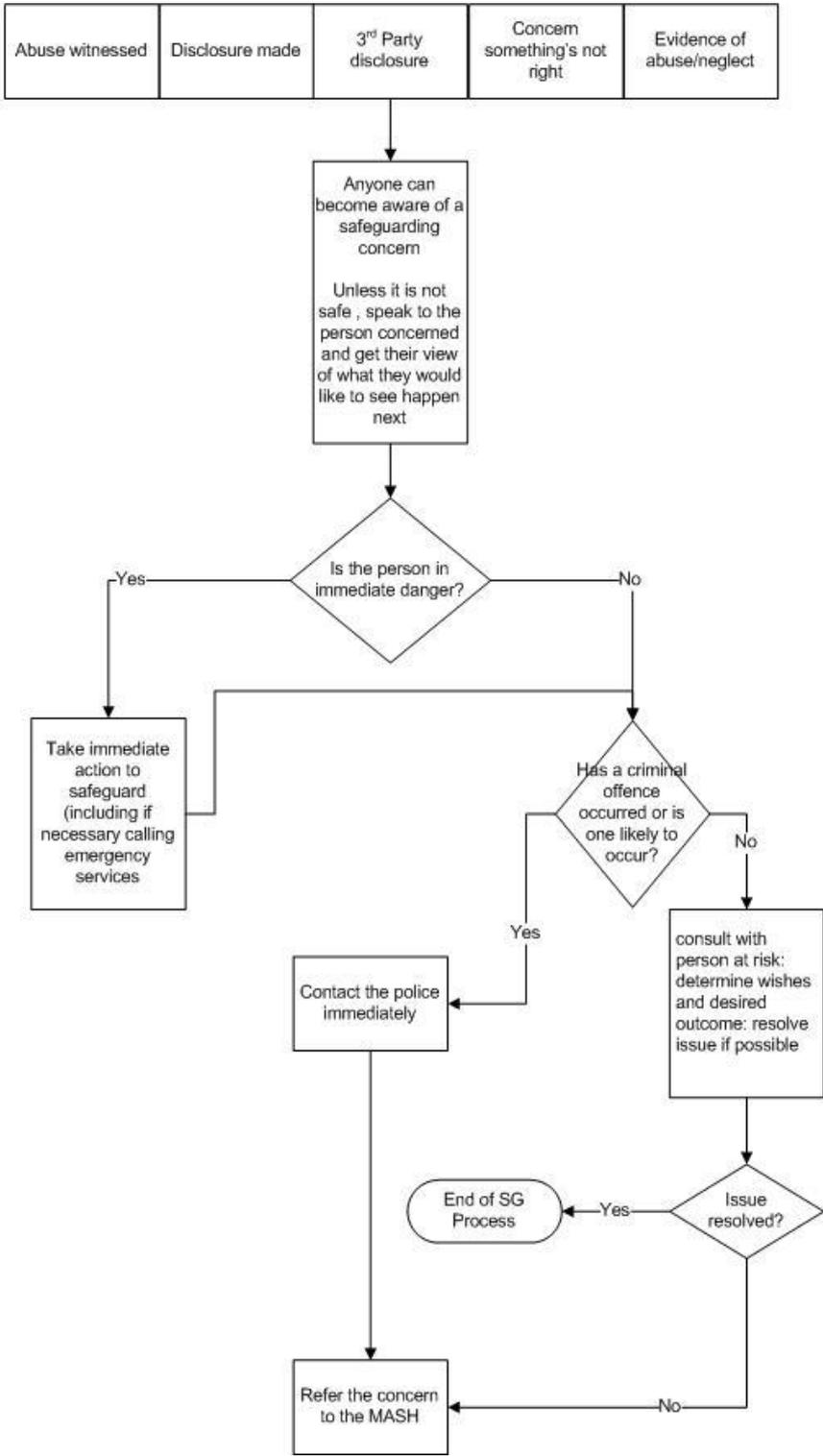
Good practice tip...employers must continue with any internal investigation even if an employee resigns before it is concluded. If the investigation concludes harm to a person with care and support needs has taken place then a referral to the Disclosure and Barring Scheme or other relevant professional body must still be made.

