

***Nottinghamshire
Safeguarding
Adults Procedures
following a Referral***

Contents:

1. Introduction.....	4
2. Why Change the Procedures?.....	4
3. What are the main differences between these procedures and the previous version?	5
4. Definitions used in these Procedures.....	5
4.1 Adult at risk.....	5
4.2 Abuse and neglect.....	6
5. Roles and Responsibilities.....	8
5.1 Safeguarding Manager.....	8
5.2 Safeguarding Officer.....	8
5.3 Managers in all organisations.....	9
6. Receiving a Safeguarding Adult at risks Referral.....	11
6.1 What is the Multi Agency Safeguarding Hub (MASH)?	11
6.2 What is the purpose of the MASH?	11
6.3 What are the possible outcomes from the safeguarding referral?	11
7. Safeguarding Assessment.....	13
7.1 What is a safeguarding assessment?.....	13
7.2 What is the purpose of the safeguarding assessment?	13
7.3 Safeguarding Assessment Overview.....	13
8. Initial Discussion and Actions.....	15
8.1 What is an 'initial discussion'?	15
8.2 What are the timescales for an initial discussion?	15
8.3 What is the purpose of the initial discussion?	15
8.4 Review any Immediate Risks	16
8.5 Further information gathering	17
8.6 Visit to the Adult at risk.....	17
8.7 A visit to, or discussion with, the alleged perpetrator and/or care provider.....	18
8.8 Follow up discussions.....	18
9 Personal Safeguarding Plan.....	21
9.1 What is a personal safeguarding plan and its purpose?	21
9.2 When can a personal safeguarding plan be created?	21
9.3 When can't a personal safeguarding plan be created?.....	21
9.4 What does a personal safeguarding plan look like?	22
9.5 Desired Outcomes that the adult at risk would like in relation to managing the risk of future abuse and/or neglect.....	22
9.6 What actions are required to work towards and manage the 'desired outcomes'?	22
10 Multi-Agency Response.....	25
10.1 What is a multi-agency response?	25
10.2 When is a multi-agency response required?.....	25
10.3 When is a multi-agency response NOT required?	25
11 Strategy Meeting.....	26
11.1 What is a strategy meeting and its purpose?.....	26
11.2 Discussion or meeting?	26
11.3 Who should attend?.....	26
11.4 What are the possible outcomes following the strategy meeting?	27
11.5 Managing investigations or other actions as part of the safeguarding assessment.....	28
11.6 Types of Investigations or other actions	28
12 Case Conference.....	29
12.1 What is a case conference and its purpose?	29
12.2 Discussion or meeting?	30
12.4 Who should attend?.....	30
12.5 How should a case conference be conducted?	31
12.6 What should be recorded as part of the case conference?.....	32
13 Closing the safeguarding assessment.....	34
13.1 The safeguarding assessment can be closed when:	34
13.2 Recording and Sharing of information	34

13.3 Feedback to referrer	34
14 Review of the personal safeguarding plan and conclusions.....	36
14.1 What is a review and its purpose?	36
14.2 When should a review take place?	36
14.3 Who should be included in the review?	36
14.4 Recording the review.....	36
14.5 What are the possible outcomes following the review of the personal safeguarding plan?	36
15 Scenarios for how a safeguarding assessment may progress	39

DRAFT

1 **Introduction**

'All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include Article 2: 'the Right to Life'; Article 3: 'Freedom from Torture' (including humiliating and degrading treatment); and Article 8: 'Right to Family Life' (one that sustains the individual).

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

It follows that all citizens should have access to relevant services for addressing issues of abuse and neglect, including the civil and criminal justice system and victim support services. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect'. [Safeguarding Adults ;\(A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work \(ADASS, 2005\).](#)

'Abuse is a violation of an individual's human and civil rights by any other person or persons.' 'No Secrets' (DH 2000).

This document sets out Nottinghamshire's procedure for all organisations to follow when a referral is received that an adult at risk has been or is at risk of abuse and/or neglect in Nottinghamshire. (See below for definitions of an adult at risk, abuse or visit www.safeguardingadultsnotts.org for further guidance).

2 **Why Change the Procedures?**

The Nottinghamshire safeguarding adults procedures were last revised in 2010. Since that time there have been some significant developments in this area of work.

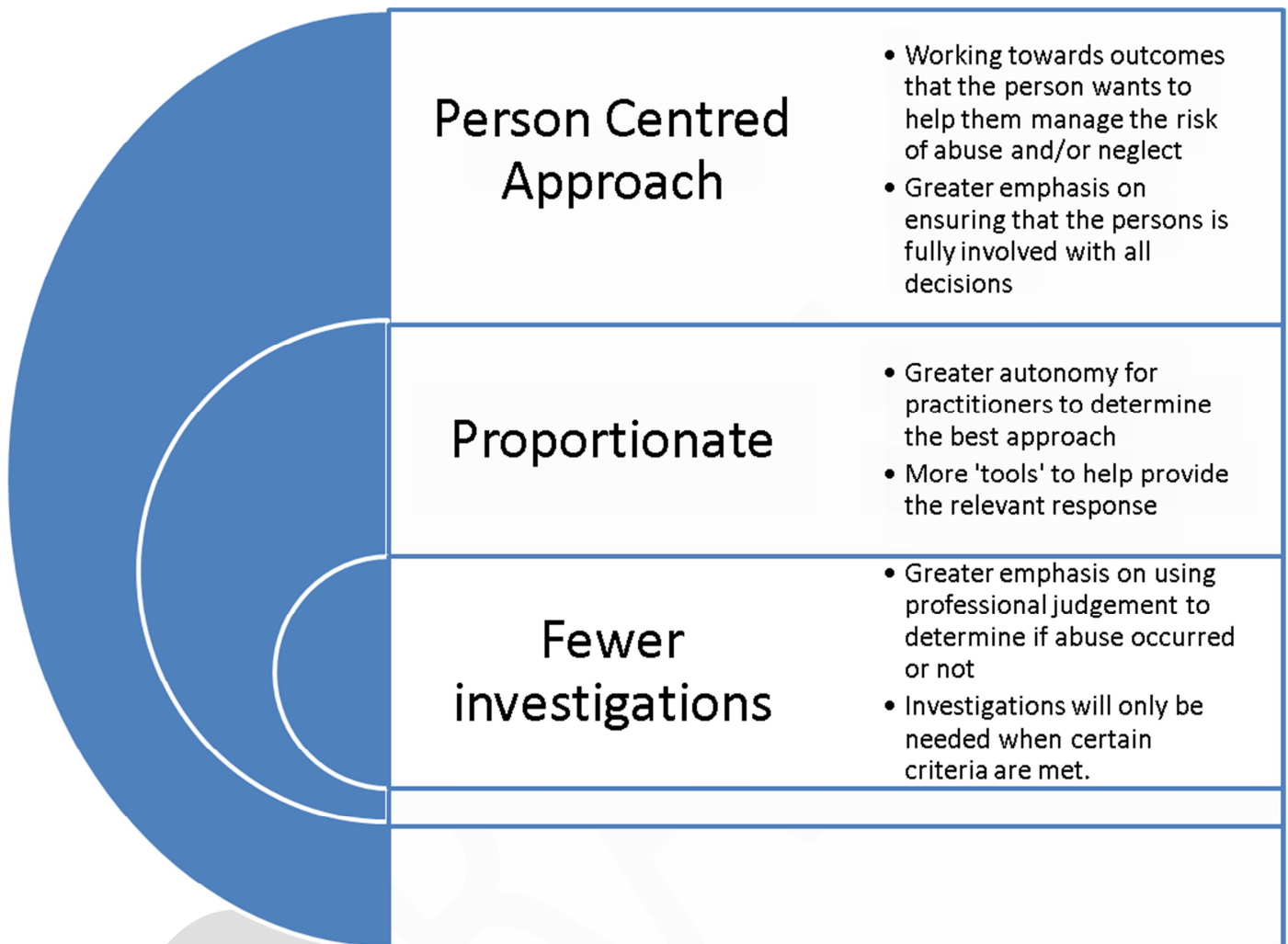
In addition to the Care Bill, which will make it a legal requirement for local authorities to 'make enquiries' and changes some terminology and definitions, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) have begun shifting the focus of adult safeguarding work towards a person centred approach in recent years.

The development of the 'Making Safeguarding Personal' agenda was 'drawn up in response to feedback from people using safeguarding services, stakeholders and practitioners that the focus of safeguarding work was on process and procedure. People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control' (Making Safeguarding Personal, Sector Led Improvement, LGA ADASS, April 2013).

This means a move away from the need to investigate everything, where the focus is often on the alleged perpetrator and whether they abused the adult at risk or not.

3 **What are the main differences between these procedures and the previous version?**

These procedures differ from the previous version in three main ways:



4 **Definitions used in these Procedures**

4.1 **Adult at Risk**

4.1.1 The Care Bill introduces the term 'adult at risk' to replace 'vulnerable adult' and these procedures and guidance will use this term. However, until such a time that a new definition is provided through The Care Act, Nottinghamshire will continue to use the definition provided to describe a 'vulnerable adult' in *No Secrets* (DH 2000), which is:

'A person aged 18 years or over who is or maybe in need of community care services by reason of mental or other disability, age or illness;

And

Who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

4.1.2 For the purposes of this procedure, community care services are taken to include all care services provided in any setting or context. The term describes care in its widest sense.

4.1.3 Those in need of community care services may include (but are not limited to):

- People with a learning disability;
- People with a physical disability;
- People with mental ill health;
- People who are profoundly deaf;
- People who are visually impaired;
- People who are deaf/blind;
- People over 65;
- People with HIV/AIDS.

4.1.4 Of course, not all individuals from these groups would see themselves, or be seen by others, as an 'adult at risk'. It should also be remembered that an individual may be both an adult at risk and a carer.

