Safeguarding Adults

Pan-Lancashire Multi-Agency

Policy

For partner agencies staff and volunteers

Version July 2024

Review Date July 2026

Foreword

This policy has been updated by representatives of the Safeguarding Adults Boards (SABs) across Lancashire, to meet the requirements of the Care Act and the Department of Health Statutory Guidance. It is designed to support current good practice in adult safeguarding and outlines the arrangements which apply to each place-based SAB.

Local placed based safeguarding partnerships have policy and procedures specific to each area and should be considered alongside this document.

The three multi-agency SABs have adopted this policy in order to achieve consistency across the region in the way in which adults are safeguarded from neglect or abuse. All organisations involved in safeguarding are asked to adopt this policy in respect of their relevant roles and functions, but may wish to add local policy, practice guidance, procedures and organisation operation manuals.

There are, additional policies available on the following websites for each of the SAB's:

- Blackburn with Darwen: www.lsab.org.uk
- Blackpool: https://www.blackpoolsafeguarding.org.uk/Resources
- Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire-safeguardingadults.aspx

Useful Contacts

If you wish to report safeguarding concerns, please refer to the following contact details for the local authority to which the resident lives:

Local Authority	**Contact Number**	**Out of Hours**
Blackburn with Darwen	01254 585949	01254 587547
Blackpool	01253 477592	01253 477600
Lancashire	0300 123 6720	0300 123 6722

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Glossary

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

Adult at risk is a person aged 18 years or over; who may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

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

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

Best Interest – the Mental Capacity Act 2005 (MCA) states that any act done, or a decision made, under this Act or on behalf of a person who lacks capacity must be done, or made, in his best interests' This is one of the principles of the MCA.

Carer refers to unpaid carers as distinct from paid carers. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who '*spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'.*

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

Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

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

General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU). The GDPR sets out the principles for data management and the rights of the individual, while also imposing fines that can be revenue-based.

Independent Domestic Violence Advisor (IDVA) - Adults who are the subject to domestic violence or abuse may be supported by an IDVA. The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

Independent Mental Capacity Advocate (IMCA) - IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Independent Mental Health Advocate (IMHA) - Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act, subject to Guardianship or on a community treatment order (CTO). When someone is detained in hospital or on a CTO it can be a very confusing and distressing experience. IMHAs are independent of mental health services and can help people get their opinions heard and make sure they know their rights under the law. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

Independent Sexual Violence Advocate (ISVA) - are trained to provide support to people in cases of rape or sexual assault. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

Local Safeguarding Adults Board (LSAB) – the statutory body under the Care Act, with core membership from the Local Authority, Police and Integrated Care Board.

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

MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003.

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

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

Introduction

The Care Act 2014 marked a shift from local authorities providing services, towards the concept of meeting needs. Adult safeguarding is an established, statutory function of the Local Authority care and support system. Chapter 14 of the Care and Support Statutory Guidance (2018) sets out the framework for adult safeguarding. The guidance outlines a number of fundamental principles that must underpin the care and support system including adult safeguarding.

It also sets common expectations for how Local Authorities should approach and engage with people when assessing need and providing support, for example:

- Promotion of well-being applies in all cases where a local authority is carrying out a care and support function, or making a decision in relation to a person, including the support provided in the context of adult safeguarding.
- Duty to promote well-being applies equally to people who do not have eligible needs but come into contact with services in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support, and have an ongoing relationship with the local authority.
- People must be supported to achieve the outcomes that matter to them in their life with practitioners retaining focus on the person's needs and goals throughout the intervention.
- Building on the Mental Capacity Act 2005 principles, practitioners should assume that the person at the centre of the enquiry is able to assess and understand what is in their best interests regarding outcomes, goals and well-being. It is critical to begin with the assumption that the person is best placed to make judgements and decisions about their care and well-being.
- It is vital to establish an individual's views and wishes about what support they want and require from the outset of the contact. These should be considered if a person has made their views explicit in the past and no longer has capacity to make those decisions for themselves.
- The importance of a preventative approach because well-being cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
- The importance of the person participating as fully as possible in decisions that affect them. People should be given the necessary information and support in a format and at a pace that is acceptable to them so that they can consider options and make their own decisions rather than being excluded from the decision-making process.
- Promoting participation by providing support that is co-produced with people, families, friends, carers, and the community. Co-production is when a person influences what services they receive, or when groups of people get together to influence the way that services are designed, commissioned, and delivered. This approach promotes people's resilience and helps to develop self-reliance and independence, as well as ensuring that services reflect what the people who use them want.
- The importance of considering a person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them and take steps to help others access information or support
- The need to protect people from abuse and neglect. In carrying out any care and support functions the local authority and its partner agencies should ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.

- The need to ensure that any restriction on the person's rights or freedom of action is kept to the necessary minimum. Where action has to be taken which places restrictions on rights or freedoms, it must be the least restrictive necessary.

1. Context, Principles and Values

1.1 Context

The Care Act required each Local Authority to set up a Safeguarding Adults Board (SAB) with core membership from the Local Authority, the Police and local Health partners. Following the publication of the Health and Care Act 2022, health partners can be represented by the Integrated Care Board. One of the key functions of the SAB is to ensure that the policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

1.2 Safeguarding Principles

This policy is based on The Six Principles of Safeguarding that underpin all adult safeguarding work, taken from the Care Act and worded by the Ann Craft Trust:

Empowerment	People are supported and encouraged to make their own decisions and informed consent.	I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.
Prevention	It is better to take action before harm occurs.	I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.
Proportionality	The least intrusive response appropriate to the risk presented.	I am sure that the professionals will work in my interest and they will only get involved as much as necessary.
Protection	Support and representation for those in greatest need.	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 to which I want.
Partnerships	Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	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	Accountability and transparency in delivering safeguarding.	I understand the role of everyone involved in my life and so do they.

The Care Act and guidance state that safeguarding:

- Is person led
- Engages the person all the way through the process and addresses their needs
- Is outcome-focused
- Is based upon a community approach from all partners and providers

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

1.3 Values – Supporting adults at risk of abuse

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

- People are able to access support and protection to live independently and have control over their lives;
- Appropriate safeguarding options should be discussed with the adult at risk according to their wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle in accordance with legislation such as the Equality Act 2010;
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control;
- All action should begin with the assumption that the adult at risk is best placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve;
- The person's views, wishes, feelings and beliefs should be central and are critical to a personalised way of working with them;
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice;
- Adults at risk will have access to supported decision making to achieve their desired outcomes involving their representative/advocate where appropriate.
- Adults at risk should be given information, advice, and support in a form that they can understand and be supported to be included in all forums that are making decisions about their lives. The maxim 'no decision about me without me' should govern all decision making;
- All decisions should be made with the adult at risk and promote their wellbeing and be reasonable, justified, proportionate and ethical;
- Timeliness should be determined by the personal circumstances of the adult at risk;

- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

Consider using the Safeguarding Adult Safeguarding guidance for your own SAB area:

Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB

Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

2. Adult Safeguarding

2.1 What is Safeguarding?

Safeguarding is defined as[1]

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

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

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

The aims of Adult Safeguarding are to:

- To prevent harm and reduce the risk of abuse or neglect to adults with Care and Support needs;
- To stop abuse or neglect wherever possible;
- To safeguard adults in a way that supports them to make choices and have control about the way they want to live;
- To promote an approach that concentrates on improving life for the adult (s) concerned;
- To raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- To provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and well and what to do to raise a concern about the safety or Wellbeing of themselves of another adult; and
- To address what has caused the abuse or neglect.

[1] Care and Support Statutory Guidance: Chapter 14

2.2 Who do adult safeguarding duties apply to?

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

a) has needs for care and support (whether or not the authority is meeting any of those needs) **and**
b) is experiencing, or is at risk of, abuse or neglect, **and**
c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. (Care Act 2014, section 42)

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

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities
- Adults who manage their own care and support through personal or health budgets
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support
- Adults who fund their own care and support
- Children and young people in specific circumstances (please see Section 2.3)

Outside the scope of this policy

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

2.3 Children and young people

Local authorities have specific duties under the Children Act 1989 in respect of children in need (Section 17) and children at risk of significant harm (Section 47). All those working with adults and children in health, social care and voluntary sector settings have a responsibility to safeguard children when they become aware of, or identify, a child at risk of harm. They should follow Safeguarding Children Partnership procedures which are based on the Government Guidance Working Together to Safeguard Children 2018. There is an expectation that health and social care professionals who encounter children, parents and carers in the course of their work are aware of their responsibilities to safeguard and promote the welfare of children and young people. Children identified as being placed at risk owing to the behaviour of an adult, should be referred by adult workers into children's services.

2.4 Transition

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

There should be robust joint working arrangements between children 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 they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection. Conference chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

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

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

2.5 Carers and Safeguarding

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

- Witness or speak up about abuse or neglect
- Experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- Unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Whether considered intentional or unintentional abuse, adult safeguarding under Section 42 of the Care Act, should always be considered.

2.6 Prevention

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

It is a responsibility of a SAB to have an overview of prevention strategies and ensure that they are linked to relevant local partnerships which may include for example: Health and Well-Being Board, Quality Surveillance Group, and Community Safety Partnerships. Prevention strategies might include:

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

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

2.7 Roles and Responsibilities of the Safeguarding Adults Boards (SAB)

A SAB has three core duties:

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

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

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

Each SAB should:

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

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

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

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

3. Types and Indicators of Abuse and Neglect

The Care and Support Statutory Guidance identifies types of abuse, but also emphasises that organisations should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered.

3.1 Definition of Harm

'Harm' (regardless of whether the impact of this is significant or not) is defined as:

- Ill treatment (including sexual abuse and forms of ill-treatment that are not physical);
- The impairment of development and/or an avoidable deterioration in, physical or mental health; and
- The impairment of physical, emotional, social or behavioural development or the impairment of health;
- Conduct which appropriates or adversely affects property, rights or interests (theft or fraud, for example).

The Care Act 2014 identifies a number of different types and patterns of Abuse and Neglect and the circumstances in which they may take place.

It is important to note that professionals should not limit their view on what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual must always be considered.

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 Care Quality Commission, 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 the Care Act now describes as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

3.2 Patterns of Abuse

Patterns of abuse and neglect vary and reflect very different dynamics. These include:

- **Serial abuse** in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- **Long-term abuse** in the context of an on-going family relationship such as domestic abuse between spouses or generations or persistent psychological abuse; or
- **Opportunistic abuse** such as theft occurring because money or jewellery has been left lying around.

The following contains specific information pertaining to each category of abuse as highlighted in Care and Support Guidance but also about specialist support services and linked agendas.

3.3 Definitions and Indicators of Abuse and Neglect. Please note that indicators are a guide only.

Discriminatory abuse

Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Discriminatory abuse exploits a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes where a person or group is treated less favourably than any other person or group based on their colour, sex, age, disability, sexual orientation, religion, status, etc.

Types of Discriminatory Abuse include:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic.
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader.
- Harassment or deliberate exclusion on the grounds of a protected characteristic.
- Denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic.
- Substandard service provision relating to a protected characteristic.

Possible Indicators of Discriminatory Abuse:

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear or anxiety.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Domestic Abuse (including Forced Marriage, Honour Based Abuse and Female Genital Mutilation).

The majority of domestic abuse is committed by men towards women. It can also involve men being abused by their female partners, abuse in same sex relationships, and by young people towards other family members, as well as the abuse of older people in families. Domestic abuse occurs irrespective of social class, racial, ethnic, cultural, religious or sexual relationships or identity.

No one agency can address all the needs of people affected by, or perpetrating, domestic abuse. For intervention to be effective agencies and partner organisations need to work together and be prepared to take on the challenges that domestic abuse creates. Statutory guidance issued under the Care Act 2014 specifies that freedom from abuse and neglect is a key aspect of a person's wellbeing including that of domestic abuse. There is a distinct overlap between those who are adults at risk as defined by the Care Act and the significant number of people who need supporting because they are experiencing domestic abuse.

