

London Borough Of Havering

# London Borough of Havering Safeguarding Adults Local Protocol

Supplement to London Multi Agency Adult Safeguarding Policy & Procedures to Safeguard Adults from Abuse. London Borough of Havering Protocol

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# **Document Control**

# Sign off and ownership details

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# **Revision history**

Version	Change	Date	Dissemination
V0.2	Update to Logos and flowchart to keep up to date	4 <sup>th</sup> August 2021	
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# **Equality & Health Impact Assessment record**

1	Title of activity	LBH Safegua	rding Adults Local Pro	otocol
2	Type of activity	Local Protocol		
3	Scope of activity	The aim of this protocol is to describe the roles of any multi-agency Havering staff who work with adults at risk, when responding to a concern or referral for a safeguarding enquiry regarding abuse or neglect of an adult experiencing or at risk from harm. This protocol describes who is responsible for which aspects of the London Multi-Agency Adult Safeguarding Policy & procedures. Please refer to other Appendices for supplementary procedures, information and protocols.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	<del>Yes</del> / No		
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes / <del>No</del>	If the answer to any of these questions is 'YES', please continue to	If the answer to all of the questions (4a, 4b & 4c) is 'NO', please go to
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes / <del>No</del>	question <b>5</b> .	question <b>6</b> .
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:	Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.  Please keep this checklist for your audit trail.		

Date	Completed by	Review date

These guidelines have been produced in partnership with:













# **North East London**

**Clinical Commissioning Group** 



Barking, Havering and Redbridge **NHS University Hospitals** NHS Trust





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#### Introduction

Havering Safeguarding Adults Board adopted the London Safeguarding Adults Policy & Procedures in 2011 (full title: "Protecting Adults at Risk: London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, SCIE Report 39). The policy has been reviewed in the light of the Care Act 2014.

This document is a revised Local Protocol to explain how the London Procedures must be applied locally in Havering.

Please refer to the main <u>London Multi-Agency Adults Safeguarding Policy & Procedures 2019</u> first, and this appendix second for consistent application of policy & procedure.

**Further appendices** contain other local and national useful information (for example, guidance, protocols, supplementary and complementary procedures).

#### **Glossary**

The London Multi-Agency Adults Safeguarding Policy & Procedures begin with a glossary and acronyms, which set out key terminology, some of which will be new for professionals.

It is important that you familiarise yourself with the language.

#### **Procedures**

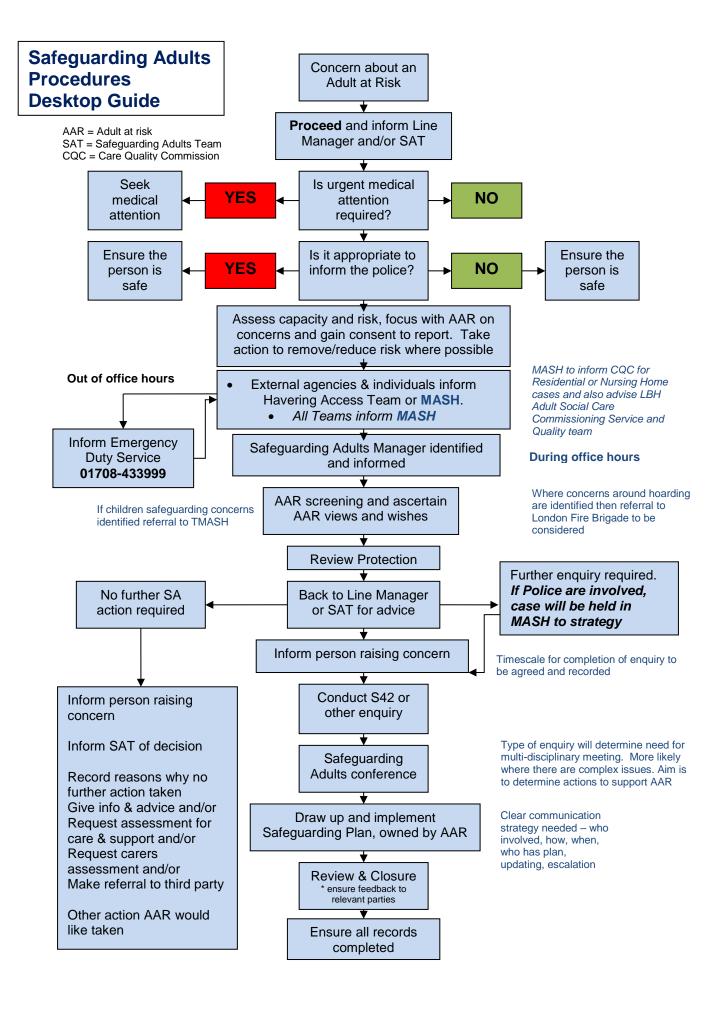
The procedure section of the London Multi- Agency Adult Safeguarding Policy & Procedures sets out the consistent way of working in London Boroughs (and wider through SCIE promotion), with four clear stages of the safeguarding process, which must be adhered to by all professionals. These are:

Stage 1: Raising a Concern

Stage 2: Enquiries

Stage 3: Concluding the Enquiry

Stage 4: Review and Closure



#### Safeguarding Adults Operational Roles & Responsibilities

#### **Purpose of this Protocol**

The aim of this section is to describe the roles of any multi-agency Havering staff who work with adults at risk, when responding to a concern or referral for a safeguarding enquiry regarding abuse or neglect of an adult experiencing or at risk from harm. This protocol describes who is responsible for which aspects of the London Multi-Agency Adult Safeguarding Policy & procedures. Please refer to other Appendices for supplementary procedures, information and protocols.

#### The Role of Havering Safeguarding Adults Board

Safeguarding Adults in Havering is overseen and led by a multi-agency partnership of organisations which have contact with adults at risk. They are responsible for ensuring all is being done to prevent abuse and to keep people safe within the borough. Each partner organisation is required to have its own Procedure which identifies who the Safeguarding lead is and who/how to raise and/or respond to a concern, in compliance with the London Multi-Agency Adult Safeguarding Policy & procedures.

The Safeguarding Adults Board meets six times a year and is supported by the following:

- a Quality & Effectiveness Working Group that meets quarterly
- a Learning & Improvement Executive that meets twice a year;
- a Case Review Working Group that meets to consider referrals for Safeguarding Adult Reviews as required.

#### The Role of All Partnership Staff

All staff within the partnership have a duty of care. Partnership staff should follow their own organisation's procedure for reporting concerns, which should be compliant with the Pan-London Multi-Agency Safeguarding Adults Policy & Procedures. The first priority is to ensure the person is safe from harm.

Staff should follow the London Multi-Agency Adult Safeguarding Policy & Procedures including keeping within recommended timescales for handling concerns, responding to referrers and dealing with enquiries, and use the Havering Multi-Agency Safeguarding Adults Concern Reporting Form (see Appendix 1) to report concerns about suspected or actual abuse/neglect/harm to the SAT. Concerns raised will be accepted without the form in exceptionally urgent cases.

All partner organisations should use the standard and agreed forms included within the SAB toolkit.

All partners must follow the Safeguarding Adults procedures to ensure that they meet the expectations and requirements of Making Safeguarding Personal, including recording outcomes sought by the Adult at Risk and outcomes achieved.

#### The Role of the Safeguarding Adults Team/MASH Team

The Safeguarding Adults Team now has two functions:

- 1. Havering Multi-Agency Safeguarding Hub for Adults (MASH)
- 2. Safeguarding Adults Development & Expertise informing and assisting organizations to protect adults at risk. Safeguarding Adults including Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act.

#### The Safeguarding Adults Team MASH function is to:

- Provide a central referral point for all Safeguarding Adults concerns,
- Log Concerns onto the Database, and enter information onto the Concerns Form
- Undertake an initial 'Adult at Risk' screening to ensure the person is an adult at risk (within the policy definition), checking with other agencies for any history/useful information (e.g. previous concerns, patterns, best practice etc.) and advice that may be relevant to the case.
- Decide whether a concern should progress to an enquiry under the London Multi-agency Policy and

Procedures and refer relevant cases to the appropriate team for the SAM (manager holding responsibility for the case) to gather information and progress the enquiry under the procedures. Cases that do not fit to a single obvious service/team will be allocated on a 'best fit' basis by negotiation between SAMs. SAT will mediate in ensuring appropriate handover where required

- Where there have been multiple safeguarding concerns raised for an "adult" determine if these ongoing concerns as a collective meet the threshold for Section 42 enquiry.
- Manage cases involving Police investigation before referral to the appropriate SAM.