4.1.5 'Carers of people in need of community care services may also be an adult at risk and subject to abuse from the people they care for' (ADASS 'Carers and Safeguarding Adults – working together to improve outcomes' July 2011).

4.2 Abuse and neglect

4.2.1 The term adult abuse (and neglect) is subject to wide interpretation. 'No Secrets' provides the following definition as a starting point; Abuse is a violation of an individual's human and civil rights by any other person or persons.

4.2.2 It should also be noted that when the death of an adult at risk is caused by suspected abuse or neglect, the Multi-Agency Procedure and Guidance must be considered along with any other actions that may be necessary.

4.2.3 Abuse can be viewed in terms of the following categories, taken from No Secrets (DH 2000):

- Physical;
- Sexual;
- Psychological;
- Financial and material;
- Discriminatory;
- Neglect and acts of omission;
- Institutional.

4.2.4 When discussing abuse with an adult at risk, family, carer or other members of the public it is recommended that common language is used. This means you may prefer to use literal terms when discussing concerns with adult at risks or other members of the public, rather than the categories listed above. Examples of this may be using the terms 'hitting' or 'slapping', rather than saying 'physical abuse'; discussing 'theft' instead of 'financial abuse'; or 'bullying' instead of 'psychological abuse'.

Follow this link to different types of abuse, examples of abuse and possible early indicators of abuse www.safeguardingadultsnotts.org.

Roles & Responsibilities

5 Roles and Responsibilities

Guidance documents relating to this section:

Complex Abuse.

5.1 Safeguarding Manager

- 5.1.2 The team manager from the relevant team within Nottinghamshire County Council's Adult Social Care department should decide who is best placed to act in the role of safeguarding manager.
- 5.1.3 In Nottinghamshire, safeguarding managers are normally team managers or senior practitioners (Band C social workers) from assessment teams within Nottinghamshire County Council's Adult Social Care Department, including any that are joint health and social care teams, who has undertaken appropriate training. Support and supervision should be in place to support all safeguarding managers.
- 5.1.4 In cases which are complex ([see guidance for Complex Abuse](#)) high risk or which are likely to attract public interest, it may be necessary to escalate the management of the safeguarding adults' procedure to a senior manager or to appoint an independent chairperson.
- 5.1.5 The safeguarding manager will appoint an appropriate safeguarding officer. The safeguarding officer will be a social worker or senior practitioner in an assessment team, who has undertaken appropriate training, except in cases of complex abuse where this role may be escalated to a more senior member of staff.
- 5.1.6 It is important to note that the safeguarding manager and the safeguarding officer roles should not be undertaken by the same person.
- 5.1.7 The safeguarding manager will have overall responsibility for:
- Deciding who will act as safeguarding officer;
 - Providing oversight of the creation of a personal safeguarding plan;
 - Chairing or leading the 'initial discussion' and ensuring that there is a clear record of the discussion along with any agreed actions;
 - Convening and chairing a 'strategy meeting' when appropriate and ensure that there is a clear record of the meeting along with any agreed actions;
 - Overseeing the actions and investigations agreed at a strategy meeting;
 - Convening and chairing a 'case conference' when appropriate and ensuring that there is a clear record of the meeting along with any agreed actions;
 - Ensuring decisions are recorded;
 - Ensuring that feedback is given to the relevant individuals at the relevant times.

5.2 Safeguarding Officer

- 5.2.1 The safeguarding officer will be a social worker or senior practitioner in an assessment team within Nottinghamshire County Council's Adult Social Care Department, who has undertaken appropriate training. Support and supervision should be in place to support all safeguarding officers.
- 5.2.2 The safeguarding officer has several responsibilities within the safeguarding process:

5.2.3 *Taking actions agreed at the initial discussion*

The safeguarding officer will normally be responsible for undertaking any actions agreed with the safeguarding manager at the initial discussion. This will normally include visiting the adult at risk.

5.2.4 *Working with the adult at risk towards their 'desired outcomes'*

Where actions for agencies to work towards the adult at risk's desired outcomes are identified, the safeguarding officer will ensure that these are completed.

5.2.5 *Link between organisations, adult social care and the adult at risk*

Where the criteria for an investigation is met, the safeguarding officer is the link between the local authority, the adult at risk and those organisations and/or individuals who are undertaking the identified work.

5.2.6 *Undertaking adult social care safeguarding 'investigation'*

Where the strategy meeting identifies that a safeguarding adults investigation is required, the safeguarding officer is normally the person who will undertake this work.

5.3 *Managers in all organisations*

5.3.1 All organisations have a responsibility to attend and participate in relevant meetings or discussions.

5.3.2 Where actions or investigations are identified as part of a safeguarding assessment, all organisations have a responsibility to undertake necessary work or a lead investigative role where this is appropriate.

5.3.3 The safeguarding manager from the local authority will retain overall responsibility for managing the safeguarding assessment and ensuring that all actions and investigations are completed.

5.3.4 Attendance at the strategy meeting should be limited to those who 'need to know' and who can contribute to the decision making process. Staff should be of sufficient seniority to make decisions within the meeting concerning their organisation, including any resources agreed as part of enquiries or investigation work.

Receiving a Safeguarding Adults Referral

6 Receiving a Safeguarding Adult at risks Referral

Guidance documents relating to this section:

Out of Area Arrangements.

6.1 What is the Multi Agency Safeguarding Hub (MASH)?

- 6.1.1 Nottinghamshire has a single point of contact for receiving safeguarding adults' referrals from professionals. This is done through the Multi Agency Safeguarding Hub (MASH).

For more information on raising a concern or making a safeguarding referral, follow this [link to the Nottingham and Nottinghamshire Multi Agency Safeguarding Adults at risk Procedures](#).

6.2 What is the purpose of the MASH?

- 6.2.1 The MASH has separate operational procedures which are used internally.
- 6.2.2 The purpose of the MASH is to:
- Ensure that action is taken to mitigate any immediate risks;
 - Record safeguarding referrals;
 - Share relevant information between a range of partner organisations;
 - Make a decision using multi-agency information about whether a safeguarding assessment is required;
 - Where a safeguarding assessment is required, assess and determine the level of risk;
 - Send requests for safeguarding assessments to the relevant team in adult social care;
 - Signpost to other processes and organisations where appropriate;
 - Provide feedback to the referrer about the decision.

6.3 What are the possible outcomes from the safeguarding referral?

- 6.3.1 **No further action** – when the safeguarding referral does not meet the thresholds for a safeguarding assessment and no signposting or referral is required to other organisations or teams.
- 6.3.2 **Signposting or referral to other services/organisation** – the safeguarding referral does not meet the threshold for a safeguarding assessment but other work is required, for example, care management or quality concerns are identified.
- 6.3.3 **Safeguarding Assessment is required** – where the MASH determine that a safeguarding assessment is required, they will inform the relevant team within the Local Authority's Adult Social Care Department, depending on where the allegation took place ([see guidance for Out of Area Arrangements](#)).
- 6.3.4 Where a safeguarding assessment is required, the MASH will assess and determine the level of risk presented and the timescale for an initial discussion to take place, based on the following:

RED – Priority One

An initial discussion should be held within 4 working hours

AMBER – Priority Two

An initial discussion should be held within 1 working day

GREEN – Priority Three

An initial discussion should be held within three working days

Safeguarding Assessment Overview

7 **Safeguarding Assessment Overview**

Guidance documents relating to this section:

Making Safeguarding Personal.

7.1 What is a safeguarding assessment?

- 7.1.1 The safeguarding 'assessment' is the term used to describe all of the safeguarding work undertaken from the point of the relevant team receiving the referral from the MASH up to the review of the personal safeguarding plan.

7.2 What is the purpose of the safeguarding assessment?

- 7.2.1 The safeguarding assessment has two purposes:
1. To work with the adult at risk to agree:
 - Their desired outcomes from the safeguarding assessment ([see guidance for Making Safeguarding Personal](#));
 - What practical steps and actions are needed to enable this to happen;
 - A documented safeguarding plan detailing what has been agreed and who needs to do what.
 2. Where a multi-agency response is required, to manage this using the multi-agency process ([see section 10 – Multi Agency Response](#)).

7.3 Safeguarding Assessment Overview

- 7.3.1 The safeguarding assessment process documented here is a change to the previous one. The emphasis in this process is providing a proportionate and person centred response.
- 7.3.2 This includes creating a personal safeguarding plan with the aim of working towards the 'desired outcomes' of the adult at risk.
- 7.3.3 Actions and investigations to determine if abuse occurred or not (and if the alleged perpetrator abused or not) will only be necessary where certain criteria are met.
- 7.3.4 To enable the safeguarding assessment to be proportionate, the process is not designed to be a linear one, with the exception of the initial discussion, which must be recorded first.

Initial Discussion & Actions

8 Initial Discussion and Actions

Guidance documents relating to this section:

Mental Capacity Act 2005;

Information Sharing Guidance;

Planning a Visit or Interview with the Adult at risk;

Making Safeguarding Personal;

Record Keeping;

8.1 What are the 'initial discussion & actions'?

- 8.1.1 An initial discussion is the first discussion between the safeguarding manager and the safeguarding officer and/or initial actions taken as a result of the discussion or the information presented by MASH ([see Roles and Responsibilities on page 7](#)).
- 8.1.2 Normally this would be a discussion between the safeguarding manager and the safeguarding officer; however, it might be between the safeguarding manager and others where this is more appropriate.

8.2 What are the timescales for an initial discussion?

- 8.2.1 It is the responsibility of the safeguarding manager to ensure a discussion takes place with the safeguarding officer. This discussion should take place within the relevant timescales, depending on the level of risk presented by the MASH.
- 8.2.2 The following risk ratings will be provided by the MASH:

RED – Priority One

An initial discussion should be held within 4 working hours;

AMBER – Priority Two

An initial discussion should be held within 1 working day;

GREEN – Priority Three

An initial discussion should be held within three working days.