Definition of "domestic abuse" (Section 1 of Domestic Abuse Act, 2021)

(1) This section defines "domestic abuse" for the purposes of this Act.
(2) Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—
    (a) A and B are each aged 16 or over and are "personally connected" to each other, and
    (b) the behaviour is abusive.
(3) Behaviour is "abusive" if it consists of any of the following—
    (a) physical or sexual abuse;
    (b) violent or threatening behaviour;
    (c) controlling or coercive behaviour;
    (d) economic abuse (see subsection (4));
    (e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) "Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to —
    (a) acquire, use or maintain money or other property, or
    (b) obtain goods or services.
(5) For the purposes of this Act, A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).
(6) References in this Act to being abusive towards another person are to be read in accordance with this section.
(7) For the meaning of "personally connected", see section 2

Section 2 of the Domestic Abuse Act, 2021 –

Definition of "personally connected" – this gives more clarity than the previous definition

1. Two people are "personally connected" if any of the following applies—
    (a) they are, or have been, married to each other;
    (b) they are, or have been, civil partners of each other;
    (c) they have agreed to marry one another (whether or not the agreement has been terminated);
    (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
    (e) they are, or have been, in an intimate personal relationship with each other;
    (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
    (g) they are relatives.
2. For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if
    (a) the person is a parent of the child, or
    (b) the person has parental responsibility for the child.

The DA Act uses the same definition of 'relative' as Section 63 of the Family Law Act 1996. This is wider than the previous cross government definition and means:

(a) the father, mother, stepfather, stepmother, son, daughter, stepson, stepdaughter, grandmother, grandfather, grandson, or granddaughter of that person or of that person's spouse, former spouse, civil partner, or former civil partner, or
(b) the brother, sister, uncle, aunt, niece, nephew or first cousin (whether of the full blood or of the half blood or by marriage or civil partnership) of that person or of that person's spouse, former spouse, civil partner, or former civil partner.

Of note - There is no requirement in the DA Act for the victim and perpetrator to be co-habiting.

Section 3 of the Domestic Abuse Act, 2021 -

Children as victims of domestic abuse

1) This section applies where behaviour of a person ("A") towards another person ("B") is domestic abuse.
(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who –
    (a) sees or hears, or experiences the effect of, the abuse, and
    (b) is related to A or B.

(3) A child is related to a person for the purposes of subsection (2) if –
    (a) the person is a parent of, or has parental responsibility for, the child, or
    (b) the child and the person are relatives.

(4) In this section –

"child" means person under the age of 18 years;

"parental responsibility" has the same meaning as in the Children Act 1989 (see section 3 of that Act);

"relative" has the meaning given by section 63(1) of the Family Law Act 1996.

Connected Persons

In circumstances of Domestic Abuse, if there are children in the household, safeguarding children procedures should be considered and a referral MUST be made to Children's Social Care.

Controlling or Coercive Behaviour

Controlling or Coercive Behaviour is a subset of domestic abuse. Professionals should be aware that controlling or coercive behaviour is a pattern of behaviour, often encompassing a range of abusive behaviours such as physical, sexual and economic abuse. The definition of controlling or coercive behaviour offence could be considered where:

- The victim and perpetrator are personally connected at the time the behaviour takes place.
- The behaviour has had a serious effect on the victim.
- The behaviour takes place repeatedly or continuously.
- The perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she "ought to have known" it would have that effect.

Coercive behaviour can include:

- Acts of assault, threats, humiliation, and intimidation.
- Harming, punishing, or frightening the person.
- Isolating the person from sources of support.
- Exploitation of resources or money.
- Preventing the person from escaping abuse.
- Regulating everyday behaviour.

Older people

The national charity Hourglass defines the abuse of older people as '*a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'*.

Research has shown that there has been a failure to recognise domestic abuse in older people. Barriers to reporting may be due to dependency on the perpetrator, traditional attitudes to marriage or gender roles. Abuse that began in earlier life may have led to health problems and there needs to be an understanding of the distinction between abuse that is part of an ongoing relationship or which commenced in later life.

Older people may also not be aware of the support services they can access or they may find it difficult to accept help particularly if they are isolated. Open questions should be used to identify needs.

People with Mental Ill Health

There is a strong link between domestic abuse and mental ill health of both victim and perpetrator. Furthermore, research indicates that people with mental ill health are more likely to experience domestic abuse. Behaviours used by perpetrators against their victim to demean the victim will add to emotional distress and may exacerbate mental ill health.

People with Learning Disabilities and/or Autism

Research indicates that adults with learning disabilities and/or Autism are more likely to experience domestic abuse, including from family members and carers than the general population, but are less likely to report it. Mental capacity of those with learning disabilities and/or Autism to make informed choices particularly in relation to arranged/forced marriage should be considered, and the appropriate support services must be considered for this group.

People who misuse substances

Substance misuse may not be a direct cause of domestic abuse, but it may increase the risk of, or trigger it. Perpetrators of domestic abuse may exercise control over a victim who is dependent on substances although many perpetrators may themselves be dependent on substances for example alcohol. Victims in addition may become dependent on substances as a coping mechanism and may wish to address the domestic abuse before their substance misuse.

Carers

The Care Act 2014 defines a carer as someone who '*provides or intends to provide care for another adult*' (but not as a volunteer or contracted worker). The Local Authority has a duty to assess an unpaid carers' needs for support to maintain their well-being including protection from abuse. Carers may cause harm through abuse or neglect (harm may be intentional or unintentional), the person they care for may abuse the carer or the carer may observe the abuse by and of others.

Mental capacity, safeguarding and domestic abuse.

Some victims of domestic abuse may lack capacity to make certain decisions for themselves and they will require additional support to empower them within a legal framework.

The purpose of the Mental Capacity Act (MCA) 2005 is to protect a person's right to make their own decision and a range of safeguarding and legal approaches can be used to support those experiencing domestic abuse. The MCA has five key principles designed to support and protect the person, these being:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

For example, it may be that an adult has full capacity if they have access to all the relevant information about the decision they are making – yet they still make a decision that professionals see as unwise – such as staying with a perpetrator of domestic abuse. Professionals still need to offer support as part of our duty of care or implement protection measures to keep that person safe (see MARAC & Domestic Abuse Protection Orders).
An apparently unwise decision may be the result of coercion and controlling behaviour and the Serious Crime Act 2015 section 76 controlling or coercive behaviour in an intimate or family relationship may apply.

Advocacy

Specialist advocates such as Independent Domestic Violence Advisors (IDVA's) for domestic abuse and Independent Mental Capacity Advocate (IMCA's)/ Independent Mental Health Advocate (IMHA') for capacity/mental illness are additional resources and assist in ensuring the duty to the person that they are advocating on behalf has all the relevant information about the decision they are making and that the persons views are represented.

For further information, seek advice from your local Safeguarding Adults Team.

Expected Practice for Identifying and Assessing Concerns Regarding Domestic Abuse

Safe enquires (about domestic abuse) are the cornerstone of good practice, research shows incidence of abuse and levels of harm increase when the perpetrator's control is challenged therefore the perpetrators awareness of the enquiry or plans to support the victim, should be continually considered.

Principles of safe enquiry include taking protective measures to ensure that any discussions are conducted in a safe manner and safety planning is routinely completed.

Assessing risk at the point of disclosure assists in appropriate interventions and risk management. Assessing risk is about justifiable and defensible decision making and is not taken in isolation as risk can be dynamic in domestic abuse situations. Using a recognised tool e.g. Safelives DASH gives a record of the decisions made at that point in time.

Victims of domestic abuse may be reluctant to disclose what is happening to them and repeated enquiries also increase the likelihood of disclosure. Even if the victim does not disclose domestic abuse, they should still be routinely offered information. Remember victims of any age may minimise the abuse and the impact on them due to possible controlling and coercive control of the perpetrator.

Use evidence-based risk assessment tools to guide decision making and gain an understanding of the risks posed to the victim and other members in the family.

Risk assessments should draw on the background and information on both the victim and the perpetrator, considering any prior incidents of domestic abuse, as well as the impact the abuse is having on the victim such as their level of fear and any coercive control or psychological abuse. The risks and circumstances can change suddenly, therefore any safety planning must include consideration of this.

The Domestic Abuse and Harassment and Honour Based Abuse (DASH) Identification and Risk Assessment Model

See http://www.safelives.org.uk/

The aim of this model is to save lives through early risk identification, intervention, and prevention, and using one standardised practical tool to share information and manage risk effectively.

- The DASH model is for all professionals working with victims of domestic abuse, stalking and harassment and honour-based abuse;
- There is also a risk checklist for victims of domestic abuse, stalking and honour-based abuse. This is called the Victim Dash Checklist, and this can be found in various languages using the link below:

http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

Referral to the Multi Agency Risk Assessment Conference

Please note: MARAC has been reviewed across Pan-Lancashire and this section will be updated accordingly. For up-to-date standard operating protocols please contact:

Blackburn with Darwen - Multi Agency Risk Reduction Assessment and Coordination.
Blackburn-MARRAC@blackburn.gov.uk

Blackpool MARAC
MaracReferrals@lancashire.pnn.police.uk

Lancashire
maracreferrals@lancashire.police.uk

A MARAC meeting is where information is shared on the highest risk, domestic abuse cases, which included representatives of local police, probation, health, children and adult safeguarding, housing, substance misuse services, Independent Domestic Violence Advisors (IDVAs) and other specialist statutory and voluntary agencies.

If a practitioner identifies that an individual they are, or have been working with, is a victim of domestic abuse, they should complete a DASH risk identification checklist with the individual. The DASH checklist will gather relevant information about the individual's circumstances in order to assess the risk posed to them. Where an individual is assessed as being at high risk, the completed DASH checklist should accompany the referral and be completed by a competent practitioner in order to make a referral and agree any immediate safety actions.

Following the MARAC meeting, all agencies will agree identified actions that they feedback to the victim. Consideration is to be given to which agency is best placed to support the victim, whilst also considering the perpetrator.

Safeguarding Processes & Procedures

There is a statutory duty under the Care Act that appropriate safeguarding adults' referrals are made simultaneously to domestic abuse referrals to enable adult safeguarding enquiries to be undertaken.

Information should not be routinely shared or disclosed outside formal protocols and only with due regard to GDPR guidance.

Making Safeguarding Personal (MSP) is an approach that involves an adult at risk of abuse being supported to make decisions about their safety planning outcomes that will keep them safe, particularly if they wish to remain with the perpetrator. They need to be informed of the risks and benefits of those options and how they would reduce the risk to prevent serious harm.

There are specialist support services available and any victim of domestic abuse should be given information about these support services regardless of their assessed level of risk. Adults with care and support needs may need assistance to access support and may require an intermediary to help them navigate the services.

The support services for those with care and support needs may assist in protecting someone from abuse such as telecare monitoring systems or visits by care workers. Any services used as part of a safety plan must be specified and those services must be involved in the development of the plan.

Please see your local Multi Agency Policy and Procedures for safeguarding adults at risk

Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB

Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

Independent Domestic Violence Advisors (IDVAs)

IDVAS are independent trained advisors who give specialist practical and emotional support to victims of domestic abuse. This includes support when the victim is subject to a MARAC referral and through the legal system including support to attend court. They will often utilise the resources of multi-agency partners to help keep the victim and family safe.

This can include sanctuary schemes, refuge or safe house accommodation as well as being a valuable source of information and advice not only for victims but for professionals as well.

Under the Care Act, if an adult with care and support needs has an existing support plan and moves into a new authority area, support should be continued by the local authority until the new local authority have carried out an assessment. Where the second local authority has been notified that the adult with care and support needs intends to move to their area they must provide information and start an initiate an assessment of need.