#### The Safeguarding Adults Development & Expertise role is to:

- Provide Safeguarding Adults strategic and operational advice across the partnership
- Support & promote the development of Safeguarding Adults practice across the partnership
- In exceptional circumstances, where it is agreed that it is not appropriate for a Service/Team manager to do so:
  - chair and/or make enquiries in complex cases that involve conflict of interest between teams/services, and/or LBH staff/HR
  - chair Large-Scale Service Concerns
  - chair host borough cases (as per ADASS protocol) where there are no LBH service users placed in that 24 hour care setting
  - act as representative for LBH in Out of Borough cases involving more than one LBH resident/care manager.
- Provide up to date advice, expertise, and published guidance to operational teams and partnership staff who have responsibility for safeguarding adults.
- Monitor and audit quality of practice, decisions and compliance with standards of Safeguarding Adults work by staff across the partnership, and ensure others are fulfilling their monitoring and auditing responsibilities in compliance with performance and quality standards.
- Analyse and report regularly on identified trends, patterns, issues, concerns and research (national and local) to provide pro-active preventative advice to senior management across the partnership
- Provide expertise and high quality service in those exceptional cases where they are required to chair/investigate.

The Safeguarding Adults Team can delegate lead responsibility for safeguarding enquiries to another appropriate partner (with professional support) which has more regular/close links with the adult at risk.

The Service Manager, Safeguarding Adults carries the responsibility for the appropriate management of cases where a member(s) of LBH staff or LBH appointed volunteer(s) is/are identified as the person(s) alleged to have caused harm.

The Safeguarding Adults Team will refer cases to the Safeguarding Adults Board for consideration under the Safeguarding Adults Review (SAR) procedure.

#### The Role of Havering Access Team

Havering Front Door (HFD) will:

- Immediately pass all safeguarding adults concerns to the Safeguarding Adults Team.
- Record the 'initial contact' details as appropriate.
- Address urgent welfare concerns arising from a safeguarding concern (in agreement with the manager of Havering Front Door) stabilise any immediate safeguarding concerns identified as part of their assessment prior to passing to the relevant team for on-going enquiry.

#### The Role of Emergency Duty Social Work Service (EDS)

Outside of non-normal working hours Monday to Friday 9am to 5pm (evenings, weekends, bank holidays) the EDS will:

- Receive concerns that indicate an adult has been assessed as being an adult at risk and there is
  urgent need for intervention out of hours, complying with the London Multi-Agency Adult
  Safeguarding Policy & Procedures.
- Undertake an initial risk assessment and take appropriate action resulting from this.
- Take steps to ensure that the adult at risk from harm is safe or risks minimised.

- Hold the case until it can be passed to the MASH.
- Complete a Concerns Reporting Form.
- Produce documentation which will reflect adequate information and an assessment of need, risk and urgency that will be used by Social Care Operational teams to follow up.

#### The Role of Adult Social Care Operational Teams

Operational Teams include:

- Integrated Locality Teams,
- Community Learning Disability Teams,
- Community Mental Health Teams,
- Drug and Alcohol Teams,
- Joint Assessment and Discharge Team and
- Havering Access Team.

They are responsible for co-ordinating and undertaking information gathering and enquiries into potential abuse/neglect cases.

Operational team managers and Senior Practitioners are the 'Safeguarding Adults Managers' (or SAMs, see London glossary), responsible for making all Safeguarding Adults decisions once referral is received from the MASH, and co-ordinating the case (see London Multi-Agency Adult Safeguarding Policy & Procedures) through to conclusion of the Safeguarding Plan, Closure and Review.

#### The role of Leaving Care Team

Leaving care team will be responsible for raising adult safeguarding concerns for young people over 18 whom they are working and where they have safeguarding concerns. Where concerns have been triaged as meeting the threshold for a Section 42 enquiry and Leaving Care are working with the "adult "or involved in the care management of the "adult " they will be asked to make enquires on behalf of the relevant team/ SAM. The responsibility and decision making, co-ordination for the Section 42 enquiry will remain with the relevant SAM. The Leaving Care Team will feedback information obtained from their enquiry within the agreed timeframe set by the SAM.

#### The role of the SAM in LB Havering is to:

- Ensure that concerns coming direct to their teams are recorded as an initial contact, information is entered onto the Concerns Reporting Form and reported to the MASH for logging (regardless of whether they think it should be a referral) within **Four hours** of receipt of concern.
- Receive screened concerns from the MASH.
- Provide direction and overview of safeguarding enquiries where they hold SAM responsibility.
- Involve partners (external and internal to LBH) at the earliest opportunity, particularly where it may be appropriate for a partner to lead the enquiry.
- In cases where a partner (e.g. Police) leads the enquiry, the SAM retains responsibility to ensure SA procedures/time standards are complied with and practice quality/standards are maintained.
- In cases where the SAT may be requested to chair (see SAT role above), this would be
  negotiated and agreed with the SAT Lead. The SAM retains responsibility for coordinating all
  other aspects of the enquiry.
- The SAM retains responsibility until transfer to another team has been confirmed with the receiving SAM.
- Ensure ASC staff and all other contributors to an enquiry comply with the procedures/time standards, templates and recording/quality standards as defined in the procedures and this protocol.
- Allocate the case appropriately to competent Safeguarding Adults Enquiry Officers who meet the LBH SA <u>minimum competency standard</u>.
- Ensure appropriate supervision and support of Safeguarding Adults Enquiry Officers, including approving the Safeguarding Enquiry Report, Closure and Review,
- In cases that do not fit to a single obvious service/team, or where the scope/scale or complexity changes during the course of the enquiry, negotiate with other relevant SAM(s) on a 'best fit' basis for appropriate allocation.
- Undertake audits as required by the SAB Performance and Quality Framework.