8.3 What is the purpose of the initial discussion?

- 8.3.1 The purpose of the initial discussion is to:
- Review any immediate risks to the adult at risk (and others), as presented by MASH ([see 8.4 below](#));
 - Agree how any immediate risks will be managed and by who;
 - Review all other information provided by MASH;
 - Agree any additional information gathering required, in addition to that provided by the MASH ([see 8.5 below](#));
 - Plan and agree how the visit to the adult at risk will proceed, or the reasons why a visit is not required ([see 8.6 below](#));
 - Agree if a visit to the care provider and/or alleged perpetrator is required ([see 8.7 below](#));
 - Agree who will undertake this work;

OR;

- Determine that a strategy meeting is required immediately because other agencies need to be involved in planning the visit to the adult at risk (e.g. the police) or the nature and complexity of the referral is such that it requires a multi-agency response ([see section 11- Strategy Meeting](#)).

It is important to remember that any immediate risks should still be managed first.

OR;

- Determine that the case can be closed before any safeguarding work is required because it is IMMEDIATELY clear, from the information presented by MASH, that the referral should not have met the thresholds for a safeguarding assessment (i.e. it has been sent in error).

- 8.3.2 Where the case is closed immediately, feedback should be provided to the MASH for them to take the appropriate action ([see section 13 – Closing the Safeguarding Assessment](#)). It is the responsibility of the safeguarding manager to ensure that feedback to the referrer is provided. Consideration must also be given to any other services or organisations that you may be able to either signpost or support the adult at risk to access.

It should be noted that this process should only be used when a referral has been sent in error and may not be used where there is a disagreement about the decision.

- 8.3.3 **The actions agreed at the initial discussion may not necessarily be done in the order above and, at any point, it may be necessary to progress to a strategy meeting.**

8.4 Review any Immediate Risks

- 8.4.1 Where immediate risks are identified these should be managed first, prior to undertaking any other work.
- 8.4.2 There are times where you will need to consider an immediate medical examination. There are two reasons for considering this. One is because medical treatment may be needed and the other is that the examination may provide evidence which could be used in prosecution.
- 8.4.3 When an adult at risk needs urgent medical attention or has recently been assaulted the need for a medical treatment will always precede any other consideration.
- 8.4.4 Consent must be obtained prior to any medical intervention from the person requiring the attention/examination. If you are of the opinion that the adult at risk does not have the mental capacity to give their permission, you are required, by law, to act in accordance with the provisions set out in the Mental Capacity Act (2005).
- 8.4.5 If there is a possibility that forensic evidence can be identified, the safeguarding manager should seek the adult's permission to call the police in order that they can supervise the medical examination. If you are of the opinion that the adult at risk does not have the mental capacity to give their permission, you are required, by law, to act in accordance with the provisions set out in the Mental Capacity Act (2005) ([see guidance for the Mental Capacity Act 2005](#)).

8.5 Further information gathering

- 8.5.1 Where it is identified that additional information is required to that presented by the MASH, to either determine the level of risk and/or establish what initial actions are needed, the safeguarding manager, with the safeguarding officer, should agree how this will be obtained and who is best placed to do this.
- 8.5.2 Where further information gathering is identified, you should contact organisations using the single points of contact provided in the [Information Sharing guidance](#).

8.6 Visit to the adult at risk

- 8.6.1 The most likely outcome from the initial discussion will be a visit (or, in some circumstances, discussion) with the adult at risk and/or the person representing them or their best interests.
- 8.6.2 Consideration should be given to the following as part of planning any visits or discussions:
- How the visit will be planned ([see guidance for Planning a Visit or Interview with an Adult at Risk](#));
 - The 'desired outcomes' for the adult at risk as presented by MASH ([see guidance for Making Safeguarding Personal](#));
 - Any known communication aids required or known capacity issues (which may result in the need for an Independent Mental Capacity Advocate) ([see guidance for Planning a Visit or Interview with an Adult at Risk](#));
 - How any discussions will be recorded ([see guidance for Record Keeping](#))
- 8.6.3 The visit to the adult at risk can be broken down into two parts. The first part of the discussion should:
- Check that there are no immediate risks (and agree how these will be managed if there are);
 - Consider the support needs of the adult at risk ([see guidance for Supporting an Adult at Risk](#));
 - Get the views of the adult at risk about what has happened in relation to the alleged abuse.
- 8.6.4 This should lead onto a discussion about creating a 'personal safeguarding plan' which should include the following:
- The 'desired outcomes' the adult at risk would like in relation to managing the risk of future abuse and/or neglect ([see guidance for Making Safeguarding Personal](#));
 - What actions are required to work towards the 'desired outcomes';
 - The timescales for the completion of actions required by organisations.
- 8.6.5 There may be times when you are unable to get the views of the adult at risk because:
- They are unable to communicate;
 - They lack the mental capacity to understand what has happened or what they would like to happen;
 - Discussing this with them would put them at increased risk or cause greater distress.
- 8.6.6 Therefore, the views might be those gained through consultation with people that know the adult at risk and be outcomes which are deemed to be in their best interests. This

should be fully recorded and, where appropriate, in accordance with the provisions set out in the Mental Capacity Act (2005) ([see guidance for the Mental Capacity Act 2005](#)).

8.6.7 This might include instructing an Independent Mental Capacity Advocate (IMCA), where this would be in the persons best interests ([see guidance for Planning a Visit or Interview with an Adult at Risk](#)).

8.6.8 If, when considering the visit as part of the initial discussion, you determine that a visit is not required, the reasons for this should be fully documented. An assumption that the adult at risk 'lacks capacity' or 'cannot communicate' are inappropriate reasons for not visiting.

8.7 A visit to, or discussion with, the alleged perpetrator and/or care provider

8.7.1 In cases where the alleged perpetrator is not someone in a position of trust (such as a member of staff, volunteer, deputy etc.). it might be relevant to meet with the alleged perpetrator as part of any initial actions.

The purpose of this may be:

- To get their views about what has happened in relation to the alleged abuse;
- Where possible, to minimise the need for further visits to discuss the allegation;
- Where it is clear that abuse has occurred, to understand why it has happened;
- To consider any support needs that the alleged perpetrator may have.

8.7.2 At times, it may also be appropriate to visit or have a discussion with the care provider to gather further information. This might be appropriate to:

- Discuss what steps they have taken to manage any immediate or future risks;
- Ascertain details of any discussions they have had with the adult at risk and/or alleged perpetrator;
- Examine relevant care plans and/or running records;
- Inform and update the provider about the safeguarding assessment.

8.7.3 A visit to the care provider at this point should be to clarify and gather information, rather than interviewing witnesses. If it is determined that this is required, any such actions should be agreed at a strategy meeting ([See section 10 - Criteria for a Multi-agency Response](#)).

8.8 Follow up discussions

8.8.1 As part of undertaking the actions agreed above, there should be regular follow up discussions between the safeguarding manager and safeguarding officer. This could be a series of informal conversations, emails or meetings between the two and may result in further actions being identified. All discussions should be recorded in the relevant sections of the adult at risk's care record.

8.8.2 To help determine how the safeguarding assessment should progress, the safeguarding manager, with the safeguarding officer, should consider the following two questions:

1. **Can a 'personal safeguarding plan' be created in-line with [section 9 – Personal Safeguarding Plan](#)?**
2. **Is a multi-agency response required in-line with [section 10 – Multi-Agency Response](#)?**

DRAFT

Personal Safeguarding Plan

9 **Personal Safeguarding Plan**

Guidance documents relating to this section:

Making Safeguarding Personal;

Mental Capacity Act 2005.

9.1 What is a personal safeguarding plan and its purpose?

9.1.1 A personal safeguarding plan is a document which details:

- The 'desired outcomes' the adult at risk would like in relation to managing the risk of future abuse and/or neglect ([see guidance for Making Safeguarding Personal](#));
- What actions are required by organisations to work towards the 'desired outcomes';
- The timescales for the completion of any actions required by organisations.

9.2 When can a personal safeguarding plan be created?

9.2.1 Where there has been a discussion with the adult at risk or the person representing them or their best interests, we know what their desired outcomes are and actions needed to work towards these have been agreed. Regardless of whether an investigation is required or not, a personal safeguarding plan should be created.

9.2.2 In these cases you should:

- Create a personal safeguarding plan (even if an investigation is required);
- Provide a copy of the agreed plan to the adult at risk;
- Provide a copy of the agreed plan to any agency or individual who are required to complete actions;
- Agree who will manage the plan on behalf of the local authority;
- Agree a date that the plan will be reviewed.

9.3 When can't a personal safeguarding plan be created?

9.3.1 Where it is determined by the safeguarding manager, with the safeguarding officer and adult at risk, that:

- There is a need for a multi-agency response before a personal safeguarding plan can be created, OR;
- The adult at risk does not want a personal safeguarding plan ([see 9.3.2 below](#)) OR;
- No personal safeguarding plan is required because the risk no longer remains.

9.3.2 The adult at risk may wish for no further action to be taken. Practitioners must be confident that the adult at risk is making this decision without undue influence, threats and intimidation. If there are no other people at risk from the person causing abuse or neglect and the alleged perpetrator is not a member of staff or volunteer, there will be no further actions under these procedures at this time.

9.3.3 In this situation there should be express agreement with the adult at risk that there will be no more action under these procedures. They should be given information about possible sources of help and support and whom they can contact if they should change their mind, or the situation changes and they no longer feel able to protect themselves.

9.3.4 If a concern persists and the adult at risk's refusal to consent to action is seen to have resulted from fear, loyalty, coercion or disempowerment as a result of long term or persistent abuse, you must proceed to a strategy meeting to consider the best way to

engage with the person and consider the legal powers available to intervene with the person(s) causing the abuse.