Domestic Violence Disclosure Scheme ('Clare's Law')

The Domestic Violence Disclosure Scheme (DVDS) (also known as 'Clare's Law') gives members of the public a formal mechanism to make enquires about an individual who they are in a relationship with, or who is in a relationship with someone they know, where there is a concern that the individual may have previous abusive or violent behaviour towards their partner. This scheme adds a further dimension to the information sharing about adults where there are concerns that domestic violence and abuse is impacting on the care and welfare of the adults and children in the family.

Members of the public can make an application for a disclosure, known as the 'right to ask'. Anybody can make an enquiry, but information will only be given to someone at risk or a person in a position to safeguard the victim. Clare's Law Disclosure is available to anyone in an intimate relationship.

Partner agencies can also request that a disclosure is made of a potential perpetrator past history where it is believed someone is at risk of harm. This is known as 'right to know'.

If a potentially violent individual is identified as having convictions for violent offences, or information is held about their behaviour which reasonably leads the police and other agencies to believe they pose a risk of harm to their partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.

For further information, see Domestic Violence Disclosure Scheme (GOV.UK website).

Legal Considerations

Social workers and other practitioners need:

- To be aware of the legal sanctions available.
- To provide information about the options an adult particularly with care and support needs may have.
- Involve the victim/adult in getting the right advice and where to get specialist help including advocacy and legal help.

There are a number of legal remedies for victims of domestic violence and abuse, including occupation orders, non-molestation orders, restraining orders and Domestic Violence Protection Orders (DVPOs).

Domestic Violence Protection Orders (DVPOs)

These provide protection to victims by enabling the police and magistrates to put in place protective measures in the immediate aftermath of a domestic violence incident.

With DVPOs, for example, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

Restraining orders

These can be obtained at court in relation to a criminal case whether the case is upheld or not. This is to protect the victim from harassment or conduct by the alleged perpetrator. The order imposes specific restrictions such as exclusion from a specific area or contact with the victim or their family. However, it is preventative and not punitive but it is a crime to breach the restraining order and the perpetrator can be arrested and charged.

Non molestation orders

This is a type of injunction which prohibits the perpetrator from intimidating, pestering or harassing the victim or children who live with the victim. Physical abuse does not need to have occurred in order

to obtain this order and if breached, this again is a criminal offence. This type of injunction is applied through the family court.

Occupation Orders

This is similar to an injunction and establishes who has a right to stay in the home and can order a perpetrator to move out of the home or keep a certain distance from the home.

Other information on orders can be obtained from:
https://www.gov.uk/guidance/domestic-violence-and-abuse

Safety of Professionals Working with Domestic Violence and Abuse

Care must be taken to assess any potential risks to professionals, carers or other staff who are involved in providing services to a family where domestic violence and abuse is, or has occurred. A risk assessment should be undertaken. Professionals should speak with their manager and follow their own agency's guidance for staff safety.

Links to local guidance:
Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB

Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team and the Police.

If you feel that your concerns are not being considered appropriately please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Forced Marriage

Forced marriage is a form of domestic abuse and should be treated as such. Forced marriage affects people from many communities and cultures. Arranged marriages and forced marriages are different. Arranged marriage is when the family choose the marriage partner. But the people can choose if they want to marry.

Forced marriage cannot be justified on religious grounds, every major faith condemns it and freely given consent to marriage is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriages. 'Forced marriages' is an abuse of human rights. It can happen to both men and women although most cases involve young women and girls aged between 13 and 30. There is no "typical" victim of forced marriage. Some may be under 18 years old, some may be over 18 years old, some may have a disability, some may have young children and some may be spouses from overseas.

The joint Foreign and Commonwealth Office and the Home Office Forced Marriage Unit is the United Kingdom's 'one stop shop' for developing government policy on forced marriage, coordinating outreach projects and providing support and information to professionals and those at risk.

Forced marriage has many parallels with domestic abuse and child abuse. A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangements remains with the adult or young person.

In forced marriage one or both spouses do not consent to the marriage and some element of duress is involved. Duress may include physical and or emotional abuse. In some cases people may be taken abroad without knowingly that they are to be married. When they arrive in the country their passports may be taken by their family to try and stop them from returning home.

Cases should be tackled using existing structures, policies and procedures designed to safeguard children, adults with care and support needs and victims of domestic abuse.

Please see your local Multi Agency Policy and Procedures for safeguarding adults at risk

Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB

Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

Legal Position

The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence in England, Wales and Scotland to force someone to marry. (It is a criminal offence in Northern Ireland under separate legislation).

This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- doing anything intended to cause a child to marry before their eighteenth birthday, whether or not a form of coercion is used
- causing someone who lacks the mental capacity to consent to marry to get married (whether they are pressured to or not)

Anyone threatened with forced marriage or forced to marry against their will can apply for a Forced Marriage Protection Order. Third parties, such as relatives, friends, voluntary workers and police officers, can also apply for a protection order with the leave of the court.

Local authorities can seek a protection order for adults at risk and children without leave of the court. Guidance published by the Ministry of Justice explains how local authorities can apply for protection orders and provides information for other agencies. (This is available at the GOV.UK website).

Breaching a Forced Marriage Protection Order is also now a criminal offence. The civil remedy of obtaining a Forced Marriage Protection Order through the family courts, as set out above, continues to exist alongside the criminal offence, so victims can choose how they wish to be assisted.

Please also see Domestic Abuse Statutory Guidance (publishing.service.gov.uk)

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Multi-Agency Guidelines: Actions to be taken in all cases

The statutory guidance on forced marriage states that all organisations should have "a lead person" with overall responsibility for safeguarding children, protecting adults at risk or victims of domestic abuse. All agencies should follow their own safeguarding process on identifying potential forced marriage concerns. There may be occasions when front line staff will need to gather information from the person to establish the facts and assist the referral to Safeguarding Adult's Teams.

Initial Actions for the Identifying Agency:

- See the individual immediately in a secure and private place where the conversation cannot be overheard;
- See them on their own – even if they attend with others;
- Explain all the options to them;
- Recognise and respect their wishes;
- Perform a risk assessment;
- Contact, as soon as possible, a trained specialist (Adult's Safeguarding Teams or Police) who have responsibility for progressing concerns regarding forced marriage;
- If the young person is under 18 years of age, refer them to the designated person with responsibility for safeguarding children and activate local safeguarding procedures;
- If the person is an adult with support needs, refer them to the person with responsibility for safeguarding adults at risk
- Reassure them about confidentiality i.e. practitioners will not inform their family;
- Establish a way of contacting them discreetly in the future;
- Obtain full details to share to enable the referral;
- Consider the need for immediate protection.

Do Not:

- Send them away;
- Approach members of their family or the community unless they expressly ask you to do so;
- Share information with anyone without their express consent; except where you safeguarding policy enables sharing with safeguarding practitioners;
- Attempt to be a mediator.

Additional Considerations:

- Give the individual, where possible, the choice of the ethnicity and gender of the specialist who deals with their case;
- Inform the individual of their right to seek legal advice and representation;
- If necessary, record any injuries and arrange a medical examination;

- Give the individual personal safety advice;
- Significant consideration should be given to face to face community and agency office-based meetings whereby the perpetrator and/or family members may be in close proximity;
- Where disclosure is made and family and/or perpetrator are in close proximity, seek the advice of your organisation's safeguarding lead;
- Establish if there is a family history of forced marriage, e.g. siblings forced to marry. Other indicators may include domestic abuse, self-harm, family disputes, unreasonable restrictions (e.g. withdrawal from education or "house arrest") or missing persons within the family;
- Advise the individual not to travel overseas. Discuss the difficulties they may face;
- Identify any potential criminal offences and refer to the police if appropriate;
- Give the individual advice on what service or support they should expect and from whom;
- Ensure that the individual has the contact details for the lead agency;
- Maintain a full record of the decisions made and the reason for those decisions;
- Information from case files and database files should be kept strictly confidential and preferably be restricted to named members of staff only;
- Refer the individual, with their consent, to appropriate local and national support groups, counselling services and women's groups that have a history of working with survivors of domestic abuse and forced marriage.

Remember:

When referring a case of forced marriage to other organisations, ensure they are capable of handling the case appropriately. If in doubt, approach established women's groups who have a history of working with survivors of domestic abuse and forced marriage and ask these groups to refer the person to reputable agencies. Circumstances may be more complex if the person is lesbian, gay, bisexual or transgender. British Embassies and High Commissions can only help British nationals or, in certain circumstances EU or Commonwealth nationals. This means that if a non-British national leaves the UK to be forced into marriage overseas, the British Embassy or High Commission will not be able to assist them.

Confidentiality and Sharing Information Safely

A dilemma may occur because someone facing forced marriage may be concerned that if confidentiality is breached and their family finds out that they have sought help they will be in serious danger. On the other hand, those facing forced marriage are often already facing serious danger because of domestic abuse, "honour-based" violence, rape, imprisonment etc.

Therefore, in order to protect them, it may be necessary to share information with other agencies such as the police.

Consequently, confidentiality and information sharing are going to be extremely important for anyone threatened with, or already in, a forced marriage. Practitioners need to be clear about when confidentiality can be promised and when information may need to be shared.
Circumstances sometimes arise where a child, or more probably a young person, explicitly asks a practitioner not to give information to their parents/guardians or others with some authority over them. Their request for confidentiality should be upheld and further advice sought from your own agencies safeguarding lead.

If a decision is made to disclose confidential information to another person, (usually another practitioner) the practitioner should seek the consent of the person before the disclosure. Most people will consent to the disclosure if they receive a careful explanation of why the disclosure is to be made and are assured about their safety (e.g. information will not be passed to their family) and what will happen following such a disclosure. Whether or not the person agrees to the disclosure, they must be told if there is to be disclosure of confidential information.

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Honour Based Abuse

The terms honour crime, honour-based abuse or izzat (an Urdu word which means protecting family honour) includes a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community.

They are allegedly being punished for undermining what the family or community believes to be the "correct code of behaviour". In transgressing this alleged code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family.

For information, see https://www.truehonour.org.uk/training-and-awareness

If you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

Female Genital Mutilation

Female Genital Mutilation (FGM) is illegal in the UK. In England, Wales and Northern Ireland, civil and criminal legislation on FGM is contained in the Female Genital Mutilation Act 2003 (“the 2003 Act”). The Female Genital Mutilation Act 2003 was amended by Sections 70-75 of the Serious Crime Act 2015.

FGM is a practice that can be highly prevalent in some nations around the world, however national and international laws in all parts of the world outlaw this practice.

It is increasingly found in Western Europe and other developed countries primarily among immigrant and refugee communities.

The Serious Crime Act 2015 has amended the Female Genital Mutilation Act 2003 introducing:

1. Female Genital Mutilation Protection Orders (“FGMPO”);
2. Allowing for the anonymity of victims of FGM, prohibiting the publication of any information that could lead to the identification of the victim. Publication covers all aspects of media including social media;

3. Extending the extra-territorial reach of Female Genital Mutilation (FGM) offences to include "habitual residents" of the UK;
4. Created a new duty of Mandatory Reporting of Female Genital Mutilation for regulated professionals in health and social care professionals and teachers/teaching assistants in England and Wales which came into force on the 31st October 2015.

For further information: https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack

Considerations for Practice

FGM is a complex issue - despite the harm it causes, some women and men from affected communities consider it to be normal to protect their female relations and their cultural identity. Some people believe that FGM is a way to ensure virginity and chastity. It is sometimes done to preserve girls from sex outside of marriage and from having sexual feelings. FGM is often claimed to be carried out in accordance with religious beliefs, but it is not supported by any religious doctrine.

For many families English may not be their preferred language, the assistance of an independent interpreter needs to be considered. Any interpreter should be appropriately trained in relation to FGM and should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community. This is because girls or women may feel embarrassed to discuss sensitive issues in front of such people and there is a risk that personal information may be passed on to others in their community and place them in danger.