- Ensure appropriate administrative support e.g. arranging and minute meetings to ensure the Enquiry Officer and chair can fully participate.
- Ensure priority is given to contemporaneous recording of SA cases to enable colleagues e.g. EDT to minimize/manage risk.
- Ensure Commissioning teams are involved where the suspected abuse/neglect has occurred within a contracted resource for all client groups (including: privately arranged care, host borough cases).

#### The Role of the Joint Assessment and Discharge Team (JAD)

The JAD will not hold cases long-term. If the enquiry is not completed by the time the adult at risk leaves hospital, the case should be handed over to the appropriate community team at the earliest opportunity, normally within **10 working days**, negotiating on a 'best fit' basis. However, if the enquiry is nearing completion at this time, then it is good practice for the JAD to see it through to closure.

#### The Role of Metropolitan Police

The Police are part of the Multi-Agency Safeguarding Hub (MASH), collaboratively working to share relevant and appropriate information to ensure well informed safeguarding decisions. Collaborative working arrangements exist between Metropolitan Police and Adults Social Care Staff roles including identifying a lead Enquiry Officer and handling of MERLINS.

#### The Role of Health Partners

Health partners are virtual members of the MASH. Collaborative working arrangements exist with Health Partners including Clinical Commissioning Groups, NELFT, BHRUT/Queen's Hospital and Primary Care. Health Partners may be asked to make enquires in relation to safeguarding concerns on behalf of the SAT where the concern relates to their organisation/staff. Health Partners will feedback findings within agreed time frames. SAT will remain the responsible team/ lead for these enquiries and will maintain responsibility for outcome determination.

#### The Role of Providers during a Section 42 Enquiry

Providers who are active partners within the SAB must comply with the procedures. Providers who are commissioned by partners will be bound by their contracts to comply with these procedures/ standards, including actions agreed during the course of the enquiry.

Providers who are regulated but privately commissioned must comply with the procedures, and Providers who are not regulated (e.g. personal assistants under Direct Payments) must be aware of and comply with safeguarding procedures.

#### The Role of the Commissioning Teams:

Commissioning Teams have a responsibility to:

- Maintain a preventative role in Safeguarding Adults across all client groups. This includes assisting providers to develop/improve.
- Provide advice and support to operational teams e.g. regulatory advice, joint site visits in Residential/Nursing Homes/24 hour care settings.
- Contribute to the safeguarding process when concerns are raised about care or support within a
  contracted service, including providers not contracted by LB Havering (e.g. privately arranged care,
  host borough cases) for all client groups.
- Ensure service providers undertake their responsibilities appropriately.
- Address any shortfalls in the action taken by service providers.
- Identify any improvements needed in how a provider executes their responsibilities, and how these will be addressed.
- Use the contracting process to enforce compliance, if necessary, and to safeguard adults at risk.
- Ensure safe commissioning at all times.
- Invoke the Establishment Concerns procedure and liaise with the Care Quality Commission (CQC) as necessary.

Follow up and monitor quality outcome recommendations resulting from safeguarding enquiries.

#### **Transition**

When a young person is approaching 18 or when support from Leaving Care is ending and Children Services have knowledge or belief that a vulnerable young adult is at risk or experiencing abuse (that is likely to continue after they turn 18) and that the young person is unable to protect them from abuse. This could be either as a result of their care and support needs or resulting from their vulnerabilities. Referrals should be made to the Adult Safeguarding Team at an appropriate time dependent on the issues identified to enable time for effective assessment, intervention and planning for the transition process.

SAT will attend the initial relevant professionals meetings to gather facts, provide support and advice and identify what support can be provided by adult social care. Where the concerns meet the statutory threshold for Section 42 and the person is 18 the case will be dealt with in line with Havering Adult Safeguarding Policies and Procedures. Where the concerns do not appear to meet the statutory threshold for Section 42, however it would appear that the "young adult" has care and support needs under the Care Act 2014 SAT will make a referral to Adult Social Care Front Door Service requesting an assessment of need.

