

**A multi-agency framework to support decision making in relation to adult safeguarding concerns.**

**For decision makers in agencies and organisations across Southampton, Hampshire, Isle of Wight and Portsmouth with adult safeguarding responsibilities.**



## Contents

	Page
<b>Foreword</b>	
1. Introduction and purpose	2
2. What is meant by 'care and support' needs?	4
3. What about carers?	6
4. What is meant by 'abuse and neglect'?	7
5. Working together makes a difference	8
6. What is an adult safeguarding concern?	10
7. Who can report a safeguarding concern?	12
8. What do we do when the adult does not want the safeguarding concerns to be reported	12
9. How to respond and report safeguarding concerns and make safeguarding personal?	15
10. What do we do about concerns of abuse and neglect of an adult who does not have care and support needs?	19
11. What are the statutory safeguarding duties of the local authority?	20
12. What is the Adult Safeguarding S42 Enquiry Process?	21
13. Multi-agency tools to support decision making in raising a safeguarding concern	23
14. Appendix 1 - Overview of Core Messages	36

# A multi-agency framework to support decision making in relation to adult safeguarding concerns.

For agencies and organisations across Southampton, Hampshire, Isle of Wight and Portsmouth

## 1. Introduction and purpose

The purpose of this multi-agency framework is to support the decision making and reporting of adult safeguarding concerns, in order to impact positively on outcomes for people with a need for care and support, who are at risk of or experiencing abuse or neglect.

This framework sits alongside the Multi-Agency Adult Safeguarding Policy, Process and Guidance 2020 and draws on the Care Act 2014 and accompanying statutory guidance and connects to the LGA and Adass framework 'Making decisions on the duty to carry out safeguarding enquiries'. [here.](#)

## Key Points

What supports this framework, is practice that promotes:

- personalised approaches which balance well-being with safety and prevention
- engagement with the adult about how best to respond to their safeguarding situations in a way that enhances their involvement, choice, and control
- an adult's rights, ensuring that those who lack mental capacity (as well as those who have capacity) are empowered and included within safeguarding support
- empowering people so that they are partners in understanding and managing risk in their own lives
- an emphasis on the need for transparency and openness in managing conflicting outcomes (both of the adult and between the adult and professional organisations)
- the role of advocacy in all of the above.

A safeguarding concern is:

Where there is reasonable cause to suspect that an adult who has or may have needs for care and support and is at risk of or experiencing of abuse or neglect. **Care Act 2014 Section 42 (1) (a) and (b).**

This definition directs us to all work together to improve our understanding of the risks and experiences of adults who have needs for care and support:

- it will improve our ability to prevent or intervene early when there are concerns of abuse or neglect
- it will enhance joint working to prevent, reduce or delay the risk of harm to the adult
- it will ensure that safeguarding concerns are identified and reported to support the adult
- it will ensure that those who have a statutory duty to enquire, act in a timely, person centred and co-ordinated way.

The flowchart below reflects the decision making for a safeguarding concern and the guidance in this framework should help to inform this decision making.

## Deciding if you need to raise a safeguarding concern to the Local Authority/ Multi-Agency Safeguarding Hub (MASH)

Are you concerned that an adult is at risk of or is experiencing abuse or neglect?

What types of abuse or neglect are you concerned about?

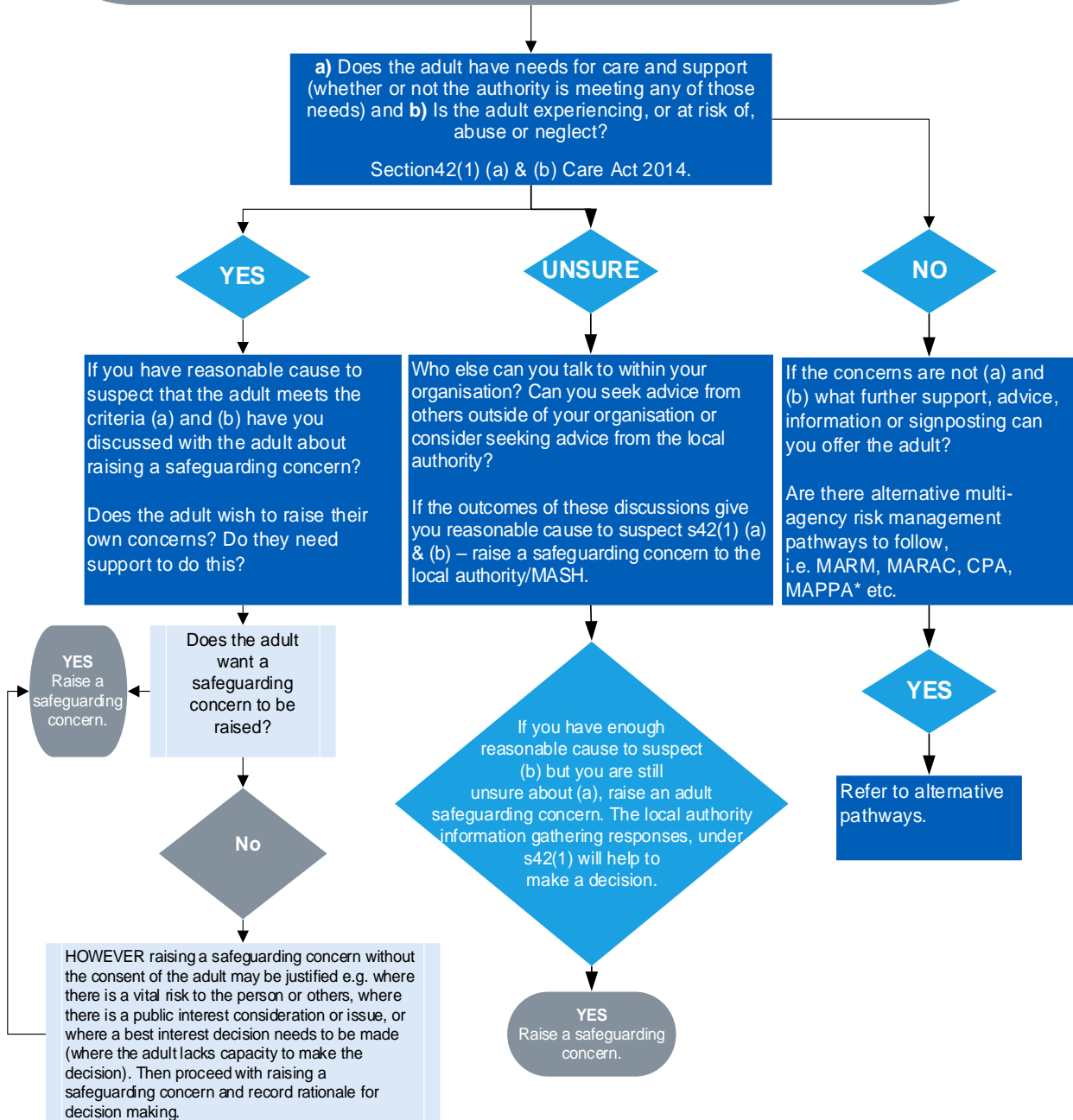
Have you had a conversations with the adult about the concerns?

Have you sought the views and wishes of the adult? \*

Are there any immediate risks to the adult or to others including children?

Have you discussed and agreed next steps with the adult? \*

Have you provided advice, information or signposted the adult?



\* There may be circumstances where the safety of the adult or yourself prevent this from happening.

If you still have concerns about abuse or neglect and it is not possible or within the scope of your role to have a conversation with the adult, then if in doubt continue with the process and raise a safeguarding concern.

\* Multi-Agency Risk Management (MARM), Multi-Agency Risk Assessment Conference (MARAC), Care Programme Approach (CPA).

### Core Message 1

‘Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.’ **DH Care Act Statutory Guidance 2016, paras.14.7-14.8.**

### Core Message 2

This framework should be used by: those in any agency or organisation, in the statutory, private, voluntary or faith sectors in Southampton, Hampshire, Isle of Wight and Portsmouth who would be making a decision to report an adult safeguarding concern to the Local Authority.

### Core Message 3

The aim of this framework is to support the appropriate reporting of adult safeguarding concerns to the local authority, including the promotion of consistent understanding of what constitutes an adult safeguarding concern across agencies and sectors, to support shared responsibility for finding alternative pathways for support where it is decided that the presenting issue does not constitute a safeguarding concern.

## 2. What is meant by ‘care and support’ needs?

This section is to help you think about whether the adult might have care and support needs. ‘Care and support’ are the terms used to describe the help some adults need to live as well as possible with any illness or disability they may have.

### Key Points

An adult with care and support needs *may be*:

- an older adult\*
- an adult with a physical disability, a learning difficulty, or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- an adult with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living’.<sup>1</sup>

\*An ‘older adult’ should not be taken to mean that age alone means an adult has care and support needs, but is a recognition that older people are at higher risk of some conditions that can lead to care and support needs developing.

Care and support are terms used to describe the help some adults need to live as well as possible with any illness or disability they may have. The Skills for Care 2014 definition says that ‘care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. Care and support include assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services or the provision of aids and adaptations.’

---

<sup>1</sup> [Adult safeguarding practice questions, SCIE July 2018](#)

Care and support can include help with things like:

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed
- being able to make use of the adult's home safely
- maintaining a habitable home environment
- developing and maintaining family or other personal relationships
- accessing and engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
- carrying out any caring responsibilities the adult has for a child.

### Key Points

Local authorities have a number of duties to adults who may have care and support needs, not just safeguarding duties and they must:

- carry out an appropriate and proportionate assessment: a supported self-assessment is appropriate if the adult or carer in question is willing, able and has the capacity to undertake one and to assess and reflect on their own needs
- carry out a capacity assessment if it believes an individual may lack capacity to understand and carry out a supported self-assessment
- support the individual to lead the process, this involves providing as much information as possible from the time of first contact, in an accessible format, so that the individual undertaking the supported self-assessment has a full picture of their care and support history
- involve an advocate (a family member, friend, or independent advocate) to help the individual through the process where the individual has capacity to undertake the supported self-assessment but has substantial difficulty understanding, retaining, and using the relevant information
- involve an adult who has specific training and expertise in cases where the individual is deafblind
- carry out a safeguarding enquiry where an adult meets the statutory enquiry duty
- ensure the self-assessment is completed in a suitable time period
- ensure that the supported self-assessment is accurate and complete, reflecting the individual's needs, desired outcomes, and the impact of needs on their wellbeing.