Safeguarding at a glance

Appendix A: Responding to a concern table and flowchart

Responding to a concern				
	Main activities	Responsibility	Target timescales: (organisations only)	
Responding to a concern	<p>An adult with care and support needs is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inform the Agency Safeguarding Lead (organisations only) <input type="checkbox"/> Establish wishes and desired outcomes of the adult at risk <input type="checkbox"/> Gather information and obtain consent (apply MCA guidance where incapacitated) <input type="checkbox"/> Evaluate risk and immediate safety of the person <input type="checkbox"/> Take actions to safeguard the adult (and or other adults/children) <input type="checkbox"/> Need to override person's wishes? <input type="checkbox"/> Where required assess mental capacity and act in 'best interests' <input type="checkbox"/> Discussion with MASH beneficial? Tel: 616 092 <input type="checkbox"/> Record issues and actions 	<p>Any person</p> <p>The adult at risk</p> <p>Members of the public, friends, family</p> <p>Agency Safeguarding Lead</p> <p>Any staff in an emergency</p>	<p>Responding to a concern</p> <p>Immediately where urgent and serious or within same working day</p>	RISK ASSESSMENT AND SAFEGUARDING PLANNING
Decisions	<p>Whether to report a Safeguarding Concern</p> <ul style="list-style-type: none"> <input type="checkbox"/> Issue resolved or need to progress? <input type="checkbox"/> Whether a crime needs to be reported. Tel: 101 <input type="checkbox"/> Whether emergency services are required (ambulance, police) to keep a person safe. Tel: 999 <input type="checkbox"/> Notify regulator (where applicable). CQC Tel number 03000 616161. <input type="checkbox"/> Record actions and decisions 	<p>The individual</p> <p>Member of the public</p> <p>Relative</p> <p>Agency Safeguarding Lead (in an organisation)</p> <p>Any staff in an emergency</p>	<p>Reporting a concern</p> <p>Immediately where urgent and serious or within same working day</p>	
<p>Concern remains:</p> <p>Complete Safeguarding Adults Concern Form following checklist in Section 5.3 in this Local Operating Guidance (LOG)</p> <p>Email to the MASH adultsafeguarding@hullcc.gcsx.gov.uk or Fax 01482 318 217</p>				

Reporting a concern



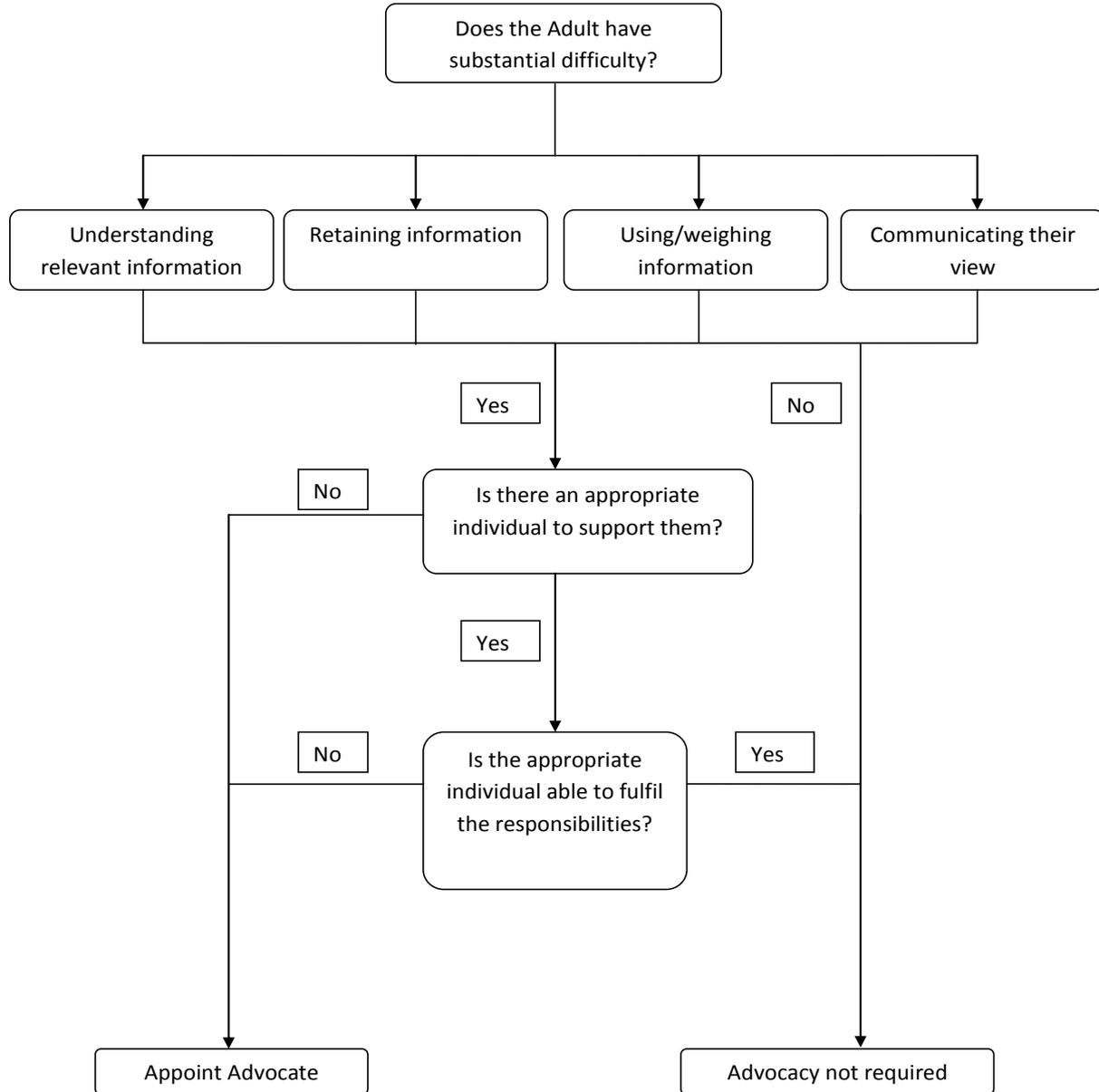
Considered Mental Capacity Act where appropriate