The guidance recommends that a female professional be available to speak to if the girl or woman would prefer this.

Professional curiosity may arise in a number of ways that an Adult at Risk is being prepared for FGM or has recently undergone FGM, for example:

- Preparations are being made to take a long holiday;
- The Adult at Risk has changed in behaviour after a prolonged absence from home; or
- The Adult at Risk has health problems, particularly bladder or menstrual problems.

There may be older women in the family who have already had the procedure and this may prompt concern as to the potential risk of harm to other females in the same family.

Once a concern of an adult at risk has been raised, the case may progress though the safeguarding process.

Family and carers may genuinely believe that it is in the adult's best interest to conform to their prevailing custom. The preferred outcome may be that the family agree to halt the process. Therefore, the main emphasis of work in cases of actual or threatened FGM should be through education and persuasion.

Where an adult at risk appears to be in immediate danger of mutilation, immediate legal advice should be sought, making it clear to the family that they will be breaking the law if they arrange for the adult to have the procedure.

Raising a safeguarding concern of FGM

If any agency becomes aware of an Adult at Risk who may have been subjected to or is at risk of FGM they must raise a Safeguarding referral with their Local Authority Adults (Safeguarding Team) and have a responsibility under the 2003 FGM Act to report through the National Referral Mechanism Process.

National Referral Mechanism Guidance: adult (England and Wales) - GOV.UK

It should be remembered that this is a one-off act of abuse, although it will have lifelong consequences for the child/adult's physical and mental health and can be highly dangerous at the time of the procedure and directly afterwards. Other females in the family may also be at risk.

NHS Actions

NHS organisations are required to record in both the child/parent GP and 0-19 service health records:

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

Since October 2015 all acute hospitals, GP's and Mental Health Trusts have been required to report data centrally to the Health and Social Care Information Centre (HSCIC) on the Enhanced Data Set on a quarterly basis. This programme of work is to improve the way in which the NHS responds to the health needs of girls and women who have suffered Female Genital Mutilation and actively support prevention. The Enhanced Data Set does NOT pass on any personal details to children social care or the police and Mandatory reporting of FGM, in line with the duty brought through the Serious Crime Act 2015, will need to take place in addition to reporting on the Enhanced Data Set.

Any health professional e.g. midwife, practice nurse, GP, mental health practitioner may become aware that Female Genital Mutilation has occurred when treating a female patient. This should trigger concern for other females in the household and appropriate safeguarding actions should be considered for any females potentially at risk.

Useful Organisations

Foundation for Women's Health, Research & Development (FORWARD)
Tel: 020 8960 4000

Black Women's Health and Family Support
Tel: 020 890 3503

NSPCC Tel:08088005000

If you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

Financial or Material abuse

Financial or material abuse may be considered in circumstances of theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property,

possessions or benefits. It is the main form of abuse investigated by the Office of the Public Guardian and it is likely other forms of abuse are present.

Potential indicators of financial/material abuse include:

- Self-disclosure that financial abuse is occurring.
- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Change in living conditions.
- Unexplained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signers on a client or donor's signature card.
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the person lacks the Capacity to make this decision;
- Sudden or unexpected changes in a will or deeds/title of house or other financial documents;
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal moneylending.

Financial and material abuse can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk, whereby failure to do so can result in poor outcomes for the individual alongside an increased cost to the state, especially if the adult at risk loses their income and independence.

Financial Scams

Financial scams are becoming ever more sophisticated and elaborate.
For example:

- internet scammers can build very convincing websites
- people can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website
- people can be contacted via telephone claiming to be from the fraud team of their bank
- postal scams are mass-produced letters which are made to look like personal letters or important documents.
- doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often-non-existent problem with their property.
- Sometimes they pose as police officers or someone in a position of authority.

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service and local authority Trading Standards Services for investigation. The Local Safeguarding Adults Board will need to consider how to involve local Trading Standards in its work.

Useful Links:

Action Fraud

Social Media Toolkit Home page - Stop Loan Sharks

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Modern Slavery

Modern slavery is a serious crime that violates human rights. Victims are forced, threatened, or deceived into situations of subjugation, degradation and control which undermine their personal identity and sense of self.

The definition of a victim of human trafficking, slavery, servitude and forced or compulsory labour is set out in the Slavery and Human Trafficking (Definition of Victim) Regulations 2022.

Modern slavery takes many forms. The most common are:

- Human trafficking- The use of violence, threats or coercion to transport, recruit or harbour people in order to exploit them for purposes such as forced prostitution, labour, criminality, marriage or organ removal
- Forced labour- Any work or services people are forced to do against their will, usually under threat of punishment.
- Debt bondage/bonded labour- People trapped in poverty borrow money and are forced to work to pay off the debt, losing control over both their employment conditions and the debt.
- Child slavery- When a child is exploited for someone else's gain. This can include child trafficking, child soldiers, child marriage and child domestic slavery.
- Domestic servitude- Domestic work and domestic servitude are not always slavery, and when properly regulated can be an important source of income for many people. However, when someone is working in another person's home, they may be particularly vulnerable to abuses, exploitation, and slavery, as they might be hidden from sight and lack legal protection.

Human trafficking is not the same as human smuggling. There are common myths about modern slavery, such as misconceptions that UK nationals cannot be victims and that a person cannot be a victim if they reject offers of help. This is not the case.

Modern slavery affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. For example, homeless adults promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.

Human trafficking is the movement of a person from one place to another, using methods of deception, coercion, the abuse of power or of someone's vulnerability and for the purposes of

exploitation. It is possible to be a victim of trafficking even if their consent has been given to being moved. Human trafficking may occur across international borders or take place within one country.

Possible indicators of Modern Slavery may include:

- Self-Disclosure of abuse
- Individuals seem isolated or controlled;
- have poor living conditions;
- Have few or no personal effects and are reluctant to seek help; or
- Individuals may be engaged in sexual exploitation, domestic servitude, begging and missing in education or not registered with a GP. They may not be familiar with an adult accompanying them.

See also Modern Slavery: statutory guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and non-statutory guidance for Scotland and Northern Ireland (accessible version) - GOV.UK (www.gov.uk) for a full list or potential indicators.

Further information can be found in the **Pan Lancashire Anti-Slavery Partnership Toolkit:** www.lsab.org.uk/policies

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Neglect and Acts of Omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult to provide the amount and type of care that a reasonable person would be expected to provide. This can include paid and unpaid carers.

Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Potential Indicators may include:

- Person's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Person is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Person cannot access appropriate medication or medical care;
- Person is not afforded appropriate privacy or dignity;
- Person has inadequate heating and/or lighting;
- Person and/or a carer has inconsistent or reluctant contact with health and/or care and support services;
- Callers/visitors are unreasonably refused access to the person;

- Person is exposed to risk.
- May or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the person at risk.

Please see your local Multi Agency Policy and Procedures for safeguarding adults at risk
Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB

Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Organisational or Institutional Abuse

Organisational Abuse includes 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 one's own home. This may range from one off incidents to ongoing abuse through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). It can be difficult to differentiate between poor practice and ongoing organisational abuse.

Indicators of Organisational or Institutional Abuse:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of flexibility and choice for people using the service
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication

- Failure to respond to complaints
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Poor record-keeping and missing documents
- Few social, recreational and educational activities
- Public discussion of personal matters

Please see your local Multi Agency Policy and Procedures for safeguarding adults at risk

Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB

Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Further information can be found at The Care Quality Commission (CQC).

Physical Abuse

Physical Abuse is the non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment, which is a criminal offence and must be reported immediately to the Police.

Examples of physical abuse include:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators and behaviours:

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls (implausible explanation)
- Subdued or changed behaviour in the presence of a particular person

- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP
- Sudden and unexplained urinary and/or faecal incontinence;
- Evidence of over/under medication;
- Person flinches at physical contact;
- Person appears frightened or subdued in the presence of particular people;
- Person asks not to be hurt;
- Person may repeat what the alleged perpetrator has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body

Restraint

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse.

There is a distinction to be drawn between restraint, restriction and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question.

Should you be concerned regarding inappropriate use of restraint or physical interventions, seek the advice of your local Safeguarding Adults team and your Deprivation of Liberty Safeguarding (DOLs) Officers.

In some circumstances, unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

If in doubt or you have any concerns, seek immediate advice from Safeguarding Adults, Police and/or Health.

Where you have any concerns about the account given, presentation of the individual and/or any injuries, seek immediate advice from your Safeguarding Adults team and/or Police as immediate medical attention and/or preservation of evidence may be necessary.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Psychological or Emotional Abuse

Psychological abuse (sometimes called Emotional Abuse) is behaviour that has a harmful effect on the adult's emotional health, well-being and development. It is the denial of a person's human and civil rights including for example, choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

Examples of Psychological Abuse include:

- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse.
- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends.
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.
- Preventing someone from meeting their religious and cultural needs.
- Preventing the expression of choice and opinion.
- Failure to respect privacy.
- Preventing stimulation, meaningful occupation or activities.
- Addressing a person in a patronising or infantilising way.
- Threats of harm or abandonment.
- Cyber bullying.

Potential indicators of psychological or emotional abuse include:

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Sexual Abuse

Sexual abuse is the direct or indirect involvement in sexual activity without consent. This could also be the inability to consent, pressure or induced to consent or take part. Sexual abuse includes:

- Rape, attempted rape or sexual assault
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate touch anywhere without consent
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure
- The distribution or threat of distributing sexual images

This can include the involvement of an adult in sexual activity or relationships, which they cannot understand, or have been coerced into because the other person is in a position of trust, power or authority (e.g. day centre worker, residential worker/health worker etc.).

Of note, denial of a sexual life to consenting adults is also considered abusive practice.

Potential Indicators of sexual abuse include:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person
- Where there is evidence or disclosure of sexual activity whereby the individual lacks the mental capacity to consent

Useful links:

A Guide to the Online Safety Bill

Where you are concerned about the account given or presentation of the individual, seek immediate advice from your Safeguarding Adults team and/or Police as immediate medical attention and or evidence recovery steps may need to be taken.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Self-Neglect

This covers a wide range of behaviours including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Safeguarding partnerships can be a positive means of addressing issues of self-neglect. A multi-disciplinary approach is the appropriate pathway where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

Types of Self-Neglect

- Lack of self-care to an extent that it threatens personal health and safety.
- Neglecting to care for one's personal hygiene, health, surroundings or living environment.
- Inability to avoid self-harm.
- Failure to seek help or access services to meet health and social care needs.

- Inability or unwillingness to manage one's personal affairs.

For further information, please follow the Self Neglect and Hoarding Frameworks available on the LSAB websites:

Blackburn with Darwen Safeguarding Adults Board

Blackpool Safeguarding Adults Board

Lancashire Safeguarding Adults Board

If in doubt or you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Safeguarding Health colleagues and the Police.

If you feel that your concerns are not being considered appropriately, please speak with your Local Safeguarding Adults Team and Safeguarding Business unit who will be able to advise on case escalation.

Adults Who May be Vulnerable to Radicalisation and Terrorism

The national Channel strategy provides a mechanism for supporting those who may be vulnerable to violent extremism by assessing the nature and the extent of the potential risk and, where necessary, providing an appropriate support package tailored to an individual's needs. A multi-agency panel decides on the most appropriate action to support individuals taking their circumstances into account.

Partnership involvement ensures that those at risk have access to a wide range of support ranging from diversionary activities through to providing access to specific services such as education, housing and employment. The work also aims to build resilience in communities and partners to deal with the issues.

Partners may include, depending on local circumstances:

- Statutory partners such as education, health, probation, prisons, police and others;
- Adult social services;
- Children's and youth services;
- Youth Justice Board through youth offending teams;
- UK Visas and Immigration;
- Voluntary services;

Channel is not about reporting or informing on individuals to prosecute them. It is about communities working together to support vulnerable people at an early stage, preventing them from being drawn into violent extremism.