Sometimes the concerns you have about an adult are concerns about their wellbeing and the adult may benefit from knowing about the duties that the local authority might have to them, for example they might have been diagnosed with a long term condition and need help to manage their needs at home, like getting dressed or cooking, they may be a carer and need support in relation to their caring responsibilities, they may have a disability and need help to maintain their independence or access to work.

**Case Study A** [here](#) gives an example about concerns about an adult's wellbeing that can be raised with the local authority, but not in the context of abuse or neglect, so not a safeguarding concern.

#### Core Message 4

Care and support needs might also include emotional support at a time of difficulty and stress, helping people who are caring for an adult family member or friend or even giving others a lift to a social event. Care and support includes the help given by family and friends, as well as any provided by the council or other organisations.<sup>2</sup> The overall aim of adult care and support is to help people meet their needs to achieve the outcomes that matter to them in their lives and which in turn promote their wellbeing.

#### Core Message 5

Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of the setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. **14.6 Care Act Statutory Guidance.**

### 3. What about carers?

Guidance on carers and safeguarding is set out in the statutory guidance.<sup>3</sup> This explains the circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response. For example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

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

If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding concern is raised, the local authority will determine whether an enquiry duty is met, or an alternative responses is required. **14.45 Care Act Statutory Guidance.**

**Case Study B** [here](#) gives an example of responses to a carer who is at risk of abuse or neglect, but who does not have care and support needs.

#### Core Message 6

The Care Act statutory guidance states that assessment of both the carer and the adult they care for must include consideration of the wellbeing of both people. Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing. As such, a needs or carer's assessment is an important opportunity to explore the individuals' circumstances.

### 4. What is meant by 'abuse and neglect'?

This section is to remind you of what is meant by the terms abuse and neglect. You should refer to the Multi-Agency Adult Safeguarding Policy, Practice and Guidance for more detail as well as your own agencies guidance on adult safeguarding. Abuse and neglect can happen to anyone, whatever their circumstances and can be carried out by anyone. This

<sup>2</sup> [DHSC Care and support: what is changing- Updated 4 September 2015](#)

<sup>3</sup> [14.45-14.50 Care and Support Statutory Guidance 2020](#)

could be family, friends, neighbours, paid staff, carers, or volunteers. It could also be strangers.

This table reflects some examples of the types and categories of abuse and neglect and examples of indicators.

<b>Types of abuse</b>	<b>Behaviours include</b>
<b>Physical</b>	Hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
<b>Sexual</b>	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
<b>Psychological</b>	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
<b>Financial or material</b>	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
<b>Neglect and acts of omission</b>	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
<b>Discriminatory</b>	Racism, sexism, or acts based on an adult's disability, age or sexual orientation or other protected characteristics. It also includes other forms of harassment, slurs, or similar treatment such as disability hate crime.
<b>Domestic abuse</b>	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence by those who are or have been intimate partners or family members.
<b>Organisational abuse</b>	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes, or practices.
<b>Modern slavery</b>	Encompassing slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
<b>Self-Neglect</b>	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

### **Core Message 7**

The Care and Support Statutory Guidance (DHSC, 2020) states that 'Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.' and 'This is not intended to be an exhaustive list but an illustrative guide as to the sort of behavior which could give rise to a safeguarding concern'. Responses and decisions should be based on personal circumstances and take into consideration the actual or potential impact on the adult's wellbeing together with the adult's views on the impact that the abuse or neglect has had upon them.

### **Core Message 8**

You may be aware of concerns about abuse and neglect, but you are not clear as to whether the concerns are about an adult with needs for care and support. It is important to always ensure that if you think there is an immediate risk to the adult that you do not delay in reporting your concerns or phoning the police. If you are unsure do discuss your concerns within your agency or organisation, think about and describe what your concerns are about, this can help to gain more clarity about the nature of the concerns. The Care and Support Statutory Guidance says consider each person's individual circumstances but there is not a finite list of types or categories of abuse or neglect, so if in doubt report your concerns to the local authority, by following your local authority reporting processes.

## **5. Working together makes a difference**

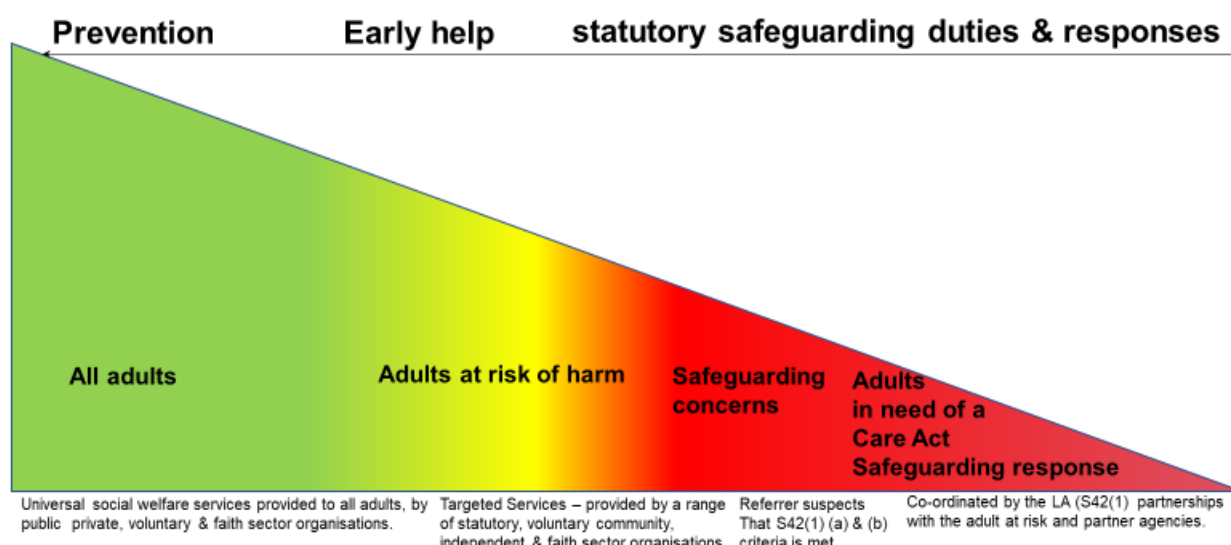
Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity, and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives.

Building safer communities involves helping adults to minimise their own exposure to the risk of harm from abuse, exploitation or neglect by empowering, equipping and enabling them to keep themselves safe, while at the same time enabling them to live their lives and pursue their interests to the fullest extent possible.

Local communities and services provided to the adult population are the starting point of the adult safeguarding continuum. Individuals being supported by their families and friends and by local community involvement and support. Using community development approaches, and working in partnership with local communities and organisations, we must build stronger, self-reliant communities and effective working relationships that promote people's rights, challenge inequalities, and improve local support.

Adult safeguarding means a broad continuum of activity. It ranges from the empowerment and strengthening of communities, through prevention and early intervention, to risk assessment and management, including statutory safeguarding interventions to which all agencies and organisations have a role to play.

# The Adult Safeguarding Continuum



At all stages along this continuum, safeguarding interventions will aim to provide appropriate information, supportive responses and services which become increasingly more targeted and specialist as the risk of harm increases moving into statutory safeguarding responsibilities and safeguarding enquiries.

Presenting safeguarding activity in this way is intended to reflect the importance of the role that all agencies and organisations have to play in prevention and early intervention, both as a means of improving the safety and quality of life and outcomes for all adults and reducing the risks of incidents of harm and need for more intrusive protection interventions.

Adult safeguarding can be complex and challenging. The focus of any intervention must be on promoting a proportionate, empowering, and measured approach to balancing the risk of harm with respecting the adult's choices and preferred outcome for their own life circumstances.

## Key Points

### Working together to make a difference means:

- recognising that safeguarding is everyone's responsibility
- identifying early warning signs of circumstances that might lead to abuse or neglect and intervene quickly in a way that supports the adult to increase resilience and improve wellbeing
- creating an expectation of collective responsibility and ensure that there is no 'buck passing'
- having shared language and definitions and knowing how to and when and where to report safeguarding concerns
- having conversations with the adult, exploring concerns, making decisions about safeguarding concerns that are supported by clear and commonly owned language and guidelines
- having dialogue between referrers, decision makers and internal or external subject matter experts is needed to promote understanding, problem solve and clarify expectations

- building in opportunities into everyday frontline practice to have dialogue about responses to concerns, through regular face to face meetings or telephone contacts with your own colleagues and partner agencies
- having respect for each other
- knowing how to and when to escalate concerns and the pathways that are used to constructively challenge decision making and develop partnership working
- getting to know more about what other partner agencies do across the sectors and knowing about how partner agencies can respond and what they can do to problem solve and help.

### Core Message 9

Adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the private, statutory, voluntary, communities and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood.

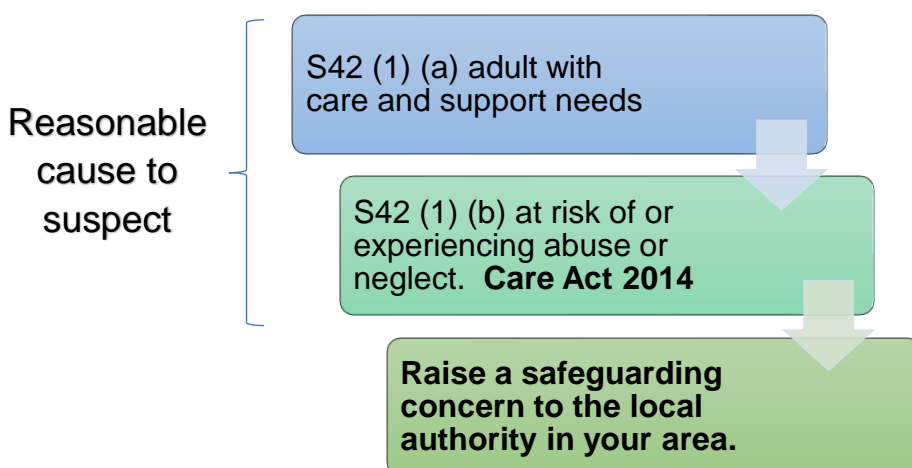
### Core Message 10

An absence of collective responsibility can lead to adults losing trust in services, being lost in services, being 'buck passed' between services, reducing the likelihood of reporting abuse and seeking help in the future, and increasing the likelihood of the adult disengaging and risking exposure to harm.