Appendix B: Responding to initial enquiries table

Responding to initial enquiries				
	Main activities	Responsibility	Target timescales: (organisations only)	
Initial enquiries	<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate risk and immediate safety <input type="checkbox"/> Confirm/establish consent and capacity to make relevant decision(s). Apply MCA Guidance where required. <input type="checkbox"/> Consider need for representation/independent advocate <input type="checkbox"/> Hold discussion with the person or representative <input type="checkbox"/> Confirm/establish wishes and desired outcomes of the person at risk <input type="checkbox"/> Confirm causes for concern <input type="checkbox"/> Gather information <input type="checkbox"/> Agree action to be taken <input type="checkbox"/> Take immediate actions to safeguard the adult (and or other adults/children) <input type="checkbox"/> Report to police if required 	MASH member to undertake or arrange through a professional well known to the person	At the earliest opportunity, keeping the adult at risk of abuse or their representative and other relevant parties informed of progress	
Decisions	<p>Decide if the person is an 'Adult with care and support needs' within the definition of Care Act 2014 and the S42 duty is met</p> <ul style="list-style-type: none"> <input type="checkbox"/> Decide if further actions or enquiries are required within this procedure <input type="checkbox"/> Decide whether other parties need to be involved in the decision-making process <input type="checkbox"/> If enquiries not required consider outcomes required <input type="checkbox"/> If concern not yet resolved, decide what the S42 enquiry plan will broadly look like <input type="checkbox"/> Co-ordinate agencies' involvement in S42 Enquiry <input type="checkbox"/> Agree an interim Safeguarding Plan <input type="checkbox"/> Notify the person raising the concern of the decision 	<p>MASH member</p> <p>MASH decision-maker/ provider with relevant partner agencies and person at risk as appropriate</p> <p>MASH member</p>	Within 5 working days of the initial enquiry being raised with the MASH, or sooner if the situation requires this	

Record actions, considerations and decisions. If a Section 42 Enquiry is required, allocate. If the MASH is 'causing' another party to undertake the S42 Enquiry, or part of the S42 Enquiry, inform the relevant manager/safeguarding lead within the organisation, and provide clarity as to the purpose and parameters of their enquiry including timescales. Agree a format for feedback on their enquiry. Please refer to section 9.3 in this LOG for further details.