9.3.5 In these cases you should still consider whether a strategy meeting is required.

9.4 What does a personal safeguarding plan look like?

9.4.1 A personal safeguarding plan should be easy to understand. It should include the following two headings:

- Desired outcomes that the adult at risk would like in relation to managing the risk of future abuse and/or neglect;
- What actions are required to work towards and manage the 'desired outcomes'?

9.5 Desired Outcomes that the adult at risk would like in relation to managing the risk of future abuse and/or neglect.

9.5.1 This section should include details of what the adult at risk wants in relation to managing the risk of future abuse and/or neglect. It should state what the adult at risk wants and what this means in practice.

9.5.2 There may be times when you are unable to get the views of the adult at risk because:

- They are unable to communicate;
- They lack the mental capacity to understand what has happened or what they would like to happen;
- Discussing this with them would put them at increased risk or cause greater distress.

9.5.3 Therefore, the views might be those gained through consultation with people that know the adult at risk and be outcomes which are deemed to be in their best interests. This should be fully recorded and, where appropriate, in accordance with the provisions set out in the Mental Capacity Act (2005) ([see guidance for the Mental Capacity Act 2005](#)).

9.5.4 This might include instructing an Independent Mental Capacity Advocate (IMCA), where this would be in the persons best interests ([see guidance for Planning a Visit or Interview with an Adult at Risk](#)).

9.5.5 Examples of desired outcomes might be:

'Elaine wants to make sure no one can steal her money. Therefore, she would like a safe to be fitted in her wardrobe'.

'Rashid has stated that what is important to him is to stay at home with his family. Therefore, he would like to be supported to agree living arrangements and boundaries with his family'.

9.6 What actions are required to work towards and manage the 'desired outcomes'?

9.6.1 This section should include any actions required by organisations or individuals to work towards the desired outcomes and also how the adult at risk will subsequently manage the risk of future abuse and/or neglect.

9.6.2 Examples of this might be:

'The safeguarding officer will organise quotes and support Elaine to get a safe fitted. Elaine will use the safe to store her money'.

'Rashid's support worker will meet with him and his family to discuss living arrangements

and boundaries. Rashid will then be supported to live at home depending on the outcome of the meeting with family’.

Further examples can be found in [section 15 – Scenarios for How a Safeguarding Assessment Might Progress](#).

- 9.6.3 The safeguarding assessment should remain open whilst any organisational actions are undertaken, even if a multi-agency response is not required. For more information on closing the safeguarding assessment, [see section 12 - Closing the Safeguarding Assessment](#).

DRAFT

Multi-Agency Response

DRAFT

10 Multi-Agency Response

YOU ONLY NEED TO FOLLOW THIS PART OF THE PROCESS IF THIS IS IDENTIFIED AS PART OF INITIAL ENQUIRIES.

Guidance documents relating to this section:

Complex Abuse;

Root Cause Analysis;

Achieving Best Evidence in Criminal Proceedings;

Information Sharing Guidance.

10.1 What is a multi-agency response?

- 10.1.1 A multi-agency response is the work undertaken when an investigation or other actions are required to determine if abuse has occurred and if the person alleged to have abused has done so or not. A multi-agency response is only required when the criteria below are met.

10.2 When is a multi-agency response required?

- 10.2.1 A multi-agency response is required where it is determined by the safeguarding manager, with the safeguarding officer and/or other organisations where relevant, that:
- The adult at risk does not want further safeguarding work to be undertaken but you perceive this to be as a result of fear, loyalty, coercion or disempowerment ([see section 9.3.2, 9.3.3, 9.3.4 & 9.3.5](#)), **OR**;
 - The alleged perpetrator or risk is a person or organisation in a position of trust, e.g. a member of staff or a volunteer. **OR**;
 - A criminal investigation is required, **OR**;
 - The referral meets the criteria for 'complex abuse' ([see guidance for Complex Abuse](#)), **OR**;
 - There is a need to know if abuse occurred or not and/or if the person alleged to have abused has or not, before the personal safeguarding plan can be created ([see Types of Investigation in section 11](#)), **OR**;
 - Understanding why abuse has occurred will help manage future risk ([see guidance for Root Cause Analysis](#)).
- 10.2.2 Examples of cases which may need a multi-agency response and process maps for these can be found in [section 15 - Scenarios for How a Safeguarding Assessment May Progress](#).
- 10.2.3 Where a multi-agency response is required, the safeguarding manager should hold a strategy meeting, following the process below.
- ### **10.3 When is a multi-agency response NOT required?**
- 10.3.1 Where it is determined by the safeguarding manager, with the safeguarding officer, that none of the above criteria have been met, a multi-agency response is not required.
- 10.3.2 In these cases, the safeguarding manager, with the safeguarding officer, should use their professional judgement to make a decision on the balance of probabilities about whether abuse occurred or not.

- 10.3.3 The safeguarding assessment should remain open whilst any organisational actions are undertaken as part of the personal safeguarding plan. However, you are not required to [follow section 11 – Strategy Meeting](#) or [section 12 – Case Conference](#) below. For more information on closing a safeguarding assessment, [see section 13 - Closing the Safeguarding Assessment](#).

11 Strategy Meeting

11.1 What is a strategy meeting and its purpose?

- 11.1.1 A strategy meeting is a meeting or discussion between the relevant individuals and agencies. The purpose of the strategy meeting is to agree what further actions, including investigation(s) is/are required to determine if abuse has occurred or not, and/or to determine if the person alleged to have abused has or not.
- 11.1.2 Where actions are required to investigate the allegations, you should:
- Consider the views of the adult at risk about their desired outcomes and how these may impact on any investigative work;
 - Consider the views of the adult at risk about what has happened in relation to the alleged abuse as a result of the initial visit (with the aim of reducing the need of a further interview);
 - Discuss any relevant information or findings from the MASH Enquiry and/or as a result of initial actions undertaken;
 - Agree which form of investigation(s) or other actions is/are most appropriate, for example disciplinary or criminal investigations or root cause analysis, ([see 11.6.4 - Types of Investigation below](#));
 - Agree timescales for the completion of agreed investigations;
 - If a supporter as described in '[Achieving Best Evidence in Criminal Proceedings](#)' is required when the police are undertaking a criminal investigation as part of the safeguarding assessment;
 - Agree who will act as the link person between the safeguarding manager and the person or organisation responsible for carrying out the investigation (this will normally be the safeguarding officer);
 - Consider if there are any support needs for the person alleged to have caused abuse and how these will be addressed (particularly if they are also an adult at risk);
 - Consider if other adult at risks or children (under the age of 18) are affected or at risk of abuse and if any actions are required to mitigate this;
 - Agree a communication strategy including feedback to the referrer and distribution of strategy meeting minutes ([This should be done in conjunction with the Nottinghamshire Information Sharing Protocol](#)).

11.2 Discussion or meeting?

- 11.2.1 The term 'strategy meeting' is used to minimise confusion with the 'initial discussion'. However, it could be a discussion by telephone, conference call, video call or via email if holding a meeting would involve a delay and place the person at greater risk, or where few organisations are involved and a meeting is not necessary. If a discussion is held, it may still be necessary to hold a follow-up meeting and more than one meeting or discussion may be required.

11.3 Who should attend?

- 11.3.1 The safeguarding manager should ensure that all the relevant people are included within the strategy meeting.
- 11.3.2 Consideration should be given to the most appropriate time to instruct an Independent Mental Capacity Advocate in safeguarding adults work or to include the adult at risk or the person representing them or their best interests. This will depend on the decisions to

be made and the risks to those involved. In some cases it will be appropriate to involve one or more of the above at the strategy meeting stage. This would need to happen for cases where the wishes/decisions made by the individual would have a significant impact on the process or where immediate actions need to be taken to safeguard the individual prior to further investigation taking place ([Adapted from Policy Statement, Criteria for the use of IMCAs in Safeguarding Adults Cases \(2007\) DH](#)).

- 11.3.3 To help support the attendance and effective participation of the adult at risk where this is relevant, it may be useful or necessary to hold two or even several separate meetings and may result in meeting at the adult at risk's own home, for example, to formulate and agree the actions required to work towards the adult at risk's desired outcomes where this is being done as part of the strategy meeting.
- 11.3.4 Any organisation requested to attend a strategy meeting should regard the request as a priority. If no one from the organisation is able to attend, they should provide information as requested and make sure it is available at the meeting.
- 11.3.5 Attendance at the strategy meeting should be limited to those who 'need to know' and who can contribute to the decision making process. Staff should be of sufficient seniority to make decisions within the meeting concerning their organisation, including any resources agreed as part of enquiries or investigation work.
- 11.3.6 In addition to the safeguarding officer, consideration should be given to inviting contribution from:
- Health Professionals;
 - Police;
 - Care Quality Commission;
 - Placing Authority;
 - Service Provider;
 - Legal Services;
 - Commissioning Organisation's contract and compliance department;
 - Department for Work and Pensions.
 - Independent Mental Capacity Advocate or adult at risk or the person representing them or their best interests (see below).
- 11.3.7 Where other organisations are required to attend a strategy meeting, you should contact them using the single points of contacts identified within the [Information Sharing guidance](#).

11.4 What are the possible outcomes following the strategy meeting?

- 11.4.1 The following outcomes may come from the strategy meeting:
- **No investigations are required** – where new or additional information presented at the strategy meeting enables the safeguarding manager and attendees to determine that no investigations are required.

In these cases you are not required to hold a case conference.

- **Investigations or further actions are required as part of the safeguarding assessment** – where it is identified that there is a need to investigate the allegations, for example a disciplinary investigation, criminal investigation or root cause analysis ([See 11.6.4 - Types of Investigations below](#)).