## 6. What is an adult safeguarding concern?

When deciding to report a safeguarding concern to the local authority, those considering reporting a safeguarding concern would have:

**reasonable cause to suspect that the adult may have needs for care and support (whether they are receiving care and support or not) and where there is reasonable cause to suspect that the adult is at risk of or experiencing abuse or neglect.**



The Care and Support Statutory Guidance 14.36 states that 'workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. General Practitioners in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected.

Case Study C [here](#) gives an example of decision making in relation to reasonable cause to believe that they adult has care and support needs and is at risk of or experiencing abuse or neglect. Case Study D [here](#) gives an example of reasonable cause however more information will help inform the local authority decision and decisions can change as more information is gathered. Case Study E [here](#) reflects the thinking and the approach to working with the adult in a way that reflects Making Safeguarding Personal.

Findings from serious case reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented...’ and that ‘no professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult’s welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed. **14.43 Care and Support Statutory Guidance.**

Additional guidance is available to support decision making about safeguarding concerns in relation to:

- Protocol for falls and adult safeguarding [here](#)
- Protocol for pressure ulcers and adult safeguarding [here](#)

#### **Core Message 11**

To raise a safeguarding concern means that only reasonable cause to suspect that (a) and (b) apply is needed in order to decide whether to report a safeguarding concern to the local authority. That is not to say that there may also be information that would indicate that due to their care and support needs the adult is unable to protect themselves from the risk of or experiences of abuse or neglect, however that information is not necessary to raise a safeguarding concern.

#### **Core Message 12**

Each adults circumstances are different and it may therefore be necessary for the agency to gather more information to help them to determine whether the concerns are about a) and b) it may also be possible in some circumstances to have enough reasonable cause to believe that the adult, due to their care and support needs is unable to protect themselves from the risk of or experience of abuse or neglect. Ultimately, the decision as to whether there is reasonable cause to believe that the concerns reflect the 3 statutory criteria, will sit with the local authority.

#### **Core Message 13**

The local authority will take seriously all such safeguarding concerns and consider all three criteria under S42(1) Care Act alongside the information from the adult reporting the concern and in their own information gathering. Local authorities should not be rigid in deciding to reject all but those referrals that meet all three of the criteria in S42(1).

#### **Core Message 14**

The decision making as to what constitutes a safeguarding concern is not exactly the same as the decision making for an enquiry. Determining whether the 3 statutory criteria are met is not a linear process, thinking may change following conversations with the adult, and/or when new information is gathered. The initial judgement might be that the enquiry duty is met, but as the enquiry progresses it may be clear that the concerns are not safeguarding concerns.

### **Core Message 15**

Throughout this framework, the focus is on Making Safeguarding Personal, through developing a real understanding of what the adult being safeguarded wishes to achieve, and agreeing, negotiating, and recording their desired outcome or goal. It is about working out with the adult (and their representative or advocate) how best to bring about those outcomes and then being able to measure our success in this. Outcomes need to reflect the 'journey' of the adult as they progress through the process and it is imperative that they are placed at the centre of this process.

### **7. Who can report a safeguarding concern?**

Anyone who has concerns that an adult who may have care and support needs is at risk of or experiencing abuse and neglect, can raise their concerns with the local authority.

A safeguarding concern can arise due to:

- an active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse and/or neglect
- a passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries
- an allegation of abuse by a third party, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult
- a complaint or concern raised by an adult or a third party who does not perceive that it is abuse or neglect. Complaints Officers should consider whether there are safeguarding matters
- a concern raised by staff or volunteers, others using the service, a carer, or a member of the public
- an observation of the behaviour of the adult
- an observation of the behaviour of another
- patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits.

Wherever possible the adult should be involved in decisions about raising a safeguarding concern. Try and talk to the adult about the concerns, gain their views, maybe ask them what they would like to change about their situation, and what will help them achieve that.

### **8. What do we do when the adult does not want the safeguarding concerns to be reported?**

If someone makes a decision that you or others think is unwise or not in their interests, this does not necessarily mean that they lack the capacity to decide. It is almost inevitable that there will be times when an adult who has capacity decides to accept a situation that you perceive as potentially abusive or neglectful.

The right of an adult with capacity to make decisions and remain in control of their life must be respected.

Consideration of 'capacity' and 'consent' are central to adult safeguarding, for example, in determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed or where they choose to take risks. There should always be a presumption of capacity to make decisions unless there is evidence to suggest otherwise and current guidance for professionals in respect of determining capacity should be followed, however there are also some circumstances when it may be necessary to consider the protection and rights of others, and overriding the withholding of consent may be necessary to ensure the protection of others.

## Key Points

This is a decision that they are free to make, unless:

- other people are being put at risk (for example, letting friends who are abusive or exploitative into a shared living environment, where they may put other residents at risk)
- a child is involved
- the adult alleged to have caused harm has care and support needs and may also be at risk
- a serious crime has been committed
- staff or volunteers are implicated
- coercion and control are involved.

If this is your decision, then you should ensure that you:

- support the adult to weigh up the risks and benefits of different options
- make sure that they are aware of the level of risk and possible outcomes
- agree on the level of risk they are taking
- offer to arrange an advocate or peer supporter for them if they would like this
- offer support for them to build their confidence and self-esteem if it appears relevant
- discuss and seek advice about the information sharing issues with your line manager
- only make the decision if you have the authority and accountability to do so
- record your reasons for not intervening or sharing information, including every detail of your assessment of the adult's capacity and of your conversations with them about the potential risks posed by their chosen action review the situation regularly
- make sure that they understand where they can go if they want to seek help in the future try to build trust and use your professional skills and the relationship you have with the person to make it possible for them to better protect themselves, encouraging them to continue the conversation with other people who they trust, such as family members, friends and other professionals.

You should also:

- explore the reasons for the adult's objections and find out what their concerns are
- explain why you are concerned about them and why you think it is important to share the information
- tell them who you would like to share the information with and why
- explain what the benefits may be to the adult, of sharing information about them
- discuss the potential consequences of not sharing the information
- reassure them that their information will not be shared with anyone who does not need to know.<sup>4</sup>

### Core Message 16

It is worth bearing in mind that the Data Protection Act 2018 and the General Data Protection Regulations of 2018 permit information to be shared in a situation of 'vital interest', where it is critical to prevent serious harm or distress or where someone's life is threatened. However, if the only adult who would suffer if the information is not shared is the subject of that information, and they have mental capacity to make a decision about it, then sharing it may not be justified.

---

<sup>4</sup> [SCIE](#)

### Core Message 17

You should make sure that the adult is aware of any risks and the potential impact on their safety, wellbeing and encourage them to develop strategies to protect themselves. For example, this might involve them becoming involved with a user-led organisation or a support group.

### Core Message 18

If someone's decision is having a significant, negative impact on their own safety and wellbeing, you may wish to discuss this with colleagues and seek advice about what options may be available. Any action you take must be informed by the principles of choice, respect and dignity for the adult concerned, with a clear focus always on helping them to achieve the outcomes they want.

### Core Message 19

It should be established whether the adult is driven purely by their own views and wishes, or whether they are potentially being unduly influenced or coerced by another person.

### Core Message 20

You may think that it is necessary to share information about the adult outside your organisation without their consent, if you conclude that other people's safety is potentially at risk. If this is the case, you should share the information. If it does not increase the risk to the adult, you should inform them that you will share their information, and why.

If you believe that a person is acting in a way that is a risk only to their own safety or wellbeing that is not a life or limb situation, they are not being influenced by anyone else and there are no doubts about their capacity in relation to decisions then you may decide not to share information with other partners.

### Core Message 21

The Care Act 2014 states: 'Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual abuse or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.' **(Care Act 2014, section 14.70).**

### Core Message 22

It is important to remember that the Local Authority has a duty under S11 of the Care Act 2014<sup>5</sup> to still respond to safeguarding concerns where there is reasonable cause to think that the adult lacks capacity to make a decision about a referral to the LA or where there are concerns that the adult is at risk of or experiencing abuse or neglect. This can further empower the referrer to still make a referral, even if the adult at that point is not wanting this, or where the adult may lack capacity to make that decision and where a referral would be made in their best interests. This also means that the LA must consider their S11 duty before refusing to accept a referral.