Appendix C: Advocacy flowchart



Appendix D: S42 enquiries table and flowchart

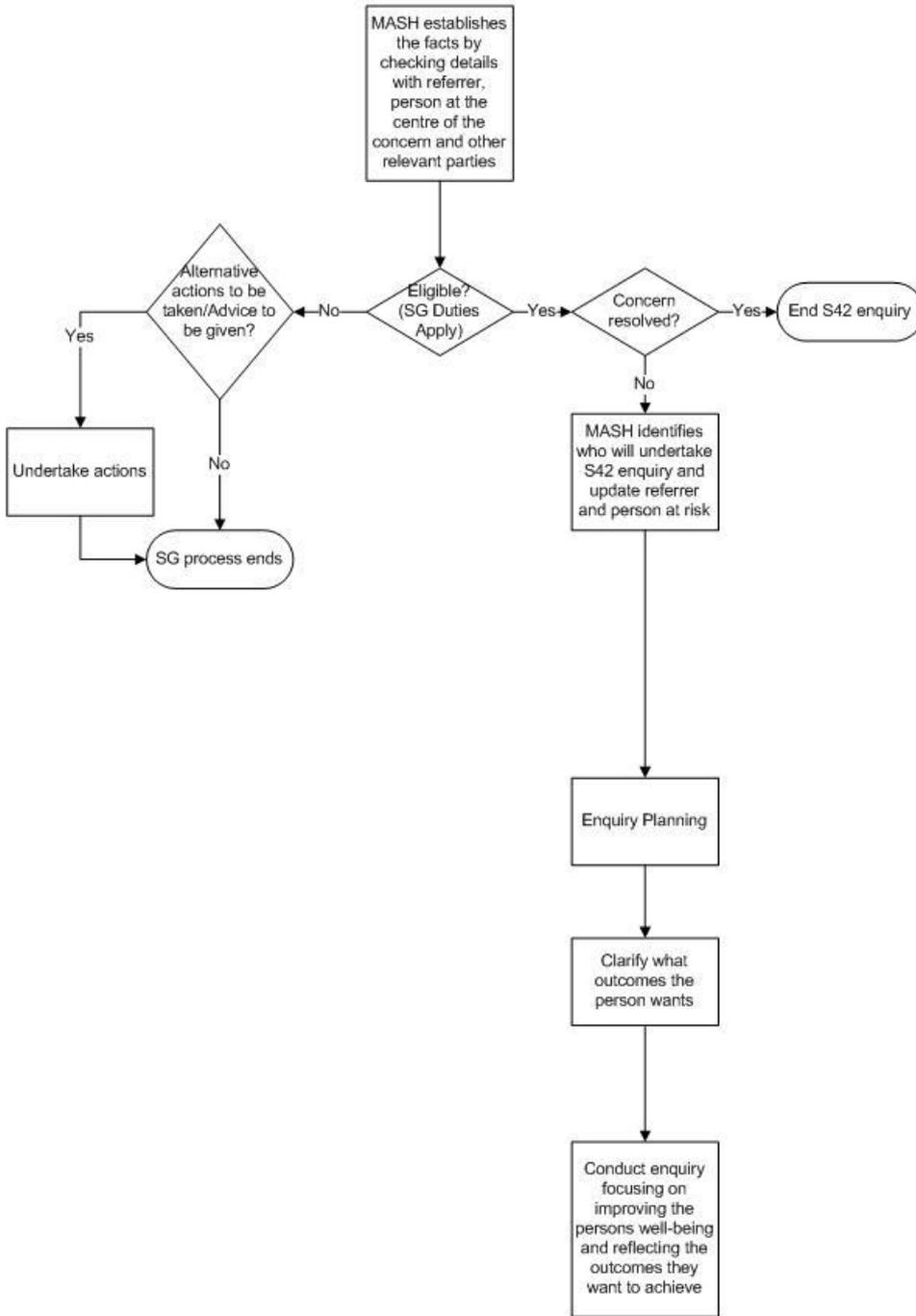
S42 Enquiry				
	Main activities	Responsibility	Target timescales: (organisations only)	
Formal enquiry	<p>Carry out enquiries as agreed in Enquiry Planning Discussion/Meeting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clarify the original concern <input type="checkbox"/> Establish the facts, including health conditions, family life, lifestyle choices, routines, likes and dislikes... <input type="checkbox"/> Explore the impact of abuse and neglect on the well-being of the person <input type="checkbox"/> Confirm wishes and preferred outcomes with the person <input type="checkbox"/> Balance wishes against other relevant factors: level of risk; right to safety; right to take risks, even if incapacitated; right to family life; potential coercion; public interest... <input type="checkbox"/> Consider need for representation/advocacy; provide details of advocate where applicable <input type="checkbox"/> Detail use of MCA guidance within the enquiry process where applicable, and provide documentation <input type="checkbox"/> Detail what consultations have taken place, and documentation reviewed – include copies of all documents referenced as part of the enquiry <input type="checkbox"/> Explore need for protection, support, redress and how these needs can be met <input type="checkbox"/> Review risk and Safeguarding Planning arrangements as required, protecting the person from abuse/neglect in accordance with their wishes 	<p>Enquiry Officer: MASH/Provider dependent on decision-making – see above</p>	<p>Report submitted for Enquiry Outcome decision</p>	