11.5 Managing investigations or other actions as part of the safeguarding assessment

- 11.5.1 Responsibility for the overall management and coordination of the safeguarding assessment lies with the safeguarding manager. However, the safeguarding officer will often act as the link between the local authority and those organisations and/or individuals who are undertaking investigation work. It may be necessary to escalate this where the criteria for 'complex abuse' is met ([See guidance for Complex Abuse](#)).
- 11.5.2 In cases where a crime has been reported and is being investigated by the police, all subsequent action by other organisations must be coordinated with them. The officer in charge of the criminal investigation should be invited to the strategy meeting. If the officer in charge of the investigations is unable to attend, a discussion with them should take place on the telephone and be recorded as part of the strategy meeting.

11.6 Types of Investigations or other actions

- 11.6.1 Below is a list of possible investigations or actions which may be required as part of a multi-agency response.
- 11.6.2 Where the following investigations or actions are identified, the relevant guidance should be followed:
- **Safeguarding Investigation;**
 - **Root Cause Analysis;**
 - **Complex Abuse Investigation;**
 - **Allegation of Abuse by a Person of Trust.**
- 11.6.3 Where other investigations are required, organisations would follow their own internal procedures. However, consideration should be given to opportunities for joint working at the strategy meeting and there may be occasions where a joint investigation is agreed to ensure independence and transparency to findings.

11.6.4 Table of possible types of investigations or actions required as part of a multi-agency response

Description	Type of Investigation	Organisation/person responsible
No other investigations are required but you need to know if abuse occurred or not and/or if the person alleged to have abused has or not to create the safeguarding plan OR to provide independence and transparency to other investigations	Safeguarding Investigation	Adult Social Care (normally the safeguarding officer)
An investigation into the delivery of healthcare is required	Health led investigation	Relevant health agency
There is benefit in understanding <i>why</i> abuse has occurred	Root Cause Analysis	Relevant organisation
Abuse involving two or more abusers and/two or more adults at risks	Complex abuse investigation	Adult Social Care (normally the safeguarding manager)

A crime has been committed such as assault, theft, fraud, hate crime, domestic abuse	Criminal investigation	Police
Anti-social behaviour	Anti-social behaviour investigation	Police with anti-social behaviour teams
Allegation of abuse by a person of trust	Disciplinary investigation	Employer
Bogus callers, rogue traders, loan sharks	Trading Standards Investigation	Trading Standards
Misuse of Lasting Power of Attorney		Office of Public Guardian
Misuse of appointeeship or agency		Department for Work and Pensions
Decisions about care and wellbeing of an adult without mental capacity which are not in their best interests		Court of Protection

- 11.6.5 The safeguarding assessment, including investigations, other actions and meetings should be completed within four weeks from the date the assessment is received by the relevant team (i.e. 28 days or 20 working days). It is recognised though, that this may not always be possible, particularly where complex abuse investigations are required.
- 11.6.6 There should be regular liaison between the safeguarding manager, safeguarding officer and individuals or organisations responsible for carrying out investigations. A running record should be kept of these discussions within the adult at risk's social care record. It is only necessary to complete a safeguarding investigation report where there is a safeguarding investigation
- 11.6.7 When investigations or other actions are completed, the safeguarding manager should convene a case conference ([see section 12 - Case Conference](#)).
- 11.6.8 This should either be:
- When all investigative work is completed, OR;
 - Where an investigation is ongoing but it is possible to determine on the balance of probabilities that abuse occurred or not.
- 11.6.9 Where a case conference is required, you should follow [section 12 -Case Conference](#).

12 Case Conference

12.1 What is a case conference and its purpose?

- 12.1.1 A 'case conference' is a meeting between relevant individuals. A case conference is mandatory where you have held a strategy meeting, which has resulted in actions or investigations being carried out. If no investigations have taken place you do not need to hold a case conference.

12.1.2 The purpose of the case conference is to:

- Assess the reports from the various investigations which have taken place;
- Gather the views of professionals about investigation findings;
- Gather the views of the adult at risk or the person representing them or their best interests;
- Make a multi-agency decision about whether, on the balance of probabilities, abuse or neglect has taken place or not and who perpetrated the abuse;
- Determine whether the risk of future abuse and/or neglect remains to the adult at risk and/or others;
- Where risk does remain to others, agree actions to support the management of this;
- Agree a communication plan including feedback to those who raised a concern or referred the abuse;
- Consider if there are any lessons learned, which can be shared to influence practice through workforce development or process redesign;
- Agree relevant outputs to fulfil statutory requirements.

12.1.3 The case conference may also:

- Create a personal safeguarding plan, or agree how this will be done, by whom and when ([see section 9 - Creating a Personal Safeguarding Plan](#)).

12.2 Discussion or meeting?

12.2.1 It is anticipated that a case conference will normally be a meeting. However, it could be a discussion by telephone, conference call, video call or via email where few organisations are involved and a meeting is not necessary. If a discussion is held, it may still be necessary to hold a follow-up meeting and more than one meeting or discussion may be required.

12.3 Timescales for holding a case conference

12.3.1 The safeguarding assessment, including the case conference, should be completed within four weeks from the date the assessment is received by the relevant team (i.e. 28 days or 20 working days). It is recognised though, that this may not always be possible, particularly where complex abuse investigations are required.

12.4 Who should attend?

12.4.1 The safeguarding manager is responsible for organising the case conference and ensuring that the relevant people are invited.

12.4.2 The adult at risk, or the person representing them or their best interests, should always be invited and supported to participate where possible. This is mandatory when creating a personal safeguarding plan as part of the case conference. To help support the attendance and effective participation of the adult at risk, it may be useful or necessary to hold two or even several separate meetings and may result in meeting at the adult at risk's own home, for example, to formulate and agree the personal safeguarding plan.

12.4.3 There may be times where it is not appropriate to invite the adult at risk, or the person representing them or their best interests, to some or all of the case conference. This may be where confidential information about another individual (e.g. the alleged perpetrator or complex abuse where there are a number of adult at risks involved) is being discussed. This should be considered by the safeguarding manager as part of planning the case conference.

12.4.4 Attendance at the case conference should be limited to those who 'need to know' and who can contribute to the decision making process. Staff should be of sufficient seniority to make decisions concerning their organisation within the meeting. If it is not possible

for an organisation to send an appropriate individual, they may be requested to complete a report prior to the meeting.

12.4.5 The following people or organisations should normally attend the case conference:

- Adult at Risk and/or family/carer/advocate;
- Safeguarding manager;
- Safeguarding officer;
- Agency who has contributed to investigations or enquiries.

12.4.6 In addition to this, the following may be required to attend the case conference:

- Legal services;
- Police;
- Health professionals;
- Care Quality commission;
- Service Provider;
- Market Development;
- Commissioners of service;
- Department for Work and Pensions.

12.5 How should a case conference be conducted?

12.5.1 The following general principles should be followed when organising, attending, chairing, taking minutes or having any other involvement with a case conference:

- Invitations to participants should state the purpose of the case conference and all information should be presented in a format which participants can understand;
- As a general rule, it is expected that the adult at risk and any preferred supporter will attend the case conference unless there are good documented reasons for not doing so;
- Participants should be advised that the proceedings are being conducted in line with confidentiality procedures;
- Contributors should be reminded of the importance of distinguishing between fact and opinion;
- Language used should be non-discriminatory in nature having regard to the age, gender, sexuality, race, disability, class and role of all persons involved;
- Participants should treat each other with respect;
- Any decision to override the views of adult at risks will always be taken in consultation with others and the reasons recorded;
- The contents of the minutes of the case conference should not be discussed with any third party without the consent of the Chair.

12.5.2 The safeguarding manager is responsible for ensuring that the case conference is organised and managed (the safeguarding manager may delegate some of these responsibilities where this is relevant). This includes:

- Ensuring the case conference is held within four weeks of the date the assessment was received by the team;
- Ensuring a suitable time and place for the adult at risk is agreed;
- Inviting attendees - attendance at the case conference should be limited to those who 'need to know' and who can contribute to the plan;
- Arranging minute taking;
- Holding a pre-meeting with the minute taker to give an overview of the case;
- Ensuring the agenda template is completed (this can be amended);
- Ensure the minute taker uses the minute template (this can be amended);
- Sending out templates prior to the meeting, for completion by the non-attendees;

- Ensuring reports are collated prior to the case conference;
- Arranging the distribution of documents.

12.6 What should be recorded as part of the case conference?

12.6.1 Where a meeting takes place, there should be formal minutes of the case conference which should record the details of any discussions. Minutes should also include:

- Organisational actions;
- Case conclusion;
- Lessons learned;
- Communication plan.

12.6.2 Where the case conference is a series of discussions, you should record this in the running record of the adult at risk.

12.7 What are the possible outcomes following the case conference?

12.7.1 There are a number of possible outcomes following a case conference.

12.7.2 There are times when the safeguarding assessment will need to remain open following a case conference. This is when:

- There are outstanding actions to be undertaken by an agency to work towards the person's desired outcomes, **OR**;
- No personal safeguarding plan has yet been created but is required, **OR**;
- The case conference has identified further investigative work is required before a case conclusion can be determined.

12.7.3 If all of the work related to the personal safeguarding plan and the multi-agency response has been completed, you should close the safeguarding assessment and set a date to review the personal safeguarding plan.

For more guidance on closing the safeguarding assessment, [see section 13 - Closing the Safeguarding Assessment](#).

Closing the Safeguarding Assessment

13 Closing the safeguarding assessment

13.1 The safeguarding assessment can be closed when:

- A personal safeguarding plan has been created and all actions required by agencies have been completed;

AND;

- No multi-agency response is required, **OR**;
- A case conference has been held and determined the case conclusion.

13.1.2 In these cases, a date to review the personal safeguarding plan should be agreed and the assessment closed.

13.1.3 The personal safeguarding plan should be reviewed at the agreed point ([see section 14 - Review of the Safeguarding Plan and Conclusions](#)).