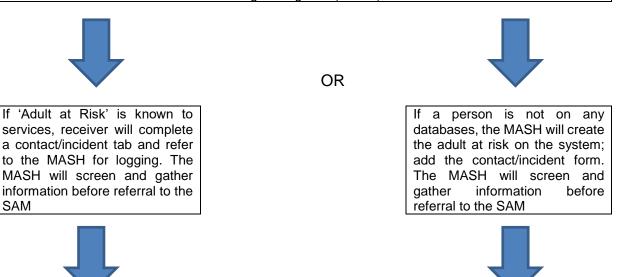
Where from the initial enquiries it is clear that the person does not appear to have care and support needs but there are on-going concerns regarding their ability to keep themselves safe, or they pose significant risk to the wider community and this is due to complex social issues or vulnerabilities. Consideration will be given to the level of vulnerability rather than eligibility. These cases generally do not sit within any specific service area due to overlapping needs. These cases will be discussed with the Head of Service who will allocate appropriate cases on "best fit" criteria to relevant teams where appropriate.

#### **Safeguarding Adults Allocation and Management Process**

#### Stage 1 - Within 24 hours

**Stage 1**: Safeguarding Adult Concern is identified in relation to an 'Adult at Risk' and decision is made whether a Safeguarding Enquiry S42 or 'other' is needed.

Safeguarding Adults Concerns Reporting Form is completed and passed to Multi-Agency safeguarding Hub (MASH)



Cases involving Police Investigation will be managed within the MASH to Stage 2. In all other cases, the Safeguarding Adults Manager must confirm receipt of Concern and arrange contact with the person who raised the concern/Adult at Risk



#### Stage 2 and Stage 3 - Within 20 working days

Stage 2: Safeguarding Adults Manager allocates Concern to Enquiry Officer within the team for Enquiry to be carried out through Stage 3: Safeguarding Plan and Enquiry Report to Stage 4: or until decision is reached not to proceed further. or until unless resolved quickly and completely





#### Stage 4: Immediately following decision to close, other actions within 5 working days

Stage 4	If Enquiry is concluded after
	early discussions or decision is
Closure	reached not to proceed further,
	then brief S42 Enquiry Report
	completed prior to (this is for
	SAT only ) Stage 4

## **Overview of Responsibility and Timeframes**

#### Exceptions to target times are only acceptable if:-

Keeping to agreed timescales would jeopardise achieving outcomes that adult at risk wants

- It would not be in the best interests of the adult at risk
- Significant changes in risk are identified that need to be addressed
- Supported decision making requires an appropriate resource not immediately available
- The adult at risk's physical, mental and/or emotional wellbeing may be temporarily compromised.

#### **Stage 1: Concerns**

Maximum one working day Includes members of the public and staff with Duty of Care

Stage 1	Activity	Responsibility	Timescale
Raising a Concern  (An adult at risk – as per three stage check – an individual OR member of staff suspects that an adult at risk has been harmed or is at risk of harm)	<ul> <li>Three stage check         <ul> <li>Is person over 18?</li> <li>Does person have care &amp; support needs?</li> <li>Is person unable to protect themselves because of need?</li> </ul> </li> <li>Acting to protect adult at risk</li> <li>Deal with immediate needs e.g.         <ul> <li>Ambulance/Police (if a crime is suspected)</li> </ul> </li> <li>Complete Concern Reporting Form (SA1) and</li> <li>If SAB partner staff, follow own organisation's Procedure. (including Whistle-blowing procedure if appropriate), reporting concerns to the Safeguarding Adults team (SAT)</li> </ul>	Any individual OR member of staff who suspects that an adult at risk has been abused or neglected.  Note: Any member of staff or volunteer with a duty of care can be an 'individual who suspects harm or risk of harm'. If in doubt, contact SAT Tel: 01708 431241 for advice	Immediate action in case of emergency or within one working day in other cases

Stage 1	Activity	Responsibility	Timescale
	<ul> <li>If member of public, contact the MASH 01708 433550 or Emergency Duty Service (EDS - out of normal working hours) Tel: 01708 433999 or Havering Front Door (HFD) Tel: 01708 432000. HFD pass Concern to MASH/EDS.</li> <li>Review whether Section 42 Enquiry is needed. If not Safeguarding Adults procedure, agree appropriate action/alternative response and close process at this point.</li> </ul>	e Practitioner with Safeguarding Adults Team	
	Safeguarding Adults Manager identified	SAT/Line Manager	
	Take any immediate action to identify and address risk.	The individual who suspects abuse and/or their line manager as appropriate Team	
	If NHS, also consider reporting as serious incident (SI).	Note: Some partner agencies will have a named Safeguarding Adults Lead who needs to be consulted – (Please refer to your organisation's procedure)	