---

<sup>5</sup> [The Care Act 2014](#)

### Core Message 23

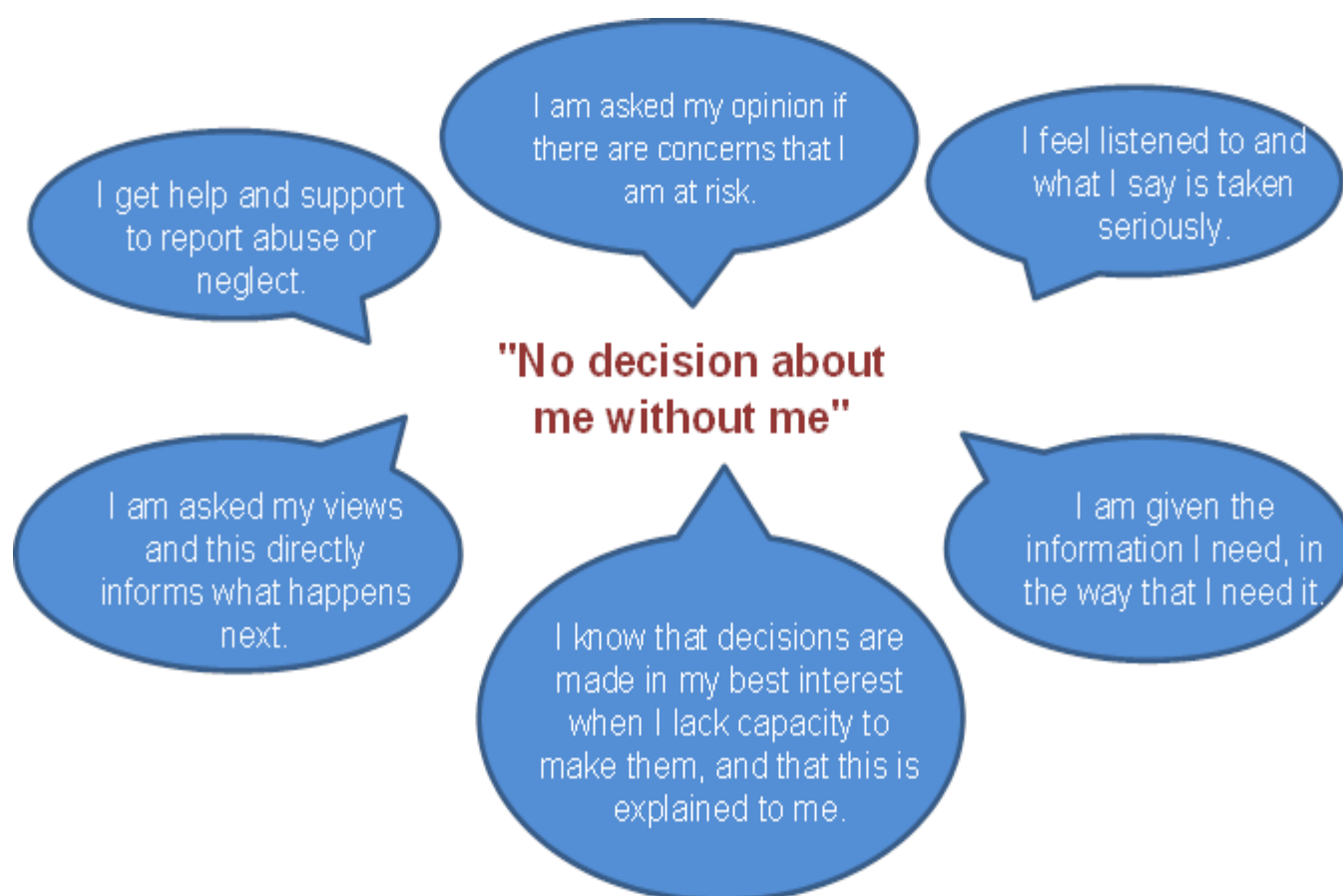
In all situations when a crime has been or is about to be committed, the person raising the concern should call 999 or the local police. An emergency is defined as:

- a situation where life and limb are at risk
- a situation when an unknown suspect / alleged perpetrator might escape
- a need to preserve forensic evidence and

if there is any doubt about whether there is an emergency, seek police advice.

### 9. How to respond and report safeguarding concerns and make safeguarding personal?

All adults at risk of or experiencing abuse or neglect should be in a position to confidently say:



The following Quick Guides to responding and reporting safeguarding concerns can be found below.

Quick Guide for staff/volunteers to responding and reporting safeguarding concerns within their agency or organisation. This is a quick reference guide and not an exhaustive list.	
Responding to an adult where there are concerns of abuse or neglect	
<ul style="list-style-type: none"> <li>• In an emergency ring 999.</li> <li>• Do ensure the safety of the individual and others if in immediate danger, contact the relevant emergency service e.g. ambulance.</li> <li>• Do <b>not</b> be judgemental or jump to conclusions.</li> <li>• Do listen carefully.</li> <li>• Do provide support and information to meet their specific communication needs.</li> <li>• Do use open questions when discussing the concerns with the adult.</li> <li>• Do tell the adult that they did a good/right thing in telling you.</li> <li>• Do tell the adult you are treating the information seriously.</li> <li>• Do ask the adult what they need to keep themselves safe.</li> <li>• Do not make promises you cannot keep.</li> <li>• Do <b>not</b> promise to keep secrets.</li> <li>• Do seek consent of the adult to share the information with your manager, however lack of consent should not prevent you from reporting your concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• Do explain that you have a duty to tell your manager or other designated person.</li> <li>• Do provide support and information to meet their specific communication needs.</li> <li>• Do try and gain their view, wishes and any initial outcomes that they wish to see.</li> <li>• Do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses.</li> <li>• Do explain that you will try to take steps to protect them from further abuse or neglect.</li> <li>• Do support and reassure the person.</li> <li>• Do preserve any evidence.</li> </ul>
Action after the concern of abuse has been recognised (to be taken asap or within 4 hours):	
<ul style="list-style-type: none"> <li>• Report concerns to a designated safeguarding manager or other designated person within your agency/organisation.</li> <li>• Record your concerns and how they came to light, any information given by the adult, information about any witnesses, the wishes of the adult, actions taken, who was present at the time, dates and times of incident(s).</li> <li>• Record the views and wishes of the of the adult, using their own words.</li> <li>• Record details of the adult alleged to have caused harm (if known).</li> <li>• Record any concerns about the capacity of the adult to make any decisions and the reasons for the concerns.</li> <li>• Record whether the adult is aware that the concerns have been reported.</li> <li>• Record any previous concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• Do <b>not</b> breach confidentiality for example by telling friends, other work colleagues.</li> <li>• There may be occasions where you are visiting another agency/organisation and you witness or suspect abuse or neglect. In such situations you should still raise your concerns informing the adult and the person in charge.</li> <li>• If you believe that the person is implicated or colluding then you may raise concerns without discussing with this person.</li> <li>• Use Whistleblowing Procedures if you feel that you will not be believed, taken seriously or believe that your manager may be causing the risks of abuse to the adult.</li> </ul>
Ongoing action:	
<ul style="list-style-type: none"> <li>• Ensure that you receive support from your employer/organisation.</li> <li>• You may be required to give evidence to the police or another agency or organisation.</li> <li>• You may be required to be interviewed as part of a disciplinary investigation.</li> </ul>	<ul style="list-style-type: none"> <li>• You may be required to participate in a section 42 enquiry.</li> <li>• You may be required to attend safeguarding meetings.</li> </ul>

**Quick Guide for decision makers (this could be the same person who responded to the adult or a manager within the organisation. This is a quick reference guide and not an exhaustive list and will depend on who the decision maker is and their role within the organisation, some decision makers may not have this information and some responsibilities will sit outside of their role, but this should not deter the raising of concerns).**

**The decision maker should:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Ensure that action has been taken to address the safety of the person who is alleged to have been harmed or the person alleged to have caused the harm.</li> <li>• Assess the risk to others, other adults at risk, children, staff / volunteers, members of the public.</li> <li>• Ensure that support has been offered and is available to the adult.</li> <li>• Check out the views and wishes of the adult.</li> <li>• Provide relevant advice and information to the adult.</li> <li>• Explain to the adult what will happen next *</li> <li>• If the person alleged to have caused harm is an adult at risk do address their immediate safety needs.</li> <li>• Ensure that the person reporting the concern records the nature of alleged abuse, wishes of the adult, any information given or witnessed, actions taken, who was present at the time, dates and times of incident(s).</li> <li>• Check all relevant internal records, i.e. care plans, medication records, rotas etc.</li> <li>• Assess the presenting risk issues and record this risk assessment.</li> <li>• Discuss with the adult/family/advocate a protection plan to minimise the risk to the person at risk and others.</li> <li>• Explain to the adult/their representatives their rights, i.e. to report to police, make a complaint</li> <li>• Seek consent to share information with the local authority/police.</li> <li>• Explain why you need to report concerns to the local authority.</li> </ul> | <ul style="list-style-type: none"> <li>• Do <b>not</b> take photographs of any injuries (unless a Policy and Procedure on the taking of photographs is in existence, then this should be followed)</li> <li>• Ensure that a body map is completed (where appropriate).</li> <li>• If pressure ulcer damage you must follow the pressure ulcer and safeguarding protocol <a href="#">here</a>.</li> <li>• Report incident to police if criminal offence appears to have been committed.</li> <li>• Consider internal disciplinary action if a member of staff is alleged to be involved</li> <li>• Consider if a referral to the Disclosure and Barring Service is necessary at this point</li> <li>• Inform CQC (if in a regulated setting).</li> <li>• Refer to Adult Social Care, or Emergency Duty Service (out of hours).</li> <li>• Initiate other processes that need to be triggered, e.g. Serious Incident Requiring Investigation. Complaint, CQC notification.</li> <li>• Ensure all decisions and any actions taken and reasons for variation on timescales are recorded.</li> <li>• If you make a decision not to raise the concerns because you have judged them not to be safeguarding concerns you must fully document your decision including any other action you need to take and why.</li> </ul> <p>* there may be circumstances where this may not be appropriate e.g. serious risks to the person, self or others.</p> |
|---|---|

**Information to be given at the point of raising a safeguarding concern to the local authority (asap or within 24 hours of the concern)**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Details of the adult (name, contact details, DOB, gender, ethnicity and principal language, any disability, any communication issues, next of kin and key others, details of any funding arrangements).</li> <li>• Details of the person alleged to have caused the harm and their relationship to the adult</li> <li>• Name and contact details of GP.</li> <li>• Reasons for the concerns to include why you think they may have care and support needs,</li> </ul> | <ul style="list-style-type: none"> <li>• Details of any witnesses.</li> <li>• Any concerns or doubts about the person's mental capacity to make a decision about their protection/safety needs</li> <li>• Action already taken to protect the adult or others at risk and actions under any other processes, e.g. disciplinary, Serious Incident Processes, CQC notifications etc.</li> </ul> |
|--|---|