13.2 Recording and Sharing of information

13.2.1 A record should be made of all the decisions and further safeguarding work required on the adult's social care record. The information should not be shared for any purpose other than the safeguarding and care of the adult at risk(s) at risk of abuse and or neglect.

13.3 Feedback to referrer

13.3.1 It is the responsibility of the safeguarding manager to ensure that feedback is given to the referrer and other relevant individuals. How and when this is done should be recorded within adult at risk's social care record.

Review of the Personal Safeguarding Plan & Conclusions

14 *Review of the personal safeguarding plan and conclusions*

Guidance documents relating to this section:

Disclosure & Barring Service;

Out of Area Arrangements.

14.1 *What is a review and its purpose?*

- 14.1.1 A review is a meeting to reconsider the effectiveness of the personal safeguarding plan and whether changes and a further review is required, or whether the safeguarding process can be ended.
- 14.1.2 The purpose of a review is to:
- Determine if the adult at risk is managing, or able to manage, their desired outcomes effectively;
 - Decide whether further action is needed under the safeguarding process;
 - Decide whether further action is needed under a different process, for example care management;
 - Formally record whether, on the balance of probabilities, abuse has occurred or not, and if the alleged perpetrator has abuse or not;
 - Record whether a referral has been made to the Disclosure and Barring Service (DBS) as a result of a disciplinary investigation ([see guidance for Disclosure & Barring Service](#));
 - Record whether a criminal conviction has occurred against the alleged perpetrator.

14.2 *When should a review take place?*

- 14.2.1 It is mandatory for a review to take place where a personal safeguarding plan exists.
- 14.2.2 The maximum time for reviewing a personal safeguarding plan is three months from the date it was agreed.
- 14.2.3 It is the responsibility of a team manager from the relevant team within the Local Authority's Adult Social Care Department, depending on where the allegation took place ([see guidance for Out of Area Arrangements](#)), to ensure that a timely review takes place.

14.3 *Who should be included in the review?*

- 14.3.1 As a minimum, the review should always include the adult at risk or the person representing them or their best interests, and the person responsible for overseeing the personal safeguarding plan within adult social care.

14.4 *Recording the review*

- 14.4.1 The review should be done by completing the relevant documentation on the adult at risk's existing care record.

14.5 *What are the possible outcomes following the review of the personal safeguarding plan?*

- 14.5.1 The following outcomes may come from the review of the personal safeguarding plan:
- **Further review of the personal safeguarding plan is required** – Where new actions have been identified to help manage the risk of future abuse to the adult at risk or to work towards their desired outcomes;

- **Case closure** – where it is agreed with the adult at risk that their desired outcomes have been met as far as it is possible to do so. This does not mean that all work with the adult at risk will necessarily end. For example, further care management work may be required;
- **New safeguarding referral to MASH** - Where risk to others is identified or a new risk has been identified to the adult at risk, a new safeguarding referral should be made.

14.5.2 Prior to closure, it is the responsibility of the safeguarding manager to ensure that all documentation is completed appropriately, accurately and timely and that relevant feedback has been provided.

DRAFT

Scenarios for How a Safeguarding Assessment May Progress

15 *Scenarios for how a safeguarding assessment may progress*

15.1 The safeguarding assessment can progress in one of the following ways:

- Create a personal safeguarding plan without the need for any investigative work
- Create a personal safeguarding plan and undertake an investigative work simultaneously;
- Undertake any investigative work prior to creating a personal safeguarding plan;
- No investigative work or personal safeguarding plan is required;
- Undertake investigative work without the need for a personal safeguarding plan.

15.2 The following case examples demonstrate how the safeguarding assessment could progress.

Case Example One –

Create a Safeguarding Plan WITHOUT the need for any Investigative work

John is a 79 year old man who lives alone. He is supported by a home care agency for the early onset of dementia. John reported to the care worker that his son, Steven, had taken some money.

MASH determined a safeguarding assessment was required. At the initial discussion, it was agreed that the social worker (acting as the safeguarding officer) would visit John to find out what had happened, and discuss what outcomes he wanted to manage the risk of this happening again.

As part of the visit, John was very clear that he did not want his son to get into any trouble and all he really wanted was to stop his son taking money from him again. While the social worker was still there, Steven turned up. He immediately accepted responsibility for taking the money from John.

There was a discussion about what John wanted to help him manage his money and he said he'd like to have a safe fitted in his wardrobe. The social worker agreed to support John purchase a safe so John could keep his money in it. John said he'd like the safe code to be kept on his social care record.

The social worker met with her manager (acting as safeguarding manager). It was agreed that:

- No investigation was required and that the case conclusion was 'proven';
- A personal safeguarding plan could be created;
- The social worker could support John to get quotes and organise installation of the safe.

The personal safeguarding plan was recorded as follows:

Personal Safeguarding Plan for Mr John Brown

Desired Outcomes

John has stated that what is important to him is for his son to stop taking his money without permission. John was very clear that he did not want the police involved or for his son to get into any trouble and that he would continue to support his son financially when he could as long as his son spoke to him and did not take money without permission.

A number of options were considered and John decided that he would like a safe fitted into his wardrobe.

Actions required to work towards the desired outcomes

It was agreed that the social worker would help John get some quotes for a safe and arrange for its installation.

Once fitted, John has agreed that he will keep his money in the safe.

It was agreed by John and Steven that Steven will not be told the pass code to open the safe. Instead, this will be stored on John's social care record.

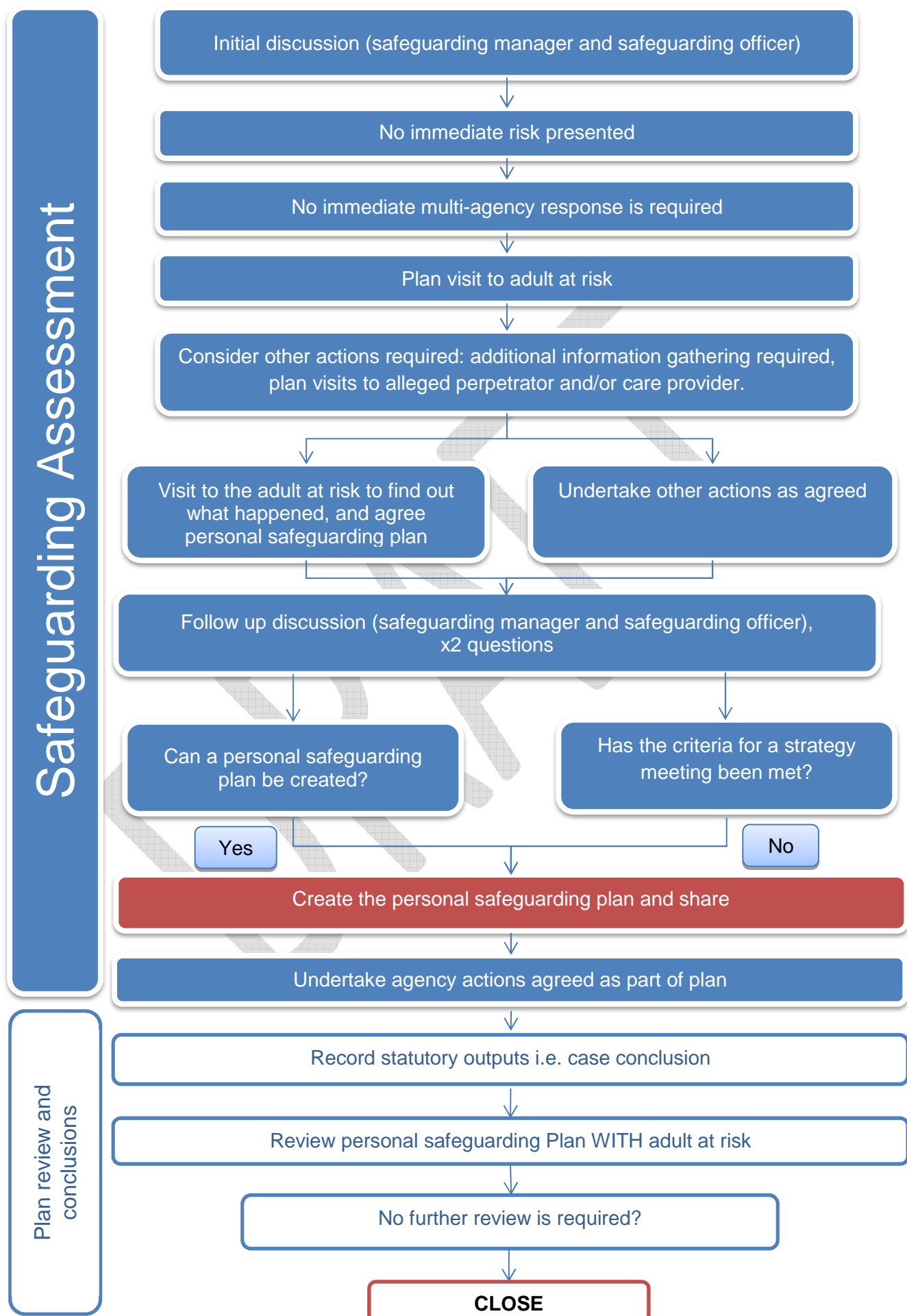
The safeguarding assessment remained open until the safe was fitted. A running record was kept of the work undertaken by adult social care. It was agreed with John that the safeguarding plan would be reviewed in one month.

After one month the social worker arranged to go and see John again to see how he was getting on with the safe. John explained that he was using the safe for his money and other things such as his passport as well. John also said that his relationship with his son had improved dramatically and, although he had lent his son some money since, his son had paid it back as soon as he got paid.

'It's been great - we talk about things now. Before he only visited when he wanted something' John said.

It was agreed with John that the safeguarding process would be closed but if there were any other concerns then John could speak to his carer again or make a referral himself. The social worker provided John with details of how to do this.