Stage 2: Enquiry
Maximum 25 working days to agreeing outcomes

Stage 2	Activity	Responsibility	Timescale
Initial conversation	<ul> <li>Establish the facts</li> <li>Ascertain adult's views, wishes and preferred outcomes</li> <li>Assess needs of the adult for protection, support and redress – and how these should be met</li> <li>Protect the adult from abuse and neglect, in line with the wishes of adult, if possible</li> <li>Enable adult to achieve resolution where possible</li> <li>Establish adult is safe</li> <li>Establish consent and capacity to make relevant decisions</li> <li>Establish need for advocacy</li> <li>Provide feedback to referrer</li> <li>Record all actions and conversations</li> </ul>	Safeguarding Adults Manager (SAM)	Same day concern received if it has not already taken place
Decisions	<ul> <li>Agree who should lead the Enquiry</li> <li>Who is best placed to speak with adult at risk?</li> <li>Are there any reasons to delay speaking with adult at risk?</li> <li>What might the safeguarding enquiry consist of?</li> <li>Whether to proceed without consent, if appropriate</li> <li>Follow-up action which may be needed</li> <li>Have actions so far completed the enquiry?</li> </ul>	Decisions made by Safeguarding Adults Manager (SAM)	

Stage 2	Activity	Responsibility	Timescale
Planning meetings	Outcome focused discussion Emphasise duty to cooperate Plan the enquiry Identify links to other procedures in progress  Agree timing and length of meeting Agree who should attend Preparation with the adult at risk Clear agenda Ensure equality  Understand Adult's mental capacity to understand the enquiry outcomes and effect on their safety now and in future Ensure advocacy is adult needs support to represent their views Confirm consent has been sought Understand Adults desired outcomes and what it means to achieve them  Identify level and impact of risk of abuse and neglect Identify adults own strengths and support networks  Information sharing which is complaint with all legislative requirements	Adult/advocate SAM  Enquiry Lead with adult/advocate	Within five working days for the first one, then as agreed if more needed
Decisions	Once the threshold for section 42 has been met then an enquiry needs to occur. The SAM needs to decide the type of enquiry that is appropriate and proportionate.  Who should lead and who should contribute?	SAM in consultation with adult and others	

Stage 2	Activity	Responsibility	Timescale
Enquiry actions	Assess risk and aim, through a multi-agency approach to:  Prevent further abuse and neglect  Keep risk of abuse and neglect at a level that is acceptable to the person  Support adult to continue in the risky situation if that is their choice and they have the capacity to make that decision  Timely information sharing, within legal and local Information Sharing Agreement boundaries  Prevention measures to be put in place  Meet outcomes wanted by adult  Determine how and whether enquiry can be successful in achieving those outcomes  Determine how risk can be reduced or removed  Refer for criminal or organisational (e.g. DBS, LADO, NMC) action where necessary  Determine need for on-going support for the adult	Enquiry Officer and SAM with adult and partner agencies	Target time within 20 working days of start of enquiry
Produce Enquiry Report	Enquiry report must be completed <i>in full</i> , approved by the SAM, and incorporated on LLAS, including responsibility and timescales for taking forward any actions.  Review risk assessment and adjust safeguarding plan and monitor.	Enquiry Officer and SAM	Target time within 20 working days of start of Enquiry, unless any delay is agreed and reasons recorded.

It is necessary for enquiry to be taken over by LA?  Should enquiry be closed down or taken forward for review?	SAM in consultation with adult and others	
Does the report meet standards Action for the adult Actions for the person alleged to have caused		
<ul> <li>Decision to be made whether:-</li> <li>Adult has needs for care and support</li> <li>Adult was experiencing or at risk of abuse or neglect</li> <li>Adult was unable to protect his/herself</li> <li>Further action that should be taken to protect the adult from abuse or neglect</li> <li>Evaluation by Adult at Risk</li> <li>Outcome for the person(s) alleged to have caused harm</li> </ul>	SAM in consultation with the adult and other parties involved in the enquiry	Within five working days of enquiry report
Referrals to professional bodies  Explore recovery and resilience  Handovers/referrals to other services, e.g. care		
	Action for the adult Actions for the person alleged to have caused harm  Decision to be made whether:-  • Adult has needs for care and support  • Adult was experiencing or at risk of abuse or neglect  • Adult was unable to protect his/herself  • Further action that should be taken to protect the adult from abuse or neglect  Evaluation by Adult at Risk  Outcome for the person(s) alleged to have caused harm  Referrals to professional bodies	Action for the adult Actions for the person alleged to have caused harm  Decision to be made whether:-  Adult has needs for care and support  Adult was experiencing or at risk of abuse or neglect  Adult was unable to protect his/herself  Further action that should be taken to protect the adult from abuse or neglect  Evaluation by Adult at Risk  Outcome for the person(s) alleged to have caused harm  Referrals to professional bodies  Explore recovery and resilience  Handovers/referrals to other services, e.g. care