<p>why you think there are at risk of or experiencing abuse or neglect, the context of these concerns and how they came to light.</p> <ul style="list-style-type: none"> <li>• Whether the adult is aware of and has consented to the concerns being reported to the local authority.</li> <li>• The wishes and any desired outcomes of the adult.</li> <li>• An impression of the seriousness of the situation (refer to the seriousness tool).</li> <li>• What measures have been put in place to minimise the risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Details of your internal investigation to date (where appropriate) and any further planned actions.</li> </ul>
<b>Actions to be discussed/agreed with the local authority and or other agencies i.e. police, care quality commission</b>	
<ul style="list-style-type: none"> <li>• What interim measures need to be put in place to support and protect the adult and others at risk.</li> <li>• Reports required by the local authority or other partner agencies.</li> <li>• Contact with families as agreed with the person at risk or if the adult lacks capacity to make this decision, discuss what would be in their 'best interests'.</li> <li>• Discuss the need for Advocacy.</li> <li>• Support to whistle-blowers.</li> <li>• Measures to address practice and quality concerns.</li> <li>• Need to instigate complaints procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact with funding agencies.</li> <li>• Contact with Commissioners.</li> <li>• Contact with Regulators.</li> <li>• Referral to Local Authority Designated Officer (LADO) (children at risk) or SAMA (refer to Position of Trust Policy) <a href="#">here</a>.</li> <li>• Whether further information gathering is required to support the S42 enquiry decision.</li> <li>• What will happen next and timescales</li> <li>• Discuss the need for a SAR referral SAR referral form <a href="#">here</a>.</li> <li>• The person from the local authority who will be the named contact for the provider and communication processes.</li> </ul>
<b>Ongoing action:</b>	
<ul style="list-style-type: none"> <li>• You may have agreed to undertake a caused enquiry, if so, agree actions and timescales whilst ensuring MSP throughout.</li> <li>• Ensure ongoing support and risk management to the adult(s) at risk of abuse.</li> <li>• Liaise with the adult and their family/advocate as required.</li> <li>• Contribute to/attend any safeguarding meetings</li> <li>• Undertake actions as agreed as part of the enquiry, a safeguarding protection plan.</li> <li>• Ensure liaison between police (if criminal) and Human Resources during a disciplinary investigation.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue internal management. investigation and seek HR advice on implications of employment legislation.</li> <li>• Ensure referral to the DBS where required</li> <li>• Ensure referrals to professional bodies where required.</li> <li>• Contribute to other enquiries e.g. Serious Incident Requiring Investigations, Safeguarding Adults Reviews, Domestic Homicide Reviews, etc.</li> <li>• Ensure staff team receives necessary support and information on a 'need to know basis'.</li> </ul>

### In your own area safeguarding concerns should be reported to:

Southampton	Email: <a href="mailto:adultsocialcareconnect@southampton.gov.uk">mailto:adultsocialcareconnect@southampton.gov.uk</a> Telephone: 023 8083 3003 or the police on 101.
Hampshire	Hampshire Adult Services on 0300 555 1386 (0300 555 1373 for Out of Hours) or the police on 101
Isle of Wight	01983 823340 or the police on 101. E: <a href="mailto:safeguardingconcerns@iow.gov.uk">safeguardingconcerns@iow.gov.uk</a>
Portsmouth	First point of contact for all social care calls, providing information and advice. Tel: 02392 680810 or the police on 101. Email: <a href="mailto:PortsmouthAdultMASH@secure.portsmouthcc.gov.uk">PortsmouthAdultMASH@secure.portsmouthcc.gov.uk</a> Outside these hours and on Sundays and Bank Holidays, in emergency only, please contact our Emergency Duty Service on 0300 555 1373.

#### Core Message 24

This approach is both person centred and helps both the worker and the adult gain a better understanding of the concerns and perspectives from others and can help to reduce repeat referrals and is therefore more cost-effective (though it can involve more work at the start of a safeguarding referral due to the additional time spent engaging with the adult). However, there are still barriers to the implementation of this approach include resistance to change by staff, difficulties in meeting high service demand, staff and resource cutbacks, and high staff turnover. All agencies have a responsibility to ensure that their staff and volunteers are supported to work in this way, through for example user focussed recording systems, staff training and practical toolkits. The One Minute Guide to MSP can be found [here](#).

#### Core Message 25

All approaches to working with the adult must be reflective of the level and degree of risk and seriousness<sup>6</sup> and ensuring that responses are person centred and reflect Making Safeguarding Personal. The MSP framework encourages engagement with the adult in conversations about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety<sup>7</sup>. Making Safeguarding Personal underpins everyone's practice in relation to safeguarding, with a focus on the adult not the process.

### 10. What do we do about concerns of abuse and neglect of an adult who does not have care and support needs?

Many agencies are facing the challenge of how to support people who are at increased risk of abuse, but who do not have care and support needs. This can include for example, carers, some people who self-neglect, homeless people, and survivors of domestic abuse. Many agencies and organisations support people who do not meet the s42(1) criteria, but who may be being abused and are unsure where to go next. Wherever someone is being harmed, or at risk if harm, there are agencies and organisations that can help, even if a safeguarding enquiry duty is not met.

#### Key Points

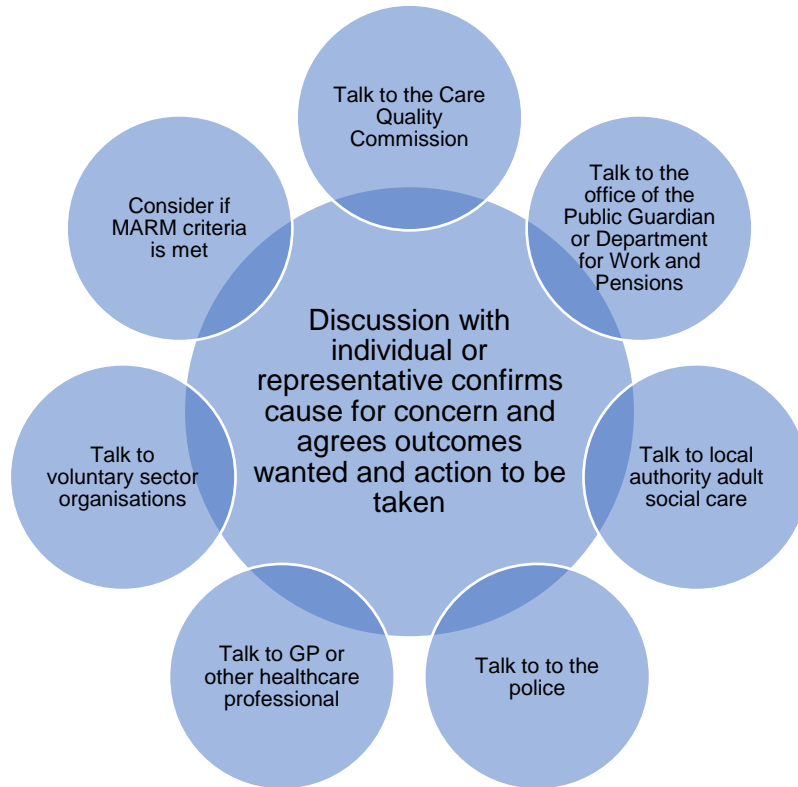
Where an agency or organisation has reasonable cause to believe that the adult does not have needs for care and support needs, but is at risk of or experiencing abuse or neglect then there are other avenues from other agencies to explore when responding to their safety and protection needs. These include:

- Police
- Trading standards

<sup>6</sup> Refer to seriousness tool on page 29

<sup>7</sup> [Care Act Statutory Guidance 2016 14.207](#)

- Domestic abuse services
- the National Referral Mechanism for victims of modern slavery
- Community and voluntary sector organisations
- Organisations complaints procedures
- Multi-Agency Risk Management Framework (MARM) [here](#)



### Core Message 26

A local authority has duties to promote an individual's wellbeing, to prevent or delay care needs from developing, and to assess someone if there are safeguarding concerns and it appears that the adult may have care and support needs, even if the adult does not want an assessment. All of these may be helpful in a complex situation. Figure 1 gives other examples.

### Core Message 27

The Local Authority has a power, referred to in the Care Act Statutory Criteria, to still undertake enquiries where the 3 statutory criteria are not met but at the discretion of the Local Authority they can carry out enquiries for those individuals who do not fit the criteria, so these enquiries would relate to an adult who is believed to be experiencing, or is at risk of, abuse or neglect but does not have care AND support needs.

### 11. What are the statutory safeguarding duties of the local authority?

In order to understand the responsibilities of all partner agencies in relation to safeguarding concerns it is helpful to see this in the context of the local authority statutory S42 duty (Care Act 2014), other safeguarding duties are referred to in the Multi-Agency Adult Safeguarding Policy, Process and Guidance [here](#).

### The Care Act 2014 s42 duty states:

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),  
 (b) is experiencing, or is at risk of, abuse or neglect, and  
 (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- (2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.



### Core Message 28

Safeguarding S42 duties apply regardless of whether an adult's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services.

### Core Message 29

S42 (Care Act 2014) is the legal framework within which local authorities must operate when a safeguarding concern is referred. This duty not only ensures that adults are supported to keep themselves safe, but that all agencies and organisations also take appropriate action to keep people safe who may be at risk of or experiencing abuse or neglect. The support required may sit within the S42(2) duty to make enquiries, or outside of it, if the 3 statutory criteria S42(1) is not met.

### Core Message 30

A S42(2) enquiry will take many forms but should be informed by the six key safeguarding adults' principles and Making Safeguarding Personal.<sup>8</sup>

## 12. What is the Adult Safeguarding S42 Enquiry Process?

The local authority are the decision maker in relation to the Care Act S42 enquiry duty, such decisions that are made at the time can change as more information becomes available, so it is important that decisions made are clearly recorded and shared with those who need to know. The enquiry is any action taken or instigated by the local authority in response to a safeguarding concern. The purpose of the enquiry is to decide whether or

<sup>8</sup> [Paragraphs 14.13-14.15, Care and Support Statutory Guidance, DHSC](#)

not the local authority or another agency or organisation, should do something to help and protect the adult. The local authority remains the lead co-ordinator of S42 enquiries, until the decision is made to close the enquiry process.

### Key Points

The Care Act statutory guidance says that the objectives of an enquiry are to:

- establish facts
- ascertain the adult's views and wishes
- assess the needs of the adult for protection, support and redress and how they might be met
- protect from the abuse and neglect, in accordance with the wishes of the adult
- make decisions as to what follow-up action should be taken regarding the adult or
- organisation responsible for the abuse or neglect
- enable the adult to achieve resolution and recovery.