	<input type="checkbox"/> Decide on follow-up action(s) <input type="checkbox"/> Produce enquiry report <input type="checkbox"/> Involve person throughout process and feedback on enquiry before finalising for MASH decision-maker <input type="checkbox"/> Consult with person at risk if drawing up a Safeguarding Plan <input type="checkbox"/> If enquiry officer is external to the MASH, seek validation of outcome of enquiry with Manager/Safeguarding Lead in organisation before forwarding to the MASH			
	S42 Enquiry Outcome Feedback/Report shared with the Safeguarding Manager/Decision-Maker			
Decisions	Initial checks all relevant issues have been addressed through the enquiries <input type="checkbox"/> Check any findings and recommendations are evidence based <input type="checkbox"/> Ensure fair process followed to all concerned; all relevant views considered	Enquiry Lead/MASH Member, in consultation with MASH Manager/ Decision-maker if it appears further clarification or enquiry is needed	On receipt of all components of the S42 Enquiry	
Enquiry outcome decision/meeting	Consider need for representation/advocacy <input type="checkbox"/> Receive enquiry report <input type="checkbox"/> Evaluate findings <input type="checkbox"/> Evaluate risk <input type="checkbox"/> Work towards the wishes and desired outcomes of the adult at risk <input type="checkbox"/> Where required assess mental capacity and act in 'best interests'	MASH Manager/decision-maker Where appropriate the decision-making will be made as part of an Outcome Meeting with relevant parties involved	Within 8 weeks* from safeguarding Enquiry Planning Discussion/ Meeting * To be achieved earlier where possible	
Decisions	<input type="checkbox"/> Agree whether further actions are required <input type="checkbox"/> Agree Safeguarding Plan where applicable	MASH and MASH Manager/meeting members where appropriate	Within 8 weeks* from safeguarding Enquiry Planning Discussion/ Meeting	

	<input type="checkbox"/> Agree review arrangements if required			
	<p>The MASH will:</p> <ul style="list-style-type: none"> • share the outcome of the enquiry and details of the Safeguarding Plan with relevant parties • ensure the person at risk has a written record of the outcome of the enquiry and Safeguarding Plan where applicable • ensure the person/organisation identified as responsible for the Safeguarding Review is aware of their responsibility to review, the time-frame for review, and any specific feedback requirements 			
Review	<p>Review risk and Safeguarding Plan</p> <p><input type="checkbox"/> Work towards the wishes and desired outcomes of the adult at risk</p>	Person/organisation identified in Safeguarding Plan with feedback to MASH	Within 3 months of outcome decision or as agreed	
Decisions	<p>Agree further actions required</p> <p><input type="checkbox"/> Agree review arrangements if required</p>	MASH and MASH Manager in consultation with person at risk and the identified reviewer	As agreed	