Stage 3: Safeguarding Plan and Review
Safeguarding Plan within five working days and Review Plan within three months

Stage 3	Activity	Responsibility	Timescale		
Safeguarding Plan	Set out steps to be taken to assure future safety of the adult at risk.  Provision of support, treatment or therapy, including on-going advocacy if needed.  Any modification needed in the way services are provided (e.g. same gender care; appointment of deputy).  Determine how best to support adult through any action they may want to take to seek justice or redress.  On-going risk management strategy as appropriate.  Outline roles and responsibilities of all individuals and agencies involved.  Identify lead professional to monitor and review plan; timescale for review.	Enquiry Lead under guidance of the SAM and with involvement of Adult at Risk and relevant partner agencies. Full participation of adult at risk, using a representative/advocate if direct participation is not possible.	Within five working days of enquiry report		
Review	Monitor Plan to evaluate:-  effectiveness of the Adult Safeguarding Plan;  whether the Plan is meeting/achieving outcomes  risk Communicate and agree decisions about plans with adult at risk	Lead professional identified within Safeguarding Plan	Within three months, timescale to be determined by level of risk		

Stage 3	Activity	Responsibility	Timescale
	Decide whether Adult Safeguarding Plan is no longer required or whether it needs to continue		
	Make any changes or revisions to plan, set new timescales.		
	Decide if new Section 42 Enquiry is needed	SAM	

# **Stage 4: Closing the Enquiry**

# Up to five working days from Enquiry Report

Stage 4	Activity	Responsibility	Timescale
Closing the Enquiry	Note reason for closure decision and views of adult at risk to proposed closure.  Referral for assessment and support.  Advice and information provided.  All partners organisations updated and informed.  Feedback to referrer.  Record action taken with person alleged to have caused harm.  Outcomes noted and evaluated by adult at risk and results recorded.  Consideration for a SAR.  Any lessons to be learned record and shared via SAT.  Complete closure form.	Coordinated by the SAM, implemented by the Enquiry Lead with relevant partner input and Adult at Risk evaluating outcomes (with support if needed)  SAM  SAM/Enquiry Lead and SAT  Enquiry Lead	Actions immediately following decision to close where possible. Other actions within five working days

#### **Setting time standards**

It is important that this process is moved forward appropriately to ensure timely safeguarding; however, the interests of the adult at risk are paramount, and divergence from time standards may be justified on grounds of good practice as an exception where:

- Adherence to the timescales would jeopardise achieving the outcome that the adult at risk wants.
- It would not be in the best interests of the person at risk.
- Significant changes in risk are identified that need to be addressed.
- Supported decision making requires an appropriate resource not immediately available.
- The adult at risk's physical, mental and/or emotional wellbeing may be temporarily compromised.
- The complexity of the enquiry is such that a longer timescales is unavoidable.

Reasons for changes to required timescales *must always be recorded in Case Notes.* Where the divergence concerns the ability to gather information or hold Core Group Meetings, the agreement of the SAM must be sought and an alternative timescale agreed to avoid the process becoming open ended.

Other processes, including police investigations, can continue alongside the Safeguarding Adults Process, but should not delay it; for example, a decision that on the balance of probabilities abuse took place can be agreed even if the police have not concluded their enquiries (N.B. do not close a case where - on balance of probabilities - a case is **not** substantiated where Police investigation is ongoing).

# Minimum Competency Standards for Safeguarding Managers and Investigating Officers

New staff should not be allocated a role in the Safeguarding Adults process without meeting the minimum criteria for competency. New staff will be required to evidence relevant experience/prior learning/relevant training. Where staff have prior relevant experience/training elsewhere, competency will be evaluated by line manager with SAT staff. Where staff have attended essential training, but do not yet have experience, competency will be assessed by line managers with SAT staff who will contribute to evaluation. Line managers will be expected to evaluate competency before allocating to a case in the new role. Mentoring/shadowing should be used to develop competency.