Violent extremism is a real threat to all communities – violent extremists actively aim to damage community relations and create division. That is why it is vital that we all work together to support those who are vulnerable in this way.

Channel: Referral and Intervention Process

- Participation in Channel is voluntary. It is up to an individual, to decide whether to take up the support it offers. Channel does not lead to a criminal record.

- In a few cases, an individual may move beyond being vulnerable to extremism to involvement or potential involvement in supporting or following extremist behaviour. Where this is identified as a potential risk, further investigation by the police will be required, prior to other assessments and interventions;
- Any member of staff who identifies such concerns, for example as a result of observed behaviour or reports of conversations to suggest an adult at risk supports terrorism and/or extremism, must report these concerns to the named or designated safeguarding professional in their organisation or agency, who will consider what further action is required;
- The named or designated safeguarding professional should consider whether a situation may be so serious that an emergency response is required. Staff should exercise professional judgement and common sense to identify whether an emergency situation applies; examples in relation to violent extremism are expected to be very rare but would apply when there is information that a violent act / life threatening act is imminent or where weapons or other materials may be in the possession of a young person, another member of their family or within the community or imminent to travel to a conflict zone. In this situation, a 999 call should be made.
- The Pan-Lancashire Channel Panel Chair can be contacted via email at prevent.team@blackburn.gov.uk.
- If you have any concerns about someone and would like more advice ring 101/999 if urgent, if not then email prevent.team@blackburn.gov.uk. Any information, advice or concern will be handled with sensitivity and where possible anonymity will be maintained. Referrals can be made directly to the email inbox by any individual or organisation and will be dealt with discretion.

Prevent

The national Prevent strategy is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views;
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;
- Work with a wide range of sectors where there are risks of radicalisation which we need to address, including education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with local authorities, a wide range of Government departments, with community organisations and with many countries overseas. The police also play a significant role.

Local and National Support

For Strategic or Policy Support or advice contact Blackburn with Darwen or Burnley Prevent Co-ordinators:

Mayjabeen Hussain
Prevent Co-ordinator
Community Safety Team
Blackburn with Darwen Borough Council
Environment, Housing & Neighbourhoods

3rd Floor, Old Town Hall
Blackburn BB1 7DY
Tel: 01254 585263
Email: Mayjabeen.Hussain@blackburn.gov.uk

For non-urgent safeguarding concerns around terrorism, extremism and radicalisation, email the Police Channel Team on concern@lancashire.pnn.police.uk.

Contact Police on 101 or 999 – ask that the Duty Inspector and Force Incident Manager are made aware and make necessary contact with Counter-Terrorism Branch.

For further information and advice see Prevent duty guidance: England and Wales (2023) - GOV.UK (www.gov.uk)

Children and Young People who perpetrate Abuse.

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place. Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death. The UK prevalence study of elder abuse identified younger adults (rather than the person's partner) as the main perpetrators of financial abuse.

If you have any concerns, seek immediate advice from your local Safeguarding Adults Team, Childrens Services, Safeguarding Health colleagues and the Police as appropriate.

Safeguarding Adult Reviews (SAR)

The overriding purpose of a SAR is to learn lessons and improve practice and multi-agency working. The Care Act 2014, section 44ii states:

> (1) A Safeguarding Adult Board (SAB) must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:
>
> > a. there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
> >
> > b. condition 1 or 2 is met.
>
> (2) Condition 1 is met if:
>
> > a. the adult has died (including death by suicide), and
> >
> > b. the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).
>
> (3) Condition 2 is met if:
>
> > a) the adult is still alive, and

b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

(4) An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

(5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to—

a) identifying the lessons to be learnt from the adult's case, and

b) applying those lessons to future cases.

There is an expectation that individuals, agencies, organisations, cooperate with the review but the Act also gives Boards the power to require information from relevant parties. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from 'near misses' and situations where the arrangements worked especially well.

Criminal investigations and police involvement: Where there is an ongoing criminal investigation or criminal proceedings, the SAB will consider, in consultation with the police, whether continuing with the SAR might prejudice their outcome and whether the completion of the SAR should be postponed until after the criminal investigation or proceedings have been completed.

Principles: SARs should reflect the six adult safeguarding principles and be conducted within a framework of openness and transparency.

Purpose: The purpose of all SARs is to keep the focus on learning. The final SAR report and those responsible for disseminating the learning from it, should ensure that the recommendations can be translated into practice, not just for those involved but to a wider audience to support 'prevention strategies' and influence strategic plans. It is not for a SAR to investigate how a death or serious incident happened. Neither is it the responsibility of the SAR to apportion blame. Such matters will be dealt with by the Coroner's or criminal courts, or other bodies.

The Adult in non-fatal cases: The views of the adult should be central to the decision-making process about the type of SAR to undertake. Communication should be established at the earliest opportunity and advocacy provided to support the adult. Information should be given about how the SAR will be conducted and how they can be involved or, in the event that the adult has deceased, how nominated people can be involved. Where there is a police led investigation, close contact with any appointed police Family Liaison Officer should be made. Communication should be clear and consistent between all designated supporters including independent advocates.

Advocacy: The Local Authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a SAR. Where the adult is deceased, it is good practice to provide advocacy to family/friends.

Carers: The desired outcome, especially where a family is bereaved, needs to be approached with sensitivity. Consultation and involvement needs to be balanced with the overall wellbeing of the individuals involved. Throughout the process due diligence, compassion and appropriate support should be provided and the relevant Local Authority community team should be available to provide this or an alternative arranged if more appropriate.

Staff: All professionals should be fully involved in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith. Where an adult has died, professionals working with that adult should have the opportunity to discuss their feelings in a safe environment and offered counselling or other therapeutic support. Professional supervision may not be the most helpful means of exploring any fears or anxieties or coping mechanisms to enable professionals to take an objective view and learn from the SAR.

If a staff member is subject to a criminal investigation, consideration will need to be given to the timing of any SAR and if a staff member is subject to a disciplinary enquiry, it is likely that the SAR will work alongside the disciplinary enquiry.

Making a referral: Any individual, agency or professional can request a SAR. This should be made in writing to the SAB Chair, or as agreed by the local SAB using the agreed format. The request should detail:

- What happened with dates if known;
- The views of the adult/family/carer;
- Where the incident/concerns took place;
- Who was involved and their organisation and
- Why the request is being made
- A synopsis of the case

The request should be considered against the criteria in order for a SAR process to be consistently applied. Agreement to a SAR should be recorded on relevant systems across the statutory agencies. For the NHS this will be carried out by the ICB.

Upon receipt of the SAR referral; the Board manager will acknowledge receipt of the notification and advise the Independent Chair of the referral.

SAR Information Requests: identified members will be required to complete and return information requests both at referral, prior to any SAR panel and during the review, for example a detailed chronology. This should be returned within timeframes requested by the SAB.

Commissioning a SAR: The SAB is the only body authorised to commission a SAR and decide when a SAR is necessary; arrange for its conduct and if it so decides, to oversee implementation of the findings. The SAB will convene the SAR Panel subgroup (to act on its behalf to receive and manage requests, and have delegated commissioning responsibilities. In commissioning a SAR, there will be local procurement or other commissioning protocols to consider and governance arrangements should be agreed.

Whatever arrangements are in place, where there is agreement for a SAR, a SAR chair should be identified to co-ordinate arrangements.

SAR methodology - A number of options may be considered by the SAB or delegated subgroup. The SAR model should be determined locally according to the specific individual circumstance. The focus must be on what needs to happen to achieve understanding, take remedial action and, very often, provide answers for families and friends of adults who have died or been seriously abused or neglected. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed and to take corrective action.

When commissioning a SAR the following points should be agreed:

- Scope of the terms of reference;
- Knowledge, skills and experience of the reviewer;
- Timescales for completion;
- Who will secure any legal advice required;
- How the interface between the SAR and any other investigations or reviews will be managed;
- A communication strategy, including clarification about what information can be shared, when and where (conditions);
- A media strategy;
- What the arrangements for administrative and professional support are and
- How it will be paid for.

Links with other reviews and investigations: Before considering whether to undertake a SAR consideration will be given to links with other reviews and identify which takes priority, for example:

- Serious Case Review (SCR)
- Domestic Homicide Review (DHR)
- Serious Incident Reviews
- Serious Further Offence Reviews

Different types of reviews will have their own specific areas of investigation and these should be respected. Where intelligence can be shared across reviews, there should be no organisational barriers to information sharing. It is also helpful to consider if some aspects of the reviews can be commissioned jointly to reduce duplication.

Coroners: Any SAR may need to take account of a Coroner's inquiry, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay. Coroners are independent judicial officer holders who are responsible for investigating violent, unnatural deaths or deaths of unknown cause, and deaths in custody, or otherwise in state detention, which are reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- Where there is an obvious and serious failing by one or more organisations;
- Where there are no obvious failings, but the actions taken by organisations require further exploration/explanation;
- Where a death has occurred and there are concerns for others in the same household or other setting (such as a care home);
- Deaths that fall outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the Coroner or his or her officers.

Findings from SARs: The findings and outcomes of any SAR will be captured within the Annual Report of the local SAB.

Timetable: The timescale from the decision to conduct a SAR to completion is 6 months. In the event that the SAR is likely to take longer for example, because of potential prejudice to related court proceedings, the adult/advocate and others should be advised in writing the reasons for the delay and kept updated on progress.

For further information around published Safeguarding Adult Reviews which feature some of the described types of abuse, please visit the Safeguarding Adult Board websites using the links above. Published SARs are available to view on the websites for 12 months and then the SAR Library thereafter.

Adult Safeguarding Practice

Mental Capacity and Consent

People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

Professionals and other staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005. In all safeguarding activity due regard must be given to the Mental Capacity Act 2005. In all cases where a person has been assessed to lack capacity to make a decision, a best interest's decision must be made. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process.

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who may lack mental capacity:

- **A presumption of capacity.** Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
- **Individuals being supported to make their own decisions.** A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.
- **Unwise decisions.** People have the right not to be treated as lacking capacity merely because they make a decision that others deem 'unwise'. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
- **Best interests.** Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- **Less restrictive option.** Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

In the Act

'…a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision; or
- Retain that information long enough for them to make the decision; or
- Use or weigh that information as part of the process of making the decision; or
- Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)'.

Mental capacity is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Thus, an adult could be put under pressure, for example in domestic abuse situations, that they lack the mental capacity to make the decisions about their safety. Staff must satisfy themselves that the adult has the mental ability to make the decision themselves, if not, it is best to err on the side of caution, identify the risks and consider support or services that will mitigate the risk. Preventing the person from isolation can be a protective factor. Involving an advocate could assist in such circumstances. Advocacy support can be invaluable and may be provided by an IMCA or other appropriate advocate.

Advocacy and Support

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

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act 2005 and an Independent Advocate introduced under the Care Act 2014. Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

An Adult may benefit from the support of an independent advocate to ensure that their voice is heard, their wishes fully considered, and their rights preserved.

Where the Adult has Capacity, then they may instruct an advocate to represent their views, for example by attending meetings with or on behalf of the Adult. If the adult has substantial difficulty the Local Authority should arrange for an advocate where appropriate. An advocate instructed in this way must act upon and in accordance with the instructions of the Adult.

Where the Adult lacks Capacity to make their own decisions, then the advocate may independently decide how best to represent the Adult.

An **Independent Mental Capacity Advocate (IMCA)** is appointed under the Mental Capacity Act 2005 where certain criteria are satisfied.

All advocates should:

- Undertake appropriate training and be fully conversant with relevant policy and procedure.
- Report any concerns they have of possible abuse to Adult Social Care or to the Police if a crime may have been committed.
- Cooperate fully to assist with any investigative procedures.
- Continue in their advocacy role with the Adult throughout such process supporting them and helping them to understand what is going on.
- Ensure that the voice of the Adult is heard.