A carer, family member or advocate may be supporting the completion of the enquiry by helping the adult with care and support needs communicate their wishes or views on those occasions where the adult is not able to do this independently.

The local authority S42 enquiry process can be seen in more detail in Section 3 of the Multi-Agency Policy, Process and Guidance [here](#).

#### Core Message 31

The Care Act S42 duty does not create any powers to undertake the enquiry, so the actions taken in an enquiry are simply the agencies involved using their usual processes to meet the objectives of the enquiry. This should reflect making safeguarding personal and the 6 safeguarding principles. It is the responsibility of the local authority to co-ordinate these activities to meet the objectives of the S42 enquiry.

#### Core Message 32

Local authorities are not required by law to carry out safeguarding enquiries on behalf of adults who do not meet the statutory criteria in Section 42(1) of the Care Act 2014 however they can do so at their own discretion. In these circumstances a non-statutory safeguarding (discretionary) enquires may be instigated.

#### Core Message 33

The 4LSAB also have a MARM framework to facilitate multi-agency working with adults deemed to have mental capacity, but who do not have care and support needs, who are at risk of serious harm or death, through risk taking behaviours or refusal of services. This framework is designed to guide staff on how to manage cases relating to adults where there is a high level of risk, the circumstances of which sit outside the statutory adult safeguarding framework but for which a multi-agency approach is needed to manage these risks in the most effective way.

This framework will also be helpful in situations where there are concerns about self-neglect or hoarding and where usual responses by agencies or organisations are unable to mitigate against the risks and where the risks are unmanageable. Full details of the MARM process are found in the [4LSAB Multi-Agency Risk Management Framework](#) Case Study F [here](#) gives an example of the use of the MARM Framework.



# **Multi-agency tools to support decision makers in raising a safeguarding concern to the Local Authority.**

**To be read in conjunction with the framework for safeguarding concerns.**

## 1. Introduction

The purpose of these tools is to help decision makers in all settings, make decisions about adult safeguarding concerns and initial judgements about risk and seriousness. It is primarily for use by decision makers in all agencies and organisations.

It is acknowledged that at times there may be concerns where decision making is not that straightforward and professional judgement is always required. These tools are not intended to replace professional judgement, they only provide a limited illustration of abuse and neglect that can occur along with an indication of the possible range of responses. It does not have to be rigidly adhered to and cannot account for all potential scenarios. There may be circumstances where a situation is deemed to be low on the risk and seriousness criteria but because you are aware of similar incidents having occurred in the past that may be a factor to inform your judgement. Remember, there is no longer a “significant harm” threshold for action under adult safeguarding procedures.

When considering reporting a safeguarding concern to the Local Authority, the following criteria should be considered to support your decision making:

- (a) Do you have reasonable cause to believe that the adult may have care and support needs?
- (b) Do you have reasonable cause to believe that the adult is at risk of is experiencing abuse or neglect?

**Probably not a safeguarding concern** – the illustrations below may help you with your decision making. If you decide that the concerns are not reportable as a safeguarding concern, you should consider what conversations you will have with the adult and/or others about the concerns, discuss options and actions that can be taken, your approach should reflect the 6 statutory safeguarding principles and making safeguarding personal. There should be a focus on outcomes for the adult and action taken to prevent, reduce or delay the risks and promote the adult’s wellbeing.

Your concerns may not be safeguarding concerns but may trigger other responses, for example:

- request for a social care assessment or a review
- the MARM Framework
- referral to other agencies, i.e. GP, substance misuse services, domestic abuse services, police etc
- disciplinary process
- complaints procedures
- referral to another agency
- incident reporting to CQC
- notification to professional body.

You should ensure that you:

- always record the concerns, the rationale for your decision making and subsequent actions taken
- monitor regularly for patterns to ensure that concerns remain isolated incidents
- consider if any possible alternative action is applicable.

## **Report as a Safeguarding Concern**

Raising a safeguarding concern to your local authority, safeguarding concerns reporting point, should enable you to engage with a social care practitioner, who will record your concerns as a safeguarding concern, consider any immediate risks and actions that need to be considered or taken as well as gathering more information from the person raising the concern and where possible have a conversation with the adult or their representative and assess against the S42 (1) enquiry duty and determine the next steps. If the S42 (1) duty is met then initial enquiries within S42 (2) may be sufficient and proportionate to resolve and address the concerns, taking into account the views of the adults and other risk factors. However, the S42 (2) duty continues if further enquiries are necessary.

## **2. Defensible decision making**

A defensible decision has been defined as a decision that will withstand 'hindsight scrutiny'. A decision is defensible if in spite of a negative outcome, it can be demonstrated that all reasonable steps had been taken in its assessment and management. This is particularly important for those agencies that carry out risk assessment in the public eye, and where risk assessment and management failures can be very costly for its victims, and to organisational credibility. Nurturing professional curiosity and challenge are a fundamental aspect of working together to keep children, young people, and adults safe.

### **Key Tips to support defensible decision making include:**

- identify context
- assess risk
- develop strategy
- provide an audit trail
- start with a clearly articulated question i.e. what am I concerned about and why?
- identify the realistic options
- can the decision be delayed? If not make the decision
- record the decision with date and time
- record all relevant facts/ evidence to support the decision
- record all options considered
- record rationale/reason for the decision.

**3. Is it a safeguarding concern?** Note: this decision support tool is a guide showing limited illustrations of types or categories of abuse and neglect and should be used just as additional guidance to help you when making a professional judgment about raising a safeguarding concern. If you are still in any doubt, consult with the local authority.

<b>Physical Abuse</b>				
Minor events that still meet criteria for 'incident notification'.	Dispute between service users with no harm, quickly resolved and risk assessment in place.	Minor bruising caused by family carer due to poor lifting and handling technique. No harm intended. Immediately resolved when given correct advice/equipment.	Adult does not receive prescribed medication or wrong dose. No harm occurs, action taken to prevent further risk of harm.	<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Inexplicable minor marking found where there is no clear explanation as to how the injury occurred.	Recurring missed medication or administration errors in relation to one service user that caused no harm.	Inexplicable marking or lesions, cuts, or grip marks on more than one occasion, or to more than one individual.	Recurrent missed medication or administration errors that affect more than one adult and/or result in harm.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Physical restraint undertaken outside of a specific care plan, or not proportionate to the risk.	DoLS not considered or implemented and Mental Capacity Act not followed.	Inexplicable injuries.	Deliberate maladministration of medicines, e.g. sedation.	
Physical assaults- injury, death.	Grievous bodily harm/assault with or without a weapon, leading to irreversible damage or death.	Any potential criminal act against an adult at risk.	Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death.	
Mental Capacity Act not considered or followed regarding restraint.	Withholding of food, drinks, or aids to independence.	Assault by another person using the service.	Deliberate forced feeding.	

<b>Financial Abuse</b>				
Inadequate financial records.	Isolated incident of direct payment recipient not sending in financial returns.	Isolated incident of direct payment recipient benefitting from interest from direct payment account.	Adult is denied access to their own funds.	<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Adult not routinely involved in decisions about how their money is spent or kept safe. Capacity in this respect is not properly considered.	Staff personally benefit from the support they offer service users, e.g. accrue 'reward points' on their own store loyalty cards when shopping. Adult lacks capacity.	Failure by relative to pay care fees/charges where no harm occurs but receives personal allowance or has access to other personal monies.	Staff personally benefitting for the adults money, i.e. when shopping, use of loyalty cards.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Adult's monies kept in a joint bank account, unclear arrangements for equitable sharing of capital and interest.	Failure by relative to pay care fees/charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/termination of service.	Misuse/ misappropriation of property, possessions, or benefits by a person in a position of trust or control.	Personal finances removed from adult's control without legal authority.	
Theft.	Scams or doorstep crimes.	Adult at risk is misusing/ misappropriating direct payment by recipient, but under coercion by another.	Fraud/exploitation relating to benefits, income, property or will.	

<b>Sexual Abuse</b>				
Isolated incident of verbal sexualised teasing (not committed by a person in a position of trust, i.e. a staff member).	Isolated incident of low level unwanted sexualised attention where no harm or distress is caused. (not committed by a person in a position of trust, i.e. a staff member).			<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Being made to look at pornographic material against their will/without valid consent.	Being subjected to indecent exposure.	Rape.	Voyeurism.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Repeated incidents of sexualised harassment.	Sex in a relationship characterised by inequality, exploitation, breach of professional conduct.	Grooming including via the internet and social media.	Masturbation without valid consent.	

<b>Self-Neglect (including hoarding – (consult the 4LSAB self-neglect and hoarding guidance)</b>				
All standard interventions must be used first to manage risk, e.g. Care Management/Care Plan Approach/Multi-Disciplinary Team approaches.	Self-care is causing some concern - no signs of harm or distress to self.	Some evidence of hoarding - no major impact on health/safety.	Property neglected but all main services work.	<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Engaging with some /all professionals and or family or community support.	The adult has capacity and willing to engage.	Isolated reports of unkempt personal appearance.	Isolated reports of unkempt property.	
Refusing/non-engagement with medical treatment/care/equipment required to maintain independence and health.	The adult has capacity but is not willing to engage.	Moderate levels of clutter/hoarding.	Lack of essential amenities.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Others are at risk of some harm.	Functional and cognitive abilities of the adult and or underlying medical, mental health or substance misuse issues.	Significant level of clutter/hoarding causing significant risk to self or others.	Potential fire risk/gas leaks.	
Environment injurious to health Imminent fire risk/gas leaks. Access obstructed within property.	Life in danger without intervention. Multiple reports from other agencies Behaviour poses risk to self/others Self-neglect is life threatening.	Lack of self-care results in significant deterioration in health and wellbeing.	Not engaging with professionals.	
Tenancy at risk because of hoarding/ property condition, i.e. notice served.	Problematic or chaotic substance misuse.	Property/environment shows signs of neglect that are potentially damaging to health.	Poor management of finances leading to risks to health, wellbeing or property.	