The SAB has adopted the Bournemouth National Competency Framework for Safeguarding Adults and it is expected that this is used to maintain competencies through supervision and training and to support decision-making about who should be the Enquiry Officer and the Safeguarding Adults Manager.

# **Appendix 1 – Havering Multi-Agency Safeguarding Adults Incident Reporting / Alert Form SA1**



Safeguarding Adults Team Social Care & Learning Directorate

Social Care & Learning Directorate

Adult Social Services

Adult Social Services
London Borough Havering
Mercury House
Mercury Gardens
Romford RM1 3SL

Tel: 01708 433550

Fax: 01708 432497 (Safe Haven) Safeguarding\_Adults@havering.gov.uk

# Phone first, then complete form as soon as abuse/suspected abuse has been reported, and send to:

#### 1. Details of Adult at Risk

Title: Mr/Mrs/Ms/Other	e: Mr/Mrs/Ms/Other First-name		Surnan		me:					
Usually known as:	/n as:		DOB				Age:			
Address:					Tel:					
LLAS No:					NHS N					
Type of accommodatio	n:	Commun	icatio	n Needs	<b>S</b> :	Others already notified:				
Own home		Other language								
Residential Care		Due to illness □			Police: Yes □ No □					
Nursing Care □		Hearing impaired □		Incident No:						
Supported Housing		Deaf □		Date:						
Other $\square$		Blind				Please list others:				
Access:		Interpreter required □								
Key safe No:		Non-verb	al .							
	Gende	r:		Ethnic	origin:		Religion:			
	Male									
	Female	e 🗆								
	Trans/0	G 🗆								
User group: (tick as appr	opriate)	Self-f	unding	9		(	Older Peopl	le 🗆		
Learning Disabilities		Physi	cal Di	sability			Mental Hea	lth □		
HIV/AIDS		Carer	Carers				Other (Sensory) $\square$			
Alcohol/Substance Misus	se 🗆	Supp	orting	People						
GP:					t of Kin	:				
					Address:					
<b>-</b> .				Tel:						
Tel:					tionship					
Was the adult placed by the London Borough Of Havering? Yes $\square$ No $\square$										
If not:				1						
Local Authority Self-Funding □ Health Funded □										
Does the adult at risk know this alert has been made? Yes □ No □										
Has the adult at risk given consent to proceed to an investigation/share information?										
Yes □ No □  If NO please advise why consent has not been obtained? (In some cases intervention may be limited										
	y cons	ent has no	ot bee	n obtain	ed? (In	some cas	ses intervent	ion may be limited		
without consent)										

### 2. Details of alleged incident

<b>-</b>														
Brief description including injuries:														
Date:	Time:			Locat	on of ir	cide	nt <sup>.</sup>							
Any other people in		nold/or like				10140								
Adult(s) at Risk			<u>y</u>		DoB			Age						
Children (Names)					DoB			Age						
Any animals in the	e househol	<b>d</b> (please	specify):											
3. Type of abu	<b>se</b> (can be n	nore than c	one)											
Physical	elf-Neglect		Sexua	al 🗆		Emo	otional/Psyd	chological						
Financial Di	scriminator	y 🗆	Organ	nisation	al 🗆	Neg	lect/Acts of	fomission						
Radicalisation/Extre	emism 🗆	Dome	estic Abu					y/Human T	rafficking					
Name and contact	details of	all witnes	sses:		l l			<u>,                                      </u>						
Statements attach	ied:	′es □ No	) <u> </u>											
4. Details of pe	erson alleg	ed to hav	e cause	ed har	m									
Full Name					names									
Main Address				Any addr	other esses									
Age		DoB					Gender							
Is person alleged caused harm also		Yes □ N	<b>1</b> 0 □	Is he servi		own t	o social	Yes □ N	o 🗆					
at risk?	1			A10 ::					_					
If yes, what team: Relationship to vio	otim (if any)			AIS I	umber:									
			ened to	have	causad	harn	٦٠							
Any information relating to person alleged to have caused harm: History of violence (weapon, drugs, alcohol, sexual, physical, verbal): please indicate														
Is the person alleg	Is the person alleged to have caused harm aware of the alert? Yes ☐ No ☐								No □					
<u>-</u>							t at risk?		No □					
Does the person alleged to have caused harm live with the adult at risk?  Is the person alleged to have caused harm, the main carer?						+	No □							
163 - 100														
5. Details of person making the alert														
Full name:			Addre	ss:										
Tel:			Email/											
Organisation:			Relation	-	)									
Is alert for: (a) No	_00000	7	to vict	im:		/1	a) Investiga	¬						