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business**

East Riding Safeguarding Adults Board

Guidance notes on completing the safeguarding adults forms which may lead to a Care Act 2014 Section 42 enquiry.

Introduction

These guidance notes have been produced to assist people who are required to complete any of the forms used for reporting requirements under adult safeguarding procedures. They can also be used for training purposes.

This is one consolidated form consisting of a subset of smaller forms as follows:

- Form 1 – Safeguarding Adults Concern form
- Form 2 – Safeguarding Adults screening & initial enquiry form
- Form 3 – Safeguarding Adults Decision making Form
- Form 4 – Safeguarding Adults outcome report
- Form 5 – MCA 2005 Mental Capacity Assessment
- Form 6 – Safeguarding Adults Protection Plan

Forms 1 to 4 inclusive must not be separated at any point as the forms are completed and passed on.

Below is some specific guidance for certain sections of the form to help users complete the forms appropriately with all the relevant information.

When using the electronic and web-based paperwork the fields will expand as information is input.

Completing the “adult at risk” concern form (form 1)

These guidance notes are intended to help any individual who wishes to complete a multi-agency “adult at risk” concern form.

The form should be completed as fully as possible with all the relevant information, paying particular attention to the sections which are marked as **mandatory**.

Guidance note 1 Section A Care Act 2014

The Care Act 2014 mandates the local authority to make enquiries (or cause others to do so **for example**, the NHS, the Police or independent providers). An adult must meet 3 conditions for the local authority to consider undertaking a safeguarding enquiry (also known as an s42 enquiry). The 3 conditions are known as the 3-point test.

Please ensure you have considered all criteria in reaching a decision as to whether the 3-point test has been met. The safeguarding duties apply to an adult who:

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

If the answer to all the above 3 questions is “yes” then proceed with completing the rest of the concern form and send it to the local authority. **The Care Act 2014 section of the concern form is mandatory.**

Guidance Note 2 Section A2 CONSENT

In most cases the adult or their advocate should give their consent to the concern form being completed and sent to the local authority. At this stage they are giving consent only to the concern form being sent, they will be asked again later on of they give their consent to other processes such as a safeguarding. There are exceptional circumstances when the adult may not be asked to give consent because asking them may increase the risk of abuse.

Assessing the person’s capacity to consent

An assessment of a person’s capacity is time and decision specific therefore they could be well able to make a decision about something on one day, but not able to make a similar decision on another day.

There are four parts to a mental capacity assessment and if a person is required to make several decisions ie to agree to the concern form, to agree to an enquiry going ahead and then to agree with what the outcome of the enquiry was, then they may need to be assessed for each decision.

To have capacity to make a decision a person must be able to:

1. Understand the information relevant to the decision (including the reasonably foreseeable consequences of making or not making the decision) **and**
2. Retain that information (long enough to make the decision) **and**
3. Use or weigh up the information (as part of the decision making process) **and**
4. Communicate the decision (in any recognisable way)

There are occasions when you may need to raise a concern without the persons consent, therefore the above assessment is not required for this stage of the safeguarding process, for example:

- It is in the public interest, such as,
 1. there is a risk to other adults at risk, or
 2. the concern is about organisational or systemic abuse, or
 3. the concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk, or
 4. the abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.

- the person lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the persons “best interests”
- a person is subject to coercion or undue influence, to the extent that they are unable to give consent
- it is in the adults vital interests (to prevent serious harm or distress or life-threatening situations).

If you are not sure whether you should raise a safeguarding concern, you should seek advice. If you have become aware of concerns through the course of your work seek advice from the safeguarding adults lead in your organisation or a member of the local authority safeguarding adults team.

Where the adult, their representative or advocate is not consenting to the concern form being raised the person completing the form should clearly type the reason for the concern being raised and include their own name on the form.

If the adult at risk does not want the concern form to be completed and it is determined that the person clearly has the capacity to make such a decision then their wishes should be met.

There is an optional mental capacity assessment form available on the SAB website www.sab@eastriding.gov.uk

The Consent section of the concern form is mandatory.