<b>Neglect</b>				
Isolated missed home care visit where no harm occurs.	Adult is not assisted with a meal/drink on one occasion and no harm occurs.	Temporary environment restrictions, but action to resolve in place.	Pressure ulcers with no risk assessment or risk management plan in place.	<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Ongoing lack of care to the extent that health and wellbeing deteriorate significantly, e.g., dehydration, malnutrition, loss of independence or confidence.	Mismanagement of pressure ulcer by professionals/paid carers.	Gross neglect resulting in serious injury or death.	Carers or paid staff wilfully ignoring or preventing access to care.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Inappropriate or incomplete DNAR.(do not attempt to resuscitate).	Occasionally not having access to aids to independence N.B. If regular may be restraint.	Adult at risk living with family carer who is failing with caring duties.	Occasional inadequacies in care from informal carers. No significant harm.	
Recurrent missed care visits where risk of harm escalates, or one missed visit where harm occurs.	Poor transfers between services, e.g. hospital discharge without adequate planning and harm occurs.	Inadequacies in care provision that lead to discomfort, or inconvenience and no significant harm occurs e.g. Being left wet occasionally.	Hospital discharge, no adequate planning and harm is likely to occur or harm has occurred.	
Failure to arrange access to life saving services or medical care.	Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.	Access to aids for independence is being denied.	Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia.	

<b>Organisational</b>				
In the short term, service users not given sufficient voice or involved in the running of the service.	One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused.	Service design where groups of service users living together are inappropriate but where commissioners and providers are working together to address the issues.	Policies and Procedures not up to date, but no evidence of risks to service users.	<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Repeated denial of individuality and opportunities for service users to make informed choices and take responsible risks.	Care planning documentation for multiple service users not person centred.	Denying adult access to professional support and services, such as advocacy. Poor, ill-informed, or outmoded care practice. No significant harm.	More than one incident of low staffing levels, no contingencies in place. No harm caused.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Rigid or inflexible care and support routines.	Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc.	Inappropriate or incomplete DNAR for multiple service users.	Single incident of low staffing resulting in harm to more than one adult.	
Ill-treatment or wilful neglect of multiple service users.	Repeated failure to report, monitor or improve poor care practices.	Failure to support multiple service users' access to health and/or care treatments.	Punitive responses to challenging behaviour.	
Staff misusing their position if power over service users.	Over-medication and/or inappropriate restraint used to manage behaviour of multiple service users.	Repeated concerns about system and process failures that put adults at risk.	Low staffing levels which result in serious injury to more than one adult (corporate manslaughter).	
Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted.	Repeated incidents of low staffing resulting in harm to one or more persons.	Widespread, consistent ill treatment of multiple service users.		

<b>Discriminatory</b>				
Care planning fails to address an adult's diversity and associated needs for a one-off short period.	Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress caused.	Isolated incident of a failure to meet cultural needs.		<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Recurring taunts.	Recurring failure to meet specific needs associated with diversity.	Isolated incident of teasing motivated by prejudicial attitudes.	Making an adult at risk partake in activities inappropriate to their faith or beliefs.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Denial of civil liberties, e.g. voting, making a complaint.	Denial of an individual's appropriate diet, access to take part in activities related to their faith or beliefs, or not using the individual's chosen name.	Humiliation or threats.	Female genital mutilation of an adult at risk.	
Hate crime resulting in injury/emergency medical treatment/fear for life.	Hate crime resulting in serious injury or attempted murder, and honour- based violence.	Exploitation of an adult at risk for recruitment or radicalisation into terrorist related activity.	Recurring failure to meet specific needs associated with diversity.	

<b>Psychological/emotional</b>				
Isolated incident where adult is spoken to in a rude or other inappropriate way, respect is undermined, but no distress is caused.	Occasional outburst that do not cause distress.			<b>PROBABLY NOT A SAFEGUARDING CONCERN</b>
Occasional taunts or verbal outbursts which cause distress.	Emotional blackmail, e.g. threats of abandonment or harm.	Denying or failing to recognise an adult's choice or opinion.	The occasional withholding of information to disempower.	<b>REPORT AS A SAFEGUARDING CONCERN</b>
Humiliation.	Treatment that undermines dignity and damages esteem.	Frequent and frightening verbal outbursts to an adult at risk.	Vicious/personalised verbal attacks.	
Denial of basic human rights or civil liberties, overriding advance directive, forced marriage.	Prolonged intimidation.	Withholding of information to disempower.	Treatment that undermines dignity and extreme.	
Encouragement or inducement to adopt extreme ideologies.	Concerns about 'cuckooing'.	Producing and distributing inappropriate photos via any social media.	Concerns that the adult is being radicalised.	


## Domestic Abuse

Both the local domestic abuse adult safeguarding procedures will apply to situations where an adult who has care and support needs that prevent them from safeguarding themselves is experiencing domestic abuse.

Children are affected in many ways by abuse, even after a short time, where there are children in the household or present this must be referred to the children's MASH. **4LSCB Child Protection Procedures can be found in useful links. The Multi-Agency Thresholds for Safeguarding Children** key documents can be found in useful links.

Isolated incident, one off incident with no injury or harm experienced by the adult at risk has no current fears with adequate protective factors in place.				PROBABLY NOT A SAFEGUARDING CONCERN
Occasional taunts or verbal outbursts which cause distress.	The adult at risk has some fears.	The perpetrator denying or failing to recognise the adult's choice or opinion.		REPORT AS A SAFEGUARDING CONCERN
Inexplicable marking or lesions or grip marks on a number of occasions. Injuries inconsistent with explanation.	Subject to controlling behaviour, financial /medical, emotional blackmail, e.g. threats of abandonment or harm.	Frequent missed appointments, isolation from established support networks.	Frequent and frightening verbal outbursts to an adult at risk.	
Denial of basic human rights or civil liberties, overriding advance directive, forced marriage.	Assault causing serious harm. Serious sexual assault or humiliation.	Producing and distributing inappropriate photos via any social media.	Vicious/personalised verbal attacks. Experiences constant fear.	

**4. Judgements about risk and seriousness** - This tool has been developed to assist decision making primarily for practitioners and managers in the local authority, however others may find it helpful to refer to when responding to concerns of abuse or neglect.

<b>Factors - If the adult lacks capacity to understand the risk of harm and make a decision about how this should be managed, then their advocate/representative(s) should be consulted in order to make a best interest decision.</b>		<b>Judgement Decision</b>		
<b>1. Vulnerability of the adult at risk</b>		<b>Less vulnerable to abuse or neglect</b>		<b>More vulnerable to abuse or neglect</b>
Does the adult have needs for care and support? Does the adult have supportive family and social networks? Does the adult have control over their environment? Does the adult have capacity to protect themselves? Does the adult have the communication skills to report a concern of abuse or neglect?	Does the adult lack mental capacity to make decisions in respect of their wellbeing, safety and protection needs? Is the adult dependent on the person alleged to have caused them harm? Does the adult have little or no control over their environment? Can the service provider meet their responsibilities to the adult? Has the person alleged to have caused them harm been threatening them or coercing/controlling them into making decisions?			
<b>Questions 2-9 relate to the abusive act and/or the alleged person responsible for abuse and/or neglect.</b>				
<b>2. Seriousness of the risk of or actual abuse</b> <b>Refer to the tools.</b> Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of the concern.		<b>Less serious</b>  <b>More serious</b>		
<b>3. Patterns of abuse</b> Repeated concerns, patterns, history involving 1 or more adults should be assessed and considered as safeguarding concerns and escalated under the safeguarding adults' procedures.		Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse
<b>4. Impact of abuse on the adult at risk</b> Impact of abuse does not necessarily correspond to the extent of the abuse. Different people will be affected in different ways. The views of the adult at risk will be important in determining the impact of the abuse.		No impact	Some impact but not long-lasting	Serious long-lasting impact
<b>5. Impact on others</b> Other people may be affected by the abuse of another adult. Are children involved/at risk? Are relatives or other residents/service users are distressed or affected by the abuse? Are other people intimidated and/or their environment affected? Are there risk to the public?		No one else affected	Others indirectly affected	Others directly affected
<b>6. Intent of person causing the harm</b> Is the act/omission a violent/serious unprofessional response to difficulties in caring? Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? <b>*The act/omission does not have to be intentional to meet safeguarding criteria.</b>		Unintended or ill-informed	Opportunistic	Deliberate/ Targeted
<b>7. Illegality of actions</b> Always seek advice from the police if you are unsure if a crime has been committed. Is the act/omission poor or bad practice (but not illegal) or is it a crime?		Poor practice-not illegal	Criminal act	Serious criminal act
<b>8. Risk of repeated abuse to the adult at risk</b> Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, counselling, support or very likely even if changes are made and/or more support provided?		Unlikely to recur	Possible to recur	Likely to recur
<b>9. Risk of repeated abuse on others</b> Are others (adults and/or children) at risk of being abused: Very unlikely? Less likely if significant changes are made? The person alleged to have abused or neglected/setting represents a threat to other adults at risk or children.		Others not at risk	Possibly at risk	Others at serious risk

## APPENDIX 1 OVERVIEW OF CORE MESSAGES

### Core Message 1

'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.' *DH Care Act Statutory Guidance 2016, paras.14.7-14.8.*

### Core Message 2

This framework should be used by: those in any agency or organisation, in the statutory, private, voluntary or faith sectors in Southampton, Hampshire, Isle of Wight and Portsmouth who would be making a decision to report an adult safeguarding concern to the Local Authority.

### Core Message 3

The aim of this framework is to: support the appropriate reporting of adult safeguarding concerns to the local authority, including the promotion of consistent understanding of what constitutes an adult safeguarding concern across agencies and sectors, to support shared responsibility for finding alternative pathways for support where it is decided that the presenting issue does not constitute a safeguarding concern.

### Core Message 4

It might also include emotional support at a time of difficulty and stress, helping people who are caring for an adult family member or friend or even giving others a lift to a social event. Care and support includes the help given by family and friends, as well as any provided by the council or other organisations.<sup>9</sup> The overall aim of adult care and support is to help people meet their needs to achieve the outcomes that matter to them in their lives and which in turn promote their wellbeing.