Under the Mental Capacity Act 2005, where a person over 16 does not have the Capacity to make a decision, an Independent Mental Capacity Advocate (IMCA) must be appointed to assist in determining his or her best interests where:

- The person lacking Capacity has no close family or friends to take an interest in his/her welfare and a decision is required in relation to care, medical treatment or accommodation; or
- Family members are in dispute or disagree about the person's best interests

IMCAs have a role in supporting those lacking Capacity and those without anyone to speak for them in relation to specific local authority and National Health Service decisions about long term accommodation and serious medical treatment.

IMCA Role in Safeguarding

IMCAs have a specific safeguarding adult role.

In safeguarding cases, access to IMCA is not restricted to people who have no one else to support them. People who lack Capacity and who have family and friends can still have an IMCA to support them through the safeguarding process.

The role of the IMCA in safeguarding adults is set out in the Mental Capacity Act 2005 which specifies that the local authority and NHS bodies have powers to instruct an IMCA under the following circumstances:

a. Where it is alleged that the person is being or has been abused or neglected; or
b. Where it is alleged that the person is abusing or has abused another person; and
c. Where they propose to take protective measures in relation to a person who lacks capacity to agree to one or more of the measures.

A protective measure is any action taken to minimise the risk of Abuse or Neglect continuing, whether the person is the alleged victim or the alleged perpetrator.

Advocates should be invited to the case conference (other than in exceptional circumstances e.g. where the relationship between the Adult and the advocate is considered abusive), either accompanying the Adult or attending on their behalf, to represent the person's views and wishes.

Instructed advocates would attend only with the permission of the adult.

Managing Risk

If there is no requirement for a formal enquiry but there remains the need to safeguard the adult or others then risk management response may be appropriate.

Employers need to take responsibility for the management of risk within their own organisation and share information responsibly where others may be at risk from the same source. A plan to manage the identified risk and put in place safeguarding measures includes:

- Multi-agency risk assessment
- Assessment of care and support needs
- Adult Local Area Designated Officer interventions (or equivalent to area)
- Commissioning and /or contractual actions
- Serious incident processes
- Social work intervention
- Carers assessment
- Mediation/family group conferences

Whichever risk management responses are undertaken the following factors will be key:

- What immediate action must be taken to safeguard the adult and/others;
- Who else needs to contribute and support decisions and action, e.g independent advocacy;
- What the adult sees as proportionate and acceptable;
- What options there are to address risks;
- When action needs to be taken and by whom;
- Reaching decisions in line with the Mental Capacity Act
- Recording issues and actions

Throughout, the actions will need to be re-evaluated to ensure they are addressing the risk and promoting wellbeing as well as responding to the desired outcomes of the adult at risk. If not alternatives will need to be considered.

Information Sharing

Information sharing between agencies is essential to safeguarding adults at risk of abuse and neglect. This includes statutory and non-statutory organisations. Decisions of what to share and when will be made on a case by case basis and whether this is with or without consent. However, the information checklist must be followed.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

Sharing information between organisations as part of day-to-day safeguarding practice is covered by the common law duty of confidentiality, the General Data Protection Regulation (GDPR"), Data Protection Act 2018 , the Human Rights Act 1998 and the Crime and Disorder Act 1998.

Information Sharing Checklist

1. Remember that the general Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to sharing information but provide a framework to ensure that personal information about living persons is shared appropriately;
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt, without disclosing the identity of the person where possible;
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. Under the GDPR and DPA 2018 you may still share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that and individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions;

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely;
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The following are questions to ask before agreeing to share information:

- How reliable and complete is the information I am considering sharing?
- How will disclosure contribute to risk reduction?
- How much information needs to be disclosed, and to whom?
- Have I sought, considered and recorded the views of the source and/or subject of the information about proposed disclosure?
- If consent is not forthcoming, or is refused, are there pressing reasons to disclose?
- Have I balanced rights to privacy and confidentiality against the scale of the assessed risk?

Sharing information early

Sharing information early is key to helping effectively where there are emerging concerns. A professional should never assume that someone else will pass on information which they think may be critical to the safety and well-being of an adult at risk of abuse or neglect. If a professional has concerns about an adult's welfare in relation to abuse and neglect they should share the information with the local authority.

People in the wider community can also help by being aware of signs of abuse and neglect, how they can respond and how to keep people safe. If a criminal act is committed the statutory guidance advises that sharing information does not rely on the consent of the victim. Criminal investigation by the police takes priority over all other enquiries but not over the adult's well-being and close co-operation and co-ordination among the relevant agencies. This is critical to ensure safety and well-being is promoted during the criminal investigation.

Please check locally if there is a local information sharing agreement in place.

Defensible decision making

Responding to safeguarding adult concerns or allegations requires decision making and professional judgements. A duty of care in relation to those decisions or judgements will be considered to be met where:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Decisions are recorded, communicated and thoroughly evaluated
- Policies and procedures have been followed
- Practitioners and their managers adopt an investigative approach and are proactive

Duty of Candour

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

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS), which apply only in England and Wales, are an amendment to the Mental Capacity Act 2005.

The Mental Capacity Act allows some restraint and restrictions to be used – but only if they are in a person's best interest and necessary and proportionate.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings, the Court of Protection can authorise deprivation of liberty.

Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation.

There are six assessments which have to take place before a standard authorisation can be given.

If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the relevant person's representative and will usually be a family member or friend.

Other safeguards include rights to challenge authorisations in the Court of Protection, and access to Independent Mental Capacity Advocates (IMCAs).

Resolving Professional Disagreements

Generally there are good working relationships between agencies, but occasionally there will be a difference of professional views. This protocol is designed with the intention of clarifying the actions required where there is a professional disagreement and is in place across the Pan-Lancashire footprint.

Stage One: Discussion between workers

The people who disagree should have a discussion to try to resolve the problem. This discussion must take place as soon as possible and could be virtual or a face-to-face meeting. It should be recognised that differences in status and /or experience may affect the confidence of some workers to pursue this unsupported.

Stage Two: Discussion between Line Managers

If the problem is not resolved and concerns remain, the worker should contact their supervisor / line manager / safeguarding lead within their own agency to consider the issue raised, what outcome they would like to achieve and how differences can be addressed. The line manager should contact their

respective counterpart to try to negotiate an agreed way forward. This could involve a professionals meeting if deemed appropriate.

Stage Three: Discussion between Operational/Senior Managers

If the issue is not resolved at stage two, the supervisor/ line manager reports to their manager or named/lead safeguarding representative. These two senior managers of both individuals/organisations must liaise and attempt to resolve the professional differences through discussion.
If there remains disagreement, escalation continues through the appropriate tiers of management in each organisation until the matter is resolved.

Stage Four: Resolution by Blackburn with Darwen, Blackpool and Lancashire Safeguarding Adult Boards

If there is no resolution, and having exhausted all other routes, the matter should be escalated to the Chair of the relevant Safeguarding Adult Board (SAB). The escalation to the SAB should be made via the Head of Service (for each individual/agency) to the Head of Service for the Safeguarding Adult Board. They will then liaise with the Chair of the Safeguarding Adult Board.

The Chair will convene a Resolution Panel, membership will consist of a senior officer from the three agencies, LA, Police and ICB. The Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.

Additional Note:

At each stage professionals must ensure that appropriate records are made in the adult at risk's case records. This should include the concern, action taken to resolve, agreed actions from resolution process, timescales, and the outcome. This should be clear, evidenced, and factual.

Use of Interpreters and Signers

Adults who have difficulty communicating in English and those who have specific communication difficulties should have access to the services of an independent interpreter with a relevant knowledge of culture and observances. Family members should not be used in this role.

It may assist in smoothing the way for an interpreter, and would be good practice, to ensure that the interpreter has a briefing prior to an interview. This should ensure that the confidential nature of the meeting they are about to interpret is made explicit and that they are prepared for any disclosure that may be of a sensitive nature. The interpreter's job is to interpret, not to mediate or get involved in the case in any other way, but he/she needs this background preparation in order to be able to comprehend what is being said and to interpret as accurately as possible.

It is important that members of staff are aware of potential conflicts which may arise when using an interpreter and the need to ensure that the interpreter has no involvement in the case.

It is recommended and preferable that an interpreter is sourced from a contracted supplier with whom an existing confidentiality agreement is already in place (this is likely to be through commissioned service contracts). Please refer to local sources via your Local Authority if necessary.

Any interpreters from a source that is not a recognised contractor must be required to sign a confidentiality agreement prior to undertaking any interpreter service. Interpreters must understand that they must not divulge any of the contents of a meeting or interview to any other person.

In addition, any contract for the provision of interpreting services must comply with the following overarching principles:

- The interpreter should be acceptable to both the service user and the agency. The service user should be consulted about the acceptability of a named interviewer. There may be concerns for instance about gender, religion, confidentiality, and conflicts of interest. Every effort should be made to use an interpreter who is acceptable both to the service user and to the agency;
- Interpreters should also be asked to inform the worker if they know personally any of the people involved in the case;
- Interpreters should also be asked in advance about their own requirements during an interview or meeting e.g. breaks, water, equipment;
- Any anticipated difficulties, e.g. with the behaviour of a third party, should be planned for prior to the event
- Decisions about the way in which the interpreter will be used will depend on the interpreter's skills and training, the needs of the service user and the type of the interview or meeting;
- The interpreter may be a helpful source of practical advice about making culturally appropriate arrangements to interview family members. However, professionals should not use interpreters to gain assessment information about racial, cultural, religious and linguistic factors as they affect a particular family's lifestyle or attitudes. This is not a proper use of an interpreter and in any case, the interpreter's values and life experiences will not necessarily coincide with those of the family.

Whistle Blowing Guidance

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

Record keeping and confidentiality

Organisations will have their own recording systems for keeping comprehensive records whenever a concern is made/arises/occurs and of any work undertaken under the safeguarding adults’ procedures, including all concerns raised.

Organisations should refer to their internal policies and procedures for additional guidance on recording and storage of records. Throughout the safeguarding adults’ process, detailed factual records must be kept. This includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken relating to the process.

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

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

All information should be held in accordance with legislation, policy and procedure.

Safeguarding Concerns

Please see your local Multi Agency Policy and Procedures for safeguarding adults at risk

Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB

Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

How to Raise a Concern/Alert

Safeguarding adults from abuse and neglect is everyone's responsibility and it is important that professionals (and the public) are aware that it is their responsibility to raise a concern/alert if they identify abuse and how to do this.

The Care Act 2014 states that safeguarding duties apply to an adult aged over 18 who:

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

Further information and related guidance is available on the following:

- Blackburn with Darwen http://www.lsab.org.uk/policies/ and https://www.blackburn.gov.uk/adult-social-care/safeguarding-adults
- Blackpool http://www.blackpoolsafeguarding.org.uk/
- Lancashire http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/guidance-for-safeguarding-concerns.aspx http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx

If you have concerns that an incident has occurred it should be reported to your local authority for consideration under safeguarding procedures.

Emergency services must be contacted if medical attention is required, the alleged perpetrator is a threat to others or a crime is suspected. This is in addition to raising a concern.

Evidence

Where there is concern for an individual, ensure immediate safeguarding activity is instigated. Where a situation arises that suggest there has been or may have been an offence committed contact the police on 101 or 999 in an emergency and follow guidance from the police. The role of the police in any investigation is to identify, preserve and gather physical and digital evidence. The person taking the report, undertaking the initial investigation, and deploying resources should secure or preserve evidence, or provide advise to the person making the report, for them to do so. This advice may include -:

- disturbing a 'scene' as little as possible, sealing off areas if possible;
- discouraging washing / bathing / eating / drinking / smoking and use of the toilet in cases of assault;
- not cleaning or allowing further use by others of areas used by the victim since the alleged incident;
- not handling items which may hold DNA evidence;
- putting any bedding, clothing which has been removed, or any significant items given to you (weapons etc) in a safe, dry place in bags (for example bin liners) if practical
- preserve all items including documents.