**Process Map for Case Example One –
Create a Safeguarding Plan WITHOUT the need for any Investigative work**



Case Example Two –

Create a Personal Safeguarding Plan and undertaking an Investigation simultaneously

In this example, John reported that his care worker had taken some money.

MASH sent this through to the relevant team. The initial discussion identified the need for a social worker (acting as the safeguarding officer) to visit John to find out what had happened and to discuss what outcomes he wanted to manage the risk of this happening again. The home care agency had already suspended the care worker.

As part of the visit, John said that he did not want the care worker to get into any trouble and all he really wanted was to stop the care worker taking any money from him again. The social worker explained to John that she couldn't promise this as the person was in a position of trust.

There was a discussion about what John wanted to help him manage his money and he said he'd like to have a safe fitted in his wardrobe. The social worker agreed to support John purchase a safe so John could keep his money in it. John agreed that he would not share the pass code with anyone, but it would be recorded on John's social care record.

On returning to the office, the social worker met with her manager (acting as safeguarding manager). It was agreed that:

- A personal safeguarding plan could be created;
- The social worker would support John to get quotes and organise installation of the safe;
- A strategy meeting was required to agree which investigation(s) were required as part of the safeguarding assessment

Personal Safeguarding Plan for Mr John Brown

Desired Outcomes

John has stated that what is important to him is that his money is secure.

A number of options were discussed and John decided that he would like a safe fitted into his wardrobe.

Actions required to work towards the desired outcomes

It was agreed that the social worker would help John get some quotes for a safe and arrange for its installation.

Once fitted, John has agreed that he will keep his money in the safe.

It was agreed by John that the safe code will be stored on John's social care record.

This plan will be reviewed in one month.

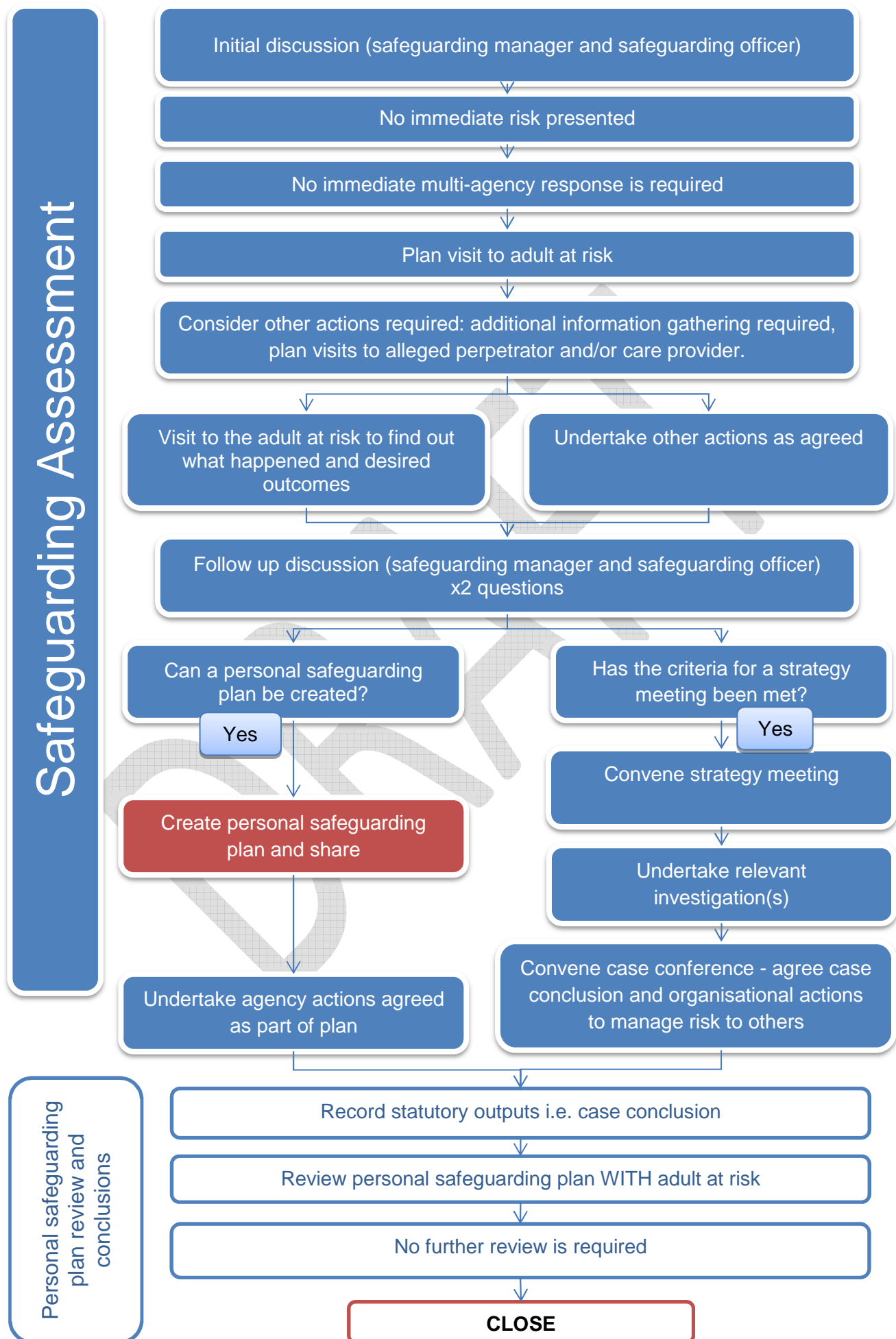
The safeguarding assessment remained open to keep a running record of the work undertaken by adult social care in relation to fitting the safe and managing the investigation work. At the strategy meeting it was agreed that the home care agency would conduct a disciplinary investigation.

Following the investigation there was a case conference, which John attended. The disciplinary investigation found that the care worker had stolen John's money. The worker had been dismissed as a result of the disciplinary and referred to the Disclosure and Barring Service.

After one month the social worker arranged to go and see John again to see how he was getting on with the safe. John explained that he was using the safe for his money and other things such as his passport as well.

It was agreed with John that the case would be closed but if there were any further concerns then John could speak to the care agency or contact adult social care directly. The social worker provided John with details of how to do this.

**Process Map for Case Example Two –
Create a Safeguarding Plan AND undertaking an Investigation simultaneously**



Case Example Three – Undertaking an Investigation prior to creating a Personal Safeguarding Plan

Here, John lives in a supported living house. He reported to the support worker that Steven, who also lives in the house, had taken some money from him.

MASH determined a safeguarding assessment was required. At the initial discussion, it was agreed that the social worker (acting as the safeguarding officer) would visit John to find out what had happened, and discuss what outcomes he wanted to manage the risk of this happening again.

As part of the visit, John was very clear that he did not want to live with Steven any longer and that he 'wanted the book thrown' at Steven. The social worker explained that she couldn't promise there would be a criminal conviction. It was also explained to John that they'd have to find out what had happened before they could decide if Steven had to move out or not.

The social worker met with her manager (acting as safeguarding manager). It was agreed that:

- A personal safeguarding plan could not be created yet;
- An investigation was required to determine if the money had been taken, and if Steven had taken it;
- A strategy meeting was required.

A strategy meeting was held involving the safeguarding manager, the safeguarding officer, the supported living association and the police. It was agreed that adult social care and the police would undertake joint interviews with both John and Steven.

As part of the interviews it became clear that John had made up the allegations to get back at Steven who John said had stolen his girlfriend.

There was a case conference, which John attended. John said that he was sorry for making things up but he still didn't want to live with Steven any longer. As well as agreeing the case conclusion, the safeguarding plan was agreed.

It recorded as follows:

Personal Safeguarding Plan for Mr John Brown

Desired Outcomes

John has stated that what is important to him was that he no longer lives with Steven.

Therefore, he wants to find a new house and move as soon as possible.

Actions required to work towards the desired outcomes

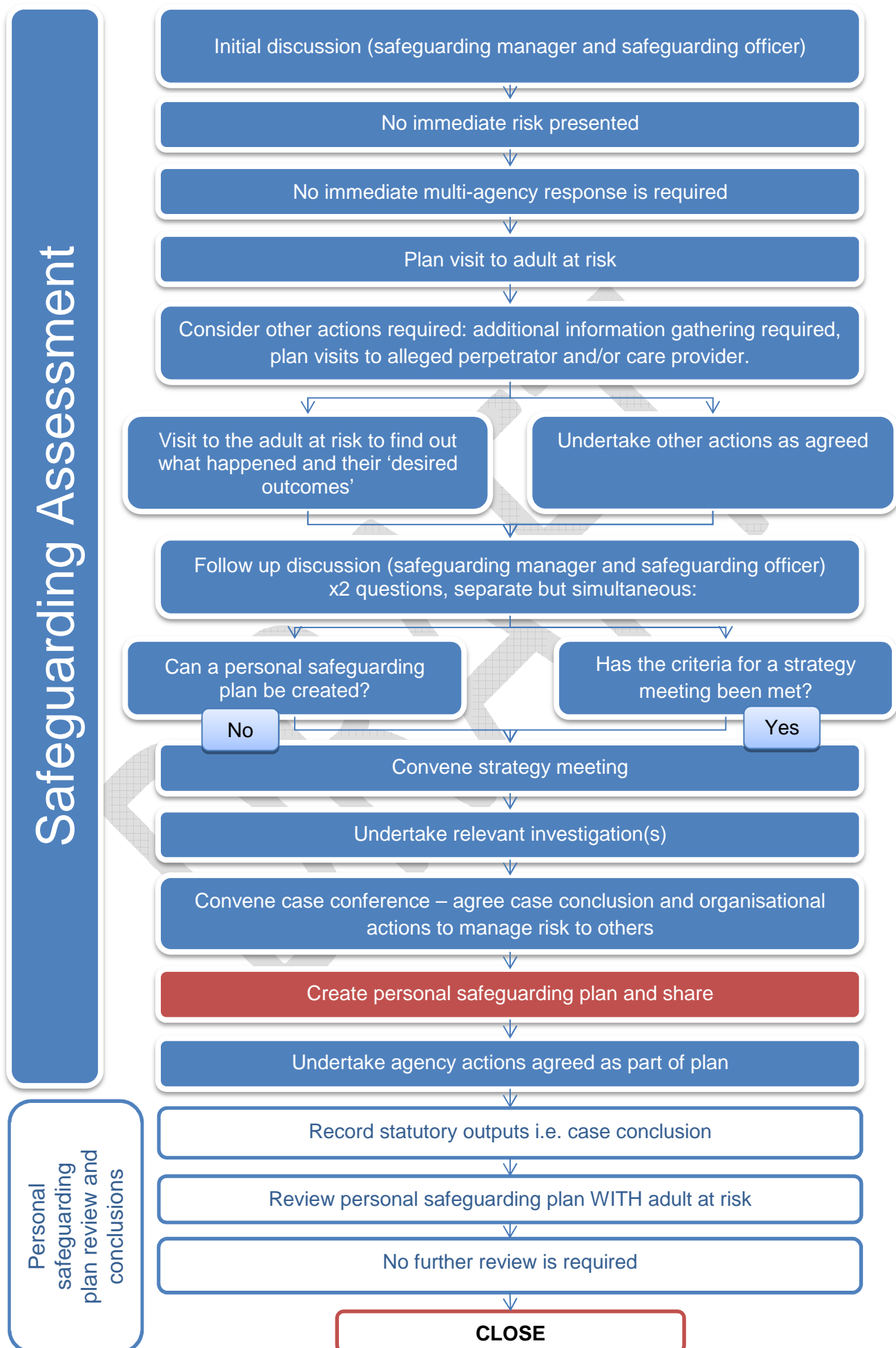
It was agreed that the housing association would work with John to find suitable alternative accommodation.