### Core Message 5

Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. 14.6 Care Act Statutory Guidance.

### Core Message 6

The Care Act statutory guidance states that '*Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both people. Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing. As such, a needs or carer's assessment is an important opportunity to explore the individuals' circumstances.*'

### Core Message 7

The Care and Support Statutory Guidance (DHSC, 2020) states that '*Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.*' and '*This is not intended to be an exhaustive list but an illustrative guide as to the sort of behavior which could give rise to a safeguarding concern*'. Responses and decisions should be based on personal circumstances and take into consideration the actual or potential impact on the adult's wellbeing together with the adult's views on the impact that the abuse or neglect has had upon them.

<sup>9</sup> [DHSC Care and support: what is changing- Updated 4 September 2015](#)

### **Core Message 8**

You may be aware of concerns about abuse and neglect, but you are not clear as to whether the concerns are about an adult with needs for care and support. It is important to always ensure that if you think there is an immediate risk to the adult that you do not delay in reporting your concerns or phoning the police. If you are unsure do discuss your concerns within your agency, think about and describe what your concerns are about, this can help to gain more clarity about the nature of the concerns. The Care and Support Statutory Guidance says consider each person's individual circumstances but there is not a finite list of types or categories of abuse or neglect, so if in doubt report your concerns to the local authority, by following your local authority reporting processes.

### **Core Message 9**

Adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the private, statutory, voluntary, communities and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood.

### **Core Message 10**

An absence of collective responsibility can lead to adults losing trust in services, being lost in services, being 'buck passed' between services, reducing the likelihood of reporting abuse and seeking help in the future, and increasing the likelihood of the adult disengaging and risking exposure to harm.

### **Core Message 11**

This means that only reasonable cause to suspect that (a) and (b) apply, is needed in order to decide whether to report a safeguarding concern to the local authority. That is not to say that there may also be information that would indicate that due to their care and support needs the adult is unable to protect themselves from the risk of or experiences of abuse or neglect, however that information is not necessary to raise a safeguarding concern.

### **Core Message 12**

Each adults circumstances are different and it may therefore be necessary for the agency to gather more information to help them to determine whether the concerns are about a) and b) it may also be possible in some circumstances to have enough reasonable cause to believe that the adult, due to their care and support needs is unable to protect themselves from the risk of or experience of abuse or neglect. Ultimately, the decision as to whether there is reasonable cause to believe that the concerns reflect the 3 statutory criteria, will sit with the local authority. Case Study D [here](#) gives an example of reasonable cause however more information will help inform the local authority decision and decisions can change as more information is gathered.

### **Core Message 13**

The local authority will take seriously all such safeguarding concerns and consider all three criteria under S42(1) Care Act alongside the information from the adult reporting the concern and in their own information gathering. Local authorities should not be rigid in deciding to reject all but those referrals that meet all three of the criteria in S42(1).

### **Core Message 14**

The decision making as to what constitutes a safeguarding concern is not exactly the same as the decision making for an enquiry. Determining whether the 3 statutory criteria are met is not a linear process, thinking may change following conversations with the adult, and/or when new information is gathered. The initial judgement might be that the enquiry duty is met, but as the enquiry progresses it may be clear that the concerns are not safeguarding concerns.

### **Core Message 15**

Throughout this framework, the focus is on Making Safeguarding Personal, through developing a real understanding of what the adult being safeguarded wishes to achieve, and agreeing, negotiating, and recording their desired outcome or goal. It is about working out with the adult (and their representative or advocate) how best to bring about those outcomes and then being able to measure our success in this. Outcomes need to reflect the 'journey' of the adult as they progress through the process and it is imperative that they are placed at the centre of this process.

### **Core Message 16**

It is worth bearing in mind that the Data Protection Act 2018 and the General Data Protection Regulations of 2018 permit information to be shared in a situation of 'vital interest', where it is critical to prevent serious harm or distress or where someone's life is threatened. However, if the only adult who would suffer if the information is not shared is the subject of that information, and they have mental capacity to make a decision about it, then sharing it may not be justified.

### **Core Message 17**

You should make sure that the adult is aware of any risks and the potential impact on their safety, wellbeing and encourage them to develop strategies to protect themselves. For example, this might involve them becoming involved with a user-led organisation or a support group.

### **Core Message 18**

If someone's decision is having a significant, negative impact on their own safety and wellbeing, you may wish to discuss this with colleagues and seek advice about what options may be available. Any action you take must be informed by the principles of choice, respect and dignity for the adult concerned, with a clear focus always on helping them to achieve the outcomes they want.

### **Core Message 19**

It should be established whether the adult is driven purely by their own views and wishes, or whether they are potentially being unduly influenced or coerced by another person.

### **Core Message 20**

You may think that it is necessary to share information about the adult outside your organisation without their consent, if you conclude that other people's safety is potentially at risk. If this is the case, you should share the information. If it does not increase the risk to the adult, you should inform them that you will share their information, and why.

If you believe that a person is acting in a way that is a risk only to their own safety or wellbeing that is not a life or limb situation, they are not being influenced by anyone else and there are no doubts about their capacity in relation to decisions then you may decide not to share information with other partners.

### **Core Message 21**

The Care Act 2014 states: 'Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual abuse or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.' (Care Act 2014, section 14.70).

### Core Message 22

It is important to remember that the Local Authority has a duty under S11 of the Care Act 2014<sup>10</sup> to still respond to safeguarding concerns where there is reasonable cause to think that the adult lacks capacity to make a decision about a referral to the LA or where there are concerns that the adult is at risk of or experiencing abuse or neglect. This can further empower the referrer to still make a referral, even if the adult at that point is not wanting this, or where the adult may lack capacity to make that decision and where a referral would be made in their best interests. This also means that the LA must consider their S11 duty before refusing to accept a referral.

### Core Message 23

In all situations when a crime has been or is about to be committed, the person raising the concern should call 999 or the local police. An emergency is defined as:

A situation where life and limb are at risk.

A situation when an unknown suspect / alleged perpetrator might escape.

A need to preserve forensic evidence.

If there is any doubt about whether there is an emergency, call 999 and seek police advice.

### Core Message 24

This approach is both person centred and helps both the worker and the adult gain a better understanding of the concerns and perspectives from others and can help to reduce repeat referrals and is therefore more cost-effective (though it can involve more work at the start of a safeguarding referral due to the additional time spent engaging with the adult). However, there are still barriers to the implementation of this approach include resistance to change by staff, difficulties in meeting high service demand, staff and resource cutbacks, and high staff turnover. All agencies have a responsibility to ensure that their staff and volunteers are supported to work in this way, through for example user focussed recording systems, staff training and practical toolkits. The One Minute Guide to MSP can be found [here](#).

### Core Message 25

All approaches to working with the adult must be reflective of the level and degree of risk and seriousness<sup>11</sup> and ensuring that responses are person centred and reflect Making Safeguarding Personal. The MSP framework encourages engagement with the adult in conversations about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety<sup>12</sup>. Making Safeguarding Personal underpins everyone's practice in relation to safeguarding, with a focus on the adult not the process.

### Core Message 26

A local authority has duties to promote an individual's wellbeing, to prevent or delay care needs from developing, and to assess someone if there are safeguarding concerns and it appears that the adult may have care and support needs, even if the adult does not want an assessment. All of these may be helpful in a complex situation. Figure 1 gives other examples.

<sup>10</sup> [The Care Act 2014](#)

<sup>11</sup> Refer to seriousness tool on page 29

<sup>12</sup> [Care Act Statutory Guidance 2016 14.207](#)

### **Core Message 27**

The Local Authority has a power, referred to in the Care Act Statutory Criteria, to still undertake enquiries where the 3 statutory criteria are not met but at the discretion of the Local Authority they can carry out enquiries for those individuals who do not fit the criteria, so these enquiries would relate to an adult who is believed to be experiencing, or is at risk of, abuse or neglect but does not have care AND support needs.

### **Core Message 28**

Safeguarding S42 duties apply regardless of whether an adult's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services.

### **Core Message 29**

S42 (Care Act 2014) is the legal framework within which local authorities must operate when a safeguarding concern is referred. This duty not only ensures that adults are supported to keep themselves safe, but that all agencies and organisations also take appropriate action to keep people safe who may be at risk of or experiencing abuse or neglect. The support required may sit within the S42(2) duty to make enquiries, or outside of it, if the 3 statutory criteria S42(1) is not met.

### **Core Message 30**

A S42(2) enquiry will take many forms but should be informed by the six key safeguarding adults' principles and Making Safeguarding Personal.<sup>13</sup>

### **Core Message 31**

The Care Act S42 duty does not create any powers to undertake the enquiry, so the actions taken in an enquiry are simply the agencies involved using their usual processes to meet the objectives of the enquiry. This should reflect making safeguarding personal and the 6 safeguarding principles. It is the responsibility of the local authority to co-ordinate these activities to meet the objectives of the S42 enquiry.

### **Core Message 32**

Local authorities are not required by law to carry out safeguarding enquiries on behalf of adults who do not meet the statutory criteria in Section 42(1) of the Care Act 2014 however they can do so at their own discretion. In these circumstances a non-statutory safeguarding (discretionary) enquires may be instigated.

### **Core Message 33**

The 4LSAB also have a MARM framework to facilitate multi-agency working with adults deemed to have mental capacity, but who do not have care and support needs, who are at risk of serious harm or death, through risk taking behaviours or refusal of services. This framework is designed to guide staff on how to manage cases relating to adults where there is a high level of risk, the circumstances of which sit outside the statutory adult safeguarding framework but for which a multi-agency approach is needed to manage these risks in the most effective way.

This framework will also be helpful in situations where there are concerns about self-neglect or hoarding and where usual responses by agencies or organisations are unable to mitigate against the risks and where the risks are unmanageable. Full details of the MARM process are found in the [4LSAB Multi-Agency Risk Management Framework](#) Case Study F [here](#) gives an example of the use of the MARM Framework.

<sup>13</sup> [Paragraphs 14.13-14.15, Care and Support Statutory Guidance, DHSC](#)