Evidence may include physical and forensic evidence including digital evidence contained on, for example mobile devices and ring doorbells. Staff can contribute to evidence by making a note of their observations in relation to the condition and demeanour of the people involved and activity that has taken place. To assist in investigations and enquiries, preserving any type of digital or physical evidence is important including evidence of injuries or abuse. It is crucial that your observations are accurately documented, this can be achieved with the use of body maps (See Appendix 1). Follow your own agencies policy for the storage of this information.

Section 42 Safeguarding Enquiry

The safeguarding enquiry process is in effect what may have been referred to as the 'investigation' into the alert/concern and involves the process of gathering and analysing all available information relating to the alleged incident.

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

Non-statutory safeguarding enquiry

a) These are safeguarding enquiries carried out on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act.

These enquiries may relate to an adult who:

b) is believed to be experiencing, or is at risk of, abuse or neglect
c) does not have care and support needs (but might just have support needs). Who may be considered for statutory and non-statutory enquiries? This may include people with learning disabilities, mental health issues, older people, and people with a physical disability or impairment. It may also include adult victims of abuse.

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

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

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

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

Who can carry out an enquiry?

Although the local authority is the lead agency for making enquiries, it may cause others to do so. The specific circumstances will often determine who is the most appropriate person /agency to carry out an enquiry, such as: care provider, health professional, or social worker. The local authority will determine who is the most relevant person/agency to carry out an enquiry. The police will lead criminal investigations. The local authority will decide when a case can be closed and if the Section 42 duty is satisfied.

Out-of-area enquiries

In the case of a safeguarding concern for someone who is temporarily residing in a local authority area the host authority will take the lead for the assessment and co-ordination of the safeguarding enquiry. Examples include where someone is receiving hospital or residential care in another local authority area. This includes care which is funded by the local authority or health and care which is paid for by individuals. In terms of Section 42 enquiries, where there are repeat concerns for people in acute hospital settings the ordinary residence rule will apply and the person's usual authority will lead rather than the host authority. It is essential that agencies undertaking Section 42 enquiries ensure the person's usual authority is aware and that residence is clearly documented within records.

If it is thought that the alleged abuse or neglect is linked to systemic issues affecting the whole organisation, the host authority will lead the enquiry as a whole-service enquiry.

Conversations with the adult at risk

Where possible and appropriate, unless it is unsafe (for example, whilst in the presence of a potential perpetrator) to do so each enquiry will start with a conversation with the adult at risk or their advocate. It may be necessary to engineer a conversation to speak with the alleged victim alone to clarify your observations and understanding of their situation. The desired outcomes by the adult at risk should be clarified and confirmed at the end if the conversation.

Outcomes must be achievable, and the adults wishes, feelings and views should be recorded. The strengths of the adult should also be considered with these mapped out as to how these may assist in reducing the risk so the adult may feel safe, this may be with or without support networks.

A multi-agency approach to risk aims to:

- prevent further abuse and neglect
- keep the risk of abuse and neglect at level that is acceptable by the adult and
- support the individual to continue in any risky situation that is their choice and they have capacity to make that decision

Linking enquiries

Other enquires including police investigations can continue alongside a safeguarding adults enquiry. Should HR processes need to be commenced it is important that staff are provided with support including union representative. The remit of each organisation must be clear when considering how different investigations will support a section 42 enquiry.

Outcome to the enquiry

Using Making Safeguarding Personal (MSP) principles it is important to determine if the adult that was at risk had their desired outcomes met and if they feel safer – what impact has this made? It is important this is of the adult themselves and not any other party involved. It may be necessary to take action against the person or organisation alleged to have caused harm. Information will be shared within statutory guidance by agencies involved in any criminal prosecution.

A Multi-Agency Case Conference/Risk Assessment Planning Meeting (where applicable)

A multi-agency meeting takes place following the conclusion of an investigation. Case conferences are chaired by a manager who is independent to the investigation. The main purpose of the case conference is to draw some conclusions from the evidence which has been obtained during the investigation and to determine whether or not, on the balance of probability, abuse has occurred. Recommendations will be made relating to addressing the concerns identified and as a means to reduce the risk of the abuse reoccurring in the future.

All participants are expected to:

- Support the alleged victim, if attending
- Discuss the findings of the investigation via written and verbal reports.
- Offer professional opinion
- Make and contribute to recommendations - set time scales
- Develop and contribute to protection plans if required
- Decide whether, on the balance of probabilities, the abuse has occurred

- Decide who needs to be informed of the outcome e.g. Care Quality Commission (CQC), alleged victim, alleged perpetrator, Disclosure and Barring Service (DBS), Nursing and Midwifery Council (NMC).

If necessary, a protection plan will be developed immediately following case conference, involving the key people identified by the conference Chair.

The main objective of the protection plan is to demonstrate how the adult will be protected from harm in the future. It will include details of the support to be provided (including type, location and frequency) by each service/professional involved and arrangements for review. In some cases this may not be possible as the adult may choose to remain in an abusive situation. In such cases, it is important to detail how the situation will be monitored in the future, including the risk assessment and risk management plan.

Review a Multi-Agency Case Conference/Risk Assessment Planning Meeting (where applicable)

At the conclusion of a case conference a decision will be made regarding whether a review conference is required. Where recommendations have been made as part of the Conference process, a review will ordinarily be required to ensure that actions have been completed.

Dealing with concerns and complaints

Partner organisations must support service users and carers who want to raise concerns about the care, treatment or other services they have received. Partner organisations must give a helpful and honest response to anyone who complains about the care, treatment or other services they have received.

A complaint can be made by anyone who has applied for or is in receipt of a service, including a carer, or a person acting on their behalf.

No service will be delayed, withdrawn or suspended because a complaint has been made.

The focus of the complaints procedure is to achieve the best outcome for both the individual concerned and the service and every complaint should be seen as an opportunity to make care better.

Complaints may relate to the following:

- The quality or appropriateness of a service;
- Delays in decision-making or the provision of a service;
- Failure to deliver a service;
- Attitude or behaviour of staff;
- Application of eligibility or assessment criteria.

The complaints procedure does not apply where:

- The complaint is about the actions of another local authority or another organisation;
- The complaint is about a Court decision;
- The complaint has already been considered and investigated;
- The complaint is in relation to an event that occurred more than 12 months before (although there is a discretion to extend this time limit for example where there are good reasons why the person was not able to bring the complaint earlier);

- The complaint should be dealt with under court proceedings, criminal proceedings, disciplinary proceedings, grievance proceedings or an application to a tribunal (for example in relation to a decision made by an approved social worker).

Please also consult with your own agencies compliments and complaints policy.

Actions to consider:

The initial contact the service has with a person who is unhappy with the service they have been given is key.

If it is clear that a person wishes to make a complaint about the safeguarding process, this should be passed to the relevant Safeguarding Adults Manager/Coordinator, see Local Contacts.

Where a quick resolution is possible without further investigation, for example through an apology, this should be done so long as the complainant is happy with this outcome and there are no risks to others using services, for example because the complaint raises serious issues.

If any person does not feel able to raise his or her complaint with the Safeguarding Adults Manager/Coordinator, he or she may contact the Adult Social Care Complaints Manager in the relevant area.

Allegations against People in a Position of Trust (PiPoT)

Please see your local Multi Agency Policy and Procedures for safeguarding adults at risk.

Blackburn with Darwen: BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk BwD Safeguarding Adults Board Multi-Agency Operational Policy & Procedures for Safeguarding Adults at Risk | LSAB
Blackpool: https://www.blackpoolsafeguarding.org.uk/worried-about-an-adult.

Lancashire: http://www.lancashiresafeguarding.org.uk/lancashire

Depending on the area across Lancashire in which a person works there will be local procedures and contacts therefore please refer to your own SAB website.

The Care Act 2014 established the requirement that all relevant partners should have policies and procedures in line with those of Safeguarding Adults Boards for responding to allegations against people who work with adults, in either paid or unpaid capacity, in positions of trust. This applies to all organisation commissioned to provide services by them, so they respond appropriately to allegations made.

The Blackburn with Darwen SAB, Blackpool SAB and Lancashire SAB relevant partners have identified a person who will hold responsibility for information management oversight within their respective organisations of individuals within their agencies where concerns have been raised about a person in a position of trust (PiPoT). This person may be a Safeguarding Lead or specifically a Position of Trust Lead. See below links to each area:

Blackburn with Darwen https://www.blackburn.gov.uk/adult-social-care/safeguarding-adults/person-position-trust

Lancashire Are you concerned about a vulnerable adult? - Lancashire County Council

Blackpool Blackpool Council | Safeguarding adults

Supervision

Many agencies and services will already have existing and effective supervision processes in place. It is not intended to replace those but to support and reinforce and extend good practice and sound principles across all services/agencies This document highlights the rights of all workers engaged in the safeguarding and protection of children and young people or adults at risk, to have access to formal safeguarding supervision.

Safeguarding children and adults at risk is a challenging area of work and it is essential that the practitioners who are faced with these challenges are competent, confident, well trained and effectively supported.

Supervision should facilitate:

- Competent, accountable practice in order to meet service specification (managerial function)
- Continuing professional development (educative/development function)
- Personal support (supportive function)
- Linking the practitioner to the organisation (mediation function)
- To provide a thinking space for practitioners where reflection can take place

The focus of safeguarding supervision is on the care provided by the practitioner to individual children, adults at risk, their carers and families with the aim of improving outcomes, reducing risk and increasing safety. This may include all the areas as outlined above.

Supervision can be delivered as regular one to one meetings, catch ups, 1:1s, group supervision (single and multiagency) and [peer] review.

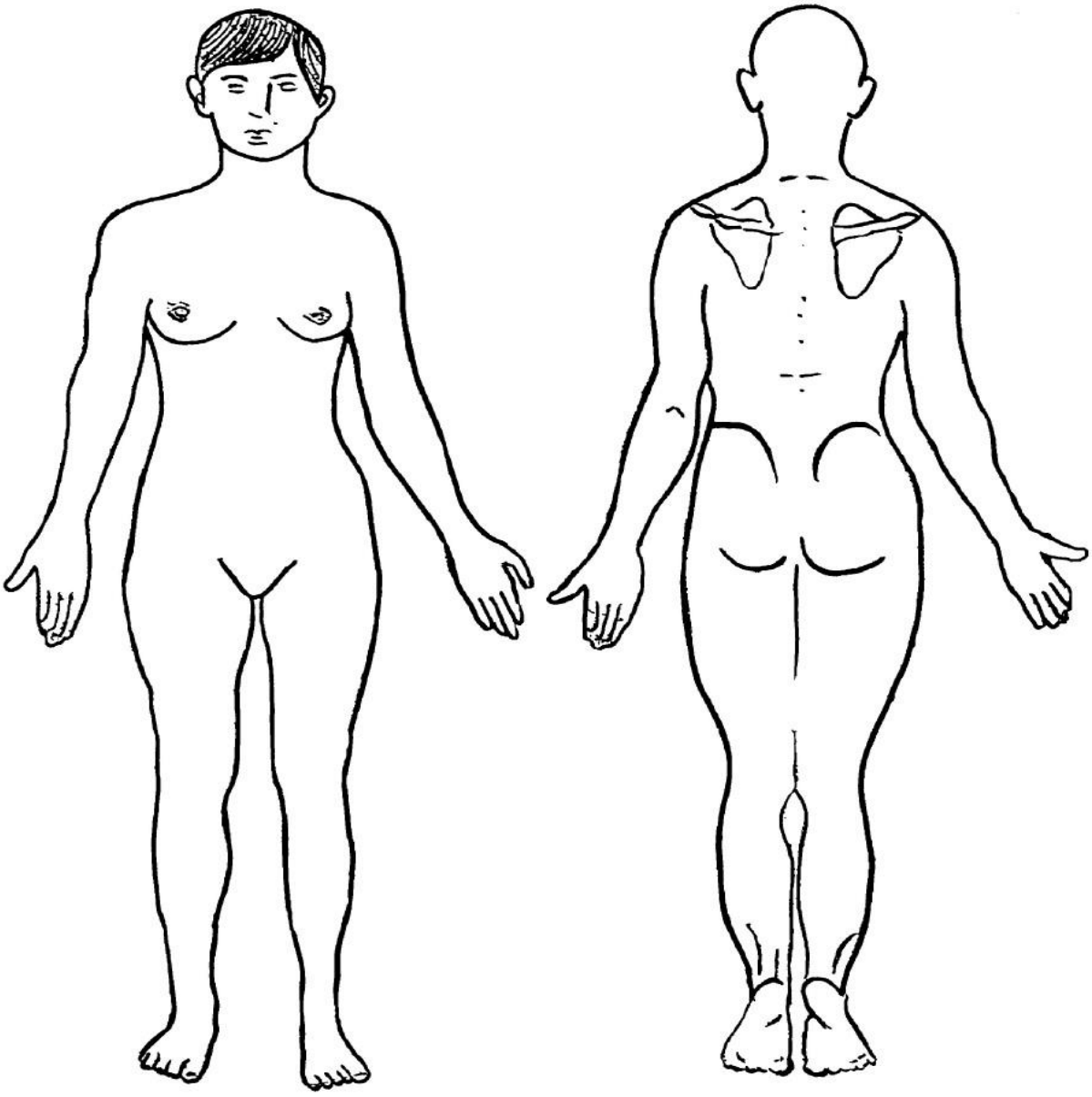
The key functions of safeguarding supervision are to:

- ensure that safeguarding practice is competent, accountable and based on evidence, procedure, protocol and self-reflection.
- ensure that safeguarding practice is consistent with this document and any single agency policy and procedures.
- ensure that practitioners fully understand their roles, responsibilities and scope of their professional discretion and authority with the result that confidence is increased.
- include reflection, scrutiny and evaluation of safeguarding work carried out, assessing the strengths and areas for development of the practitioner, supporting their development and providing managerial oversight or emotional support where required.
- ensure that key decisions and events are recorded and evident within the individual's case records.
- identify areas of need and ensure that the best interests of children, their families and adults at risk (if they lack capacity) are promoted
- assist in the promotion of anti-discriminatory practice
- escalate if necessary. Agency supervision agreement will specify the internal escalation process.

With respect to individual cases, safeguarding supervision helps practitioners to keep a focus on the child/the needs of the adult at risk to avoid delay in action, to maintain objectivity and to address the emotional impact of the work.

Appendix 1.

BODY MAPS- FRONT & BACK VIEWS



Name of adult:

Job title(s):

DOB or ID code:

Date and time form completed:

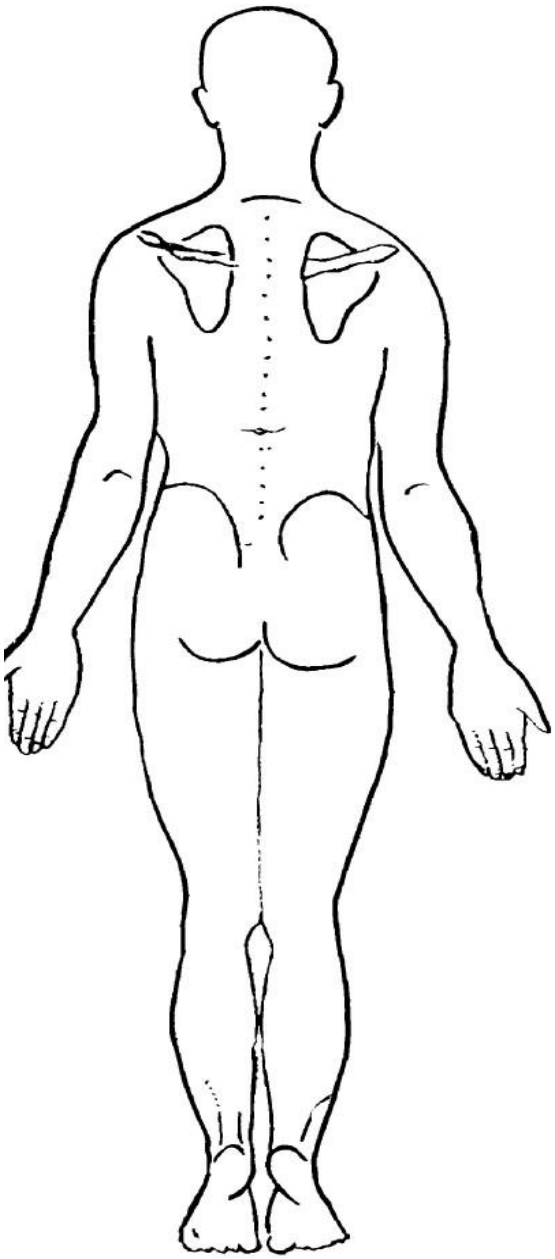
Date and time injury witnessed:

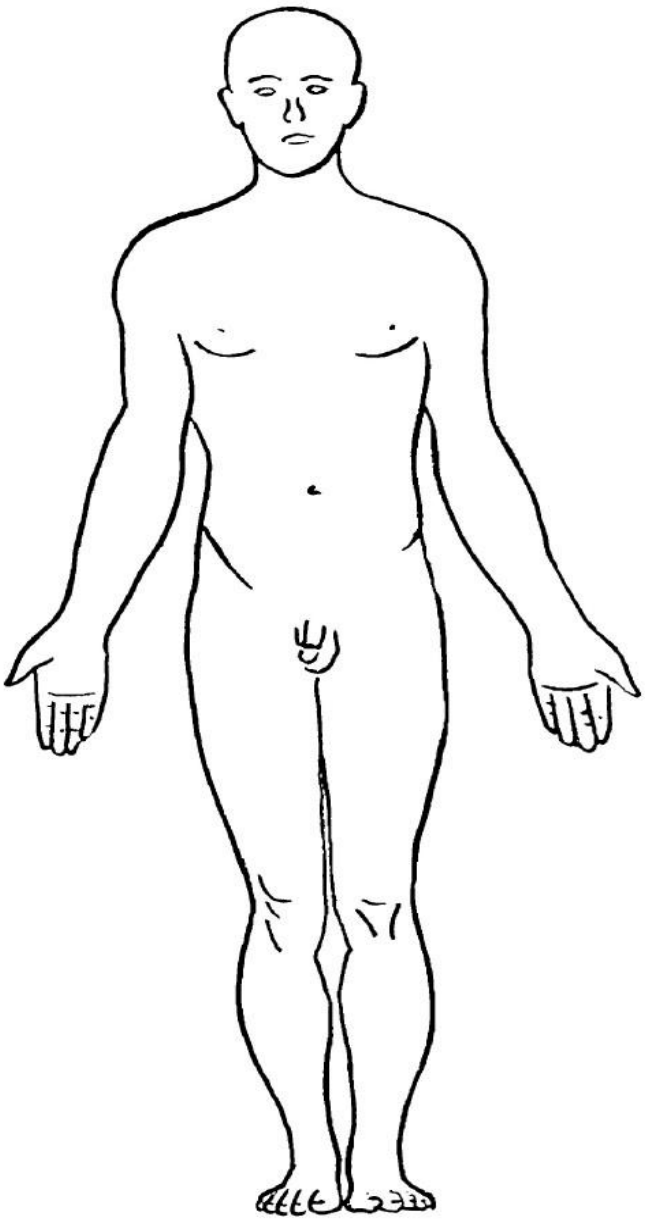
Signature(s):

Name of worker(s):

Description of injury:

BODY MAPS- FRONT & BACK VIEWS





Name of adult:

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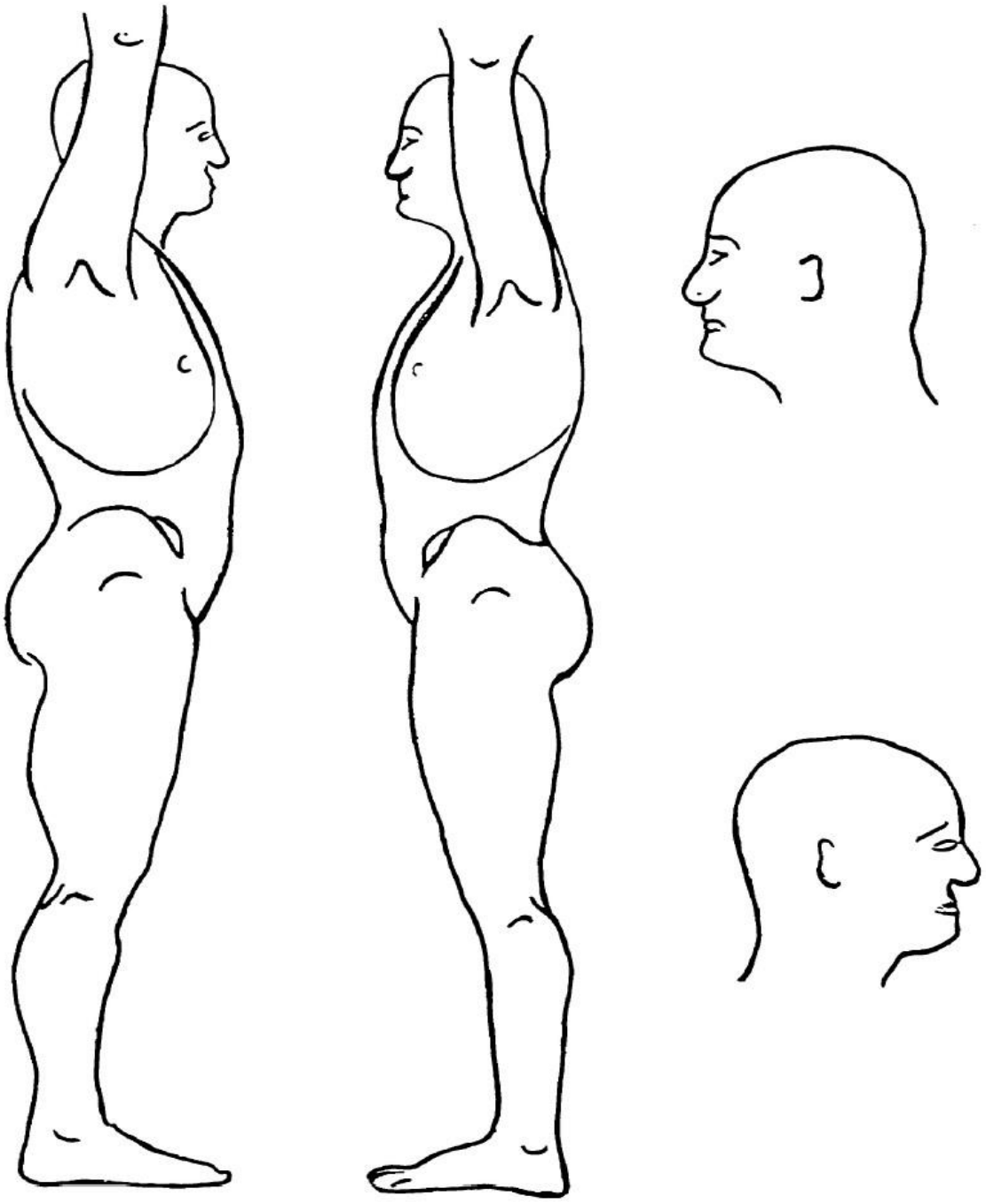

Name of adult:

Job title(s):

DOB or ID code:

Date and time form completed:

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:

Appendix 2

ADULT SAFEGUARDING