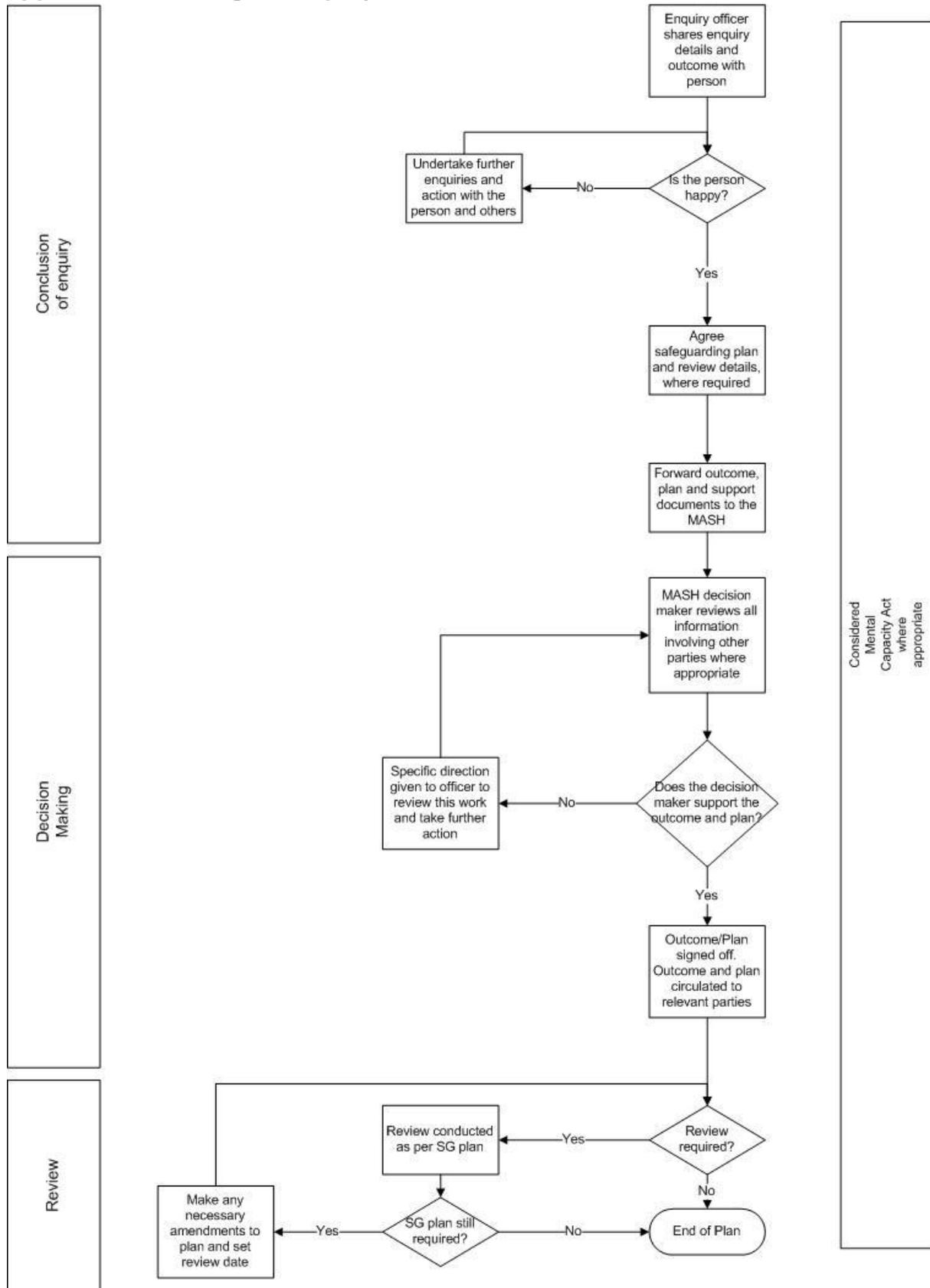
Decision Making

Section 42 enquiry



Considered
Mental
Capacity Act
where
appropriate

Appendix E: Closing an enquiry flowchart



Contesting the decision of the enquiry outcome

Where the disputed decision has been made by the Safeguarding Manager, the complainant should ask him/her in writing to review that decision, setting out why they disagree with the decision made.

If the dispute does not meet the criteria, the Safeguarding Manager should not review but should direct the complainant to the complaints procedure of the relevant organisation. If the complaint does meet the criteria, the Safeguarding Manager should then:

- review the investigation report
- consider whether additional investigation is required
- review their decision making process according the criteria set out above
- discuss the case within supervision to obtain independent overview

The Safeguarding Manager should respond in writing within 20 days setting out the findings of the review and explaining their right to complain through Hull City Council.

If the complainant is not satisfied, they should write to the Local Government Ombudsman (LGO) who has had jurisdiction in safeguarding investigations and complaints about Safeguarding Adult Boards since the Care Act became law.

[Find out more about making complaints about Safeguarding Adults Boards here](#)