The safeguarding assessment remained open until new accommodation was found for John and a moving date agreed. A running record was kept of the work undertaken by adult social care. It was agreed with John that the personal safeguarding plan would be reviewed one month after John's moving date to make sure he was happy with his new accommodation.

After one month, the social worker arranged to go and see John again to see how he was getting on. John was happy in his new house and got on with everyone else living there.

It was agreed with John that the safeguarding process would be closed but if John had any concerns in the future he could speak to his support worker or make a referral himself. The social worker provided John with details of how to do this.

**Process Map for Case Example Three –
Undertaking an Investigation prior to creating a Safeguarding Plan**



Case Example Four – No Personal Safeguarding Plan OR Investigation required

John is again a 79 year old man who lives alone. He is supported by a home care agency for the early onset of dementia. One of John's care workers reported that John's son had taken money from John.

MASH determined a safeguarding assessment was required. At the initial discussion, it was agreed that the social worker (acting as the safeguarding officer) would visit John to find out what had happened, and discuss what outcomes he wanted to manage the risk of this happening again.

As part of the visit, John was very clear that he did not want any action taking at all. He refused to report the theft to the police and that he did not want any action taken to secure his money. He said he didn't want anything happening as this is the only way he gets to see his son. The social worker explained to John various options that could keep his money safe but John was adamant, he wanted no further action taken.

The social worker was confident that John was making this decision without undue influence, threats and intimidation; that there were no other people at risk from John's son and that John's son was not a member of staff or a volunteer. The social worker was not of the opinion that John may lack capacity to make this decision.

The social worker had an express agreement with John that there would be no more action under the safeguarding procedures. John was given information of possible sources of help and support. John was also provided with information about what to do if had any concerns in the future or changed his mind.

The social worker met with her manager (acting as safeguarding manager). It was agreed that:

- No investigation was required and the case conclusion was 'inconclusive';
- A Personal Safeguarding Plan could be created and recorded as not applicable with the reasons documented.

Personal Safeguarding Plan for Mr John Brown

Desired Outcomes

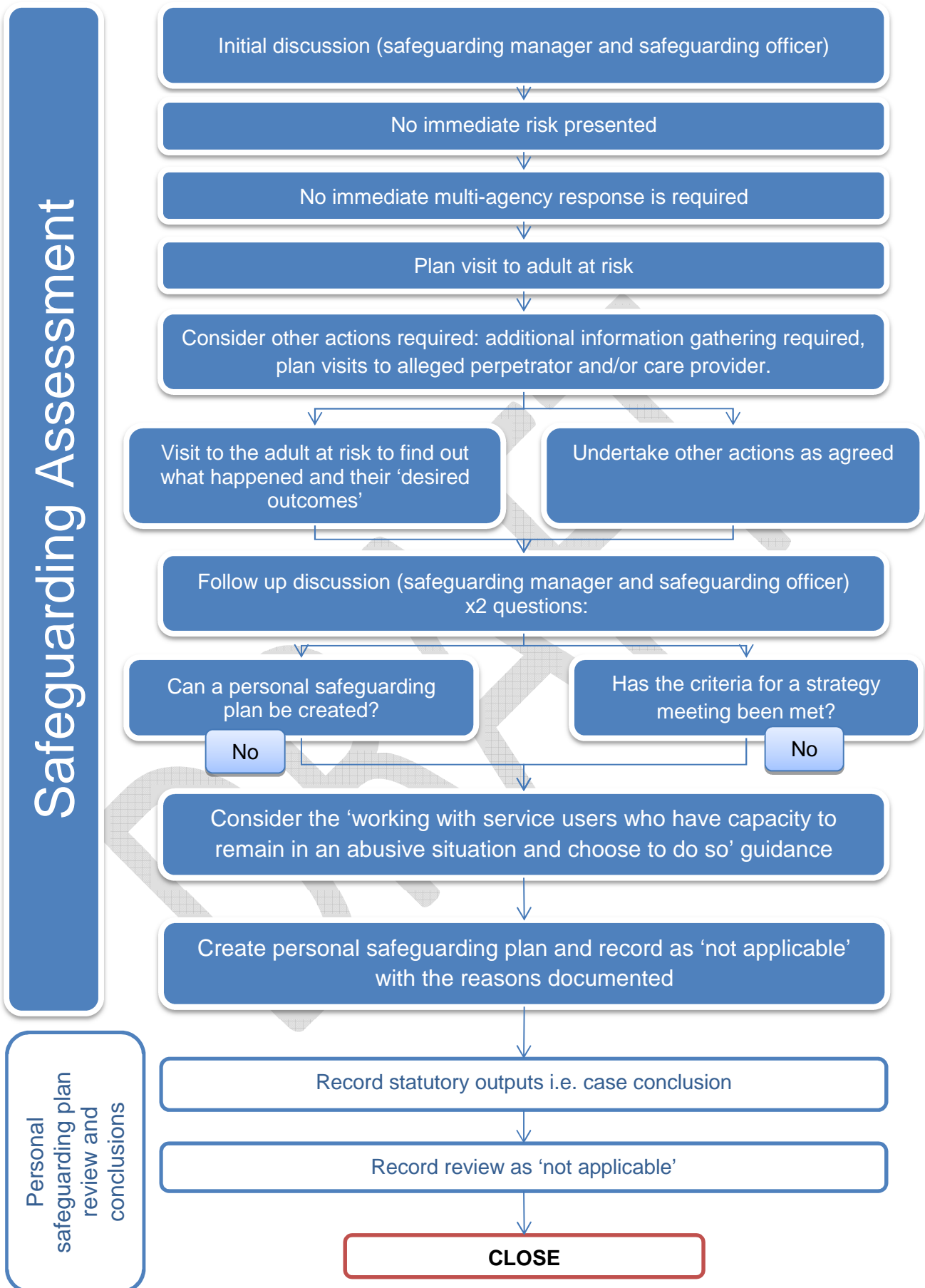
John has stated that what is important to him is that no action is taken. There are no concerns about John's capacity to make this decision and no one else is at risk. Therefore, no personal safeguarding plan can be created.

Actions required to work towards the desired outcomes

N/A

The safeguarding assessment was closed and the statutory outputs were completed. A review of the personal safeguarding plan was not applicable.

**Process Map for Case Example Four –
No Safeguarding Plan OR Investigation required**



Case Example Five – Undertaking an Investigation where NO Personal Safeguarding Plan is required

In this example, John lives in a care home. It was reported that John had some money taken from a care assistant in the home.

MASH sent this through to the relevant team. As part of the initial strategy, it was agreed that a social worker (acting as the safeguarding officer) would visit John to find out what had happened and to discuss what outcomes he wanted to manage the risk of this happening again. The care home had already suspended the care assistant.

As part of the visit, John said that he did not want the care worker to get into any trouble and all he really wanted was to stop the care worker taking any money from him again.

There was a discussion about what John wanted to help him manage his money he said he didn't want anything to change as he liked to keep his money in his bedside drawer. He realised that this might mean his money might get stolen again but he didn't mind this as it was better for him and anyway, the care worker was suspended so he thought that this was taken care of.

On returning to the office, the social worker met with her manager (acting a safeguarding manager). It was agreed that:

- A personal safeguarding plan was not required;
- A strategy meeting was required to agree which investigations were required and how the disciplinary investigation(s) would be managed as part of the safeguarding assessment.

At the strategy meeting it was agreed that the home care agency would conduct a disciplinary investigation.

Following the investigation there was a case conference but John did not wish to attend. The disciplinary investigation found that the care assistant had stolen John's money. The worker had been dismissed as a result of the disciplinary and referred to the Disclosure and Barring Service.

John was told the outcomes of the safeguarding assessment and it was agreed with John that the case would be closed but if there were any further concerns then John could speak to the home manager or contact adult social care directly. The social worker provided John with details of how to do this.

**Process Map for Case Example Five –
Undertaking an Investigation where NO Personal Safeguarding Plan is required**