Guidance Note 3 Type of abuse – guidance on reporting pressure sores

When completing the section about “type of abuse” on the concern form you should tick all that apply. Remember, there can be more than one type of abuse occurring to the same person at the same time.

If at all possible try to avoid ticking the “other” box. However this box can be used for reporting concerns such as medication errors and pressure sores.

The types of abuse listed on the concerns form at the end of section A are those which are required to be collected and reported on statistical returns to NHS Digital.

This section of the concern form is mandatory.

Guidance note 4 – Operational guidance: Making decisions about safeguarding concerns

The East Riding SAB recognises the need for a consistent approach to safeguarding concerns and in the application of the multi-agency procedures for the Safeguarding of Adults with Care and Support Needs. The operational guidance on making decisions about Safeguarding Concerns is a support tool for all agencies to respond in a similar way to similar situations.

The guidance is intended for use by professionals within any care, nursing, health or community setting. This will include hospitals, residential and nursing care homes, domiciliary providers, GPs, dentists and adult social care provision.

Revised April 2017

The Operational Guidance Making Decisions about Safeguarding Concerns is available on the SAB website www.ersab.org.uk

Guidance note 5 – General Concerns raised by local authority adult services staff only

Guidance note 6 – Making Safeguarding Personal

Making Safeguarding Personal means it should be person-led and outcome-focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is imperative that the person (or another person acting on their behalf) is asked at this stage what they would like to happen as a result of the concern being raised.

You need to show evidence within the concerns form at section C that you have asked what the person would like as an outcome of safeguarding. This could include a discussion about what would make them feel safer & improve their situation.

This information may then be used if an enquiry is undertaken, and they may be asked again at the end if they feel any safer as a result of the enquiry.

It may help if the person is presented with a range of options to help them make a decision otherwise there is a risk they could ask for something which could never be achieved.

The MSP section is mandatory.

Guidance note 7 – Advocacy

Local Authorities **must** arrange an independent advocate to facilitate the involvement of a person in their assessment, preparation of their care and support plan and review of their care plan, if two conditions are met.

The aim is to provide assistance; first, to people who have **substantial difficulty** in being fully involved in these processes and second, **where there is no one appropriate available to support** and represent the person's wishes. The role of the independent advocate is to support and represent the person, and to facilitate their involvement in the key processes and interactions with the local authority.

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

The duty applies in all settings.

Section E – Always provide your name and contact details as a minimum so that someone can get back in touch with you if they need to.

Now send the completed concerns form to
safeguardingadultsteam@eastriding.gcsx.gov.uk

Guidance on completing the Enquiry Outcome report

Guidance note 8 - completing the Enquiry Outcome report (form 4)

The enquiry outcome report should involve the adult at risk, their advocate or chosen representative. If the adult requires the services of an interpreter at any stage in the process, one should be provided. If the adult has learning difficulties or any other difficulties which means they may not understand the full report-writing process then consideration should be given to providing the same information in a format which they will understand using recognised communication tools. These range from simple letter boards to more sophisticated pieces of computer equipment.

Useful sources of information & advice:

www.icommunicatetherapy.com

Speech, language and communication therapy information, activities and products (the Adults section contains information to help adults with Learning Disabilities).

www.communicationmatters.org.uk

Information about a wide-range of communication aids including books, charts, cards, talking-mats etc.

Foundation for People with learning disabilities

Information about communicating with and for People with Learning Disabilities

Mencap have produced a useful document Your Guide to Communicating with People with a learning disability.

There is also some specific guidance in italics within the template itself to help you as you complete the report.

If there is anything else you would like to add which is not covered in a specific box, add a separate sheet to the report at the end. This could include any challenges which you faced (by other agencies or individuals), delays in timescales and the reasons for them etc.

What type of enquiry can the outcome report be used for?

Under the Care Act, the local authority **must** make enquiries, **or** ensure others do so, if it reasonably suspects that an adult who has care and support needs is being abused or neglected and they are unable to protect themselves against the abuse or neglect because of those needs (The three stage test). This form can be used by any agency or organisation, (including independent providers of care) to record the outcomes of any type of enquiry they have undertaken including a Care Act 2014 section 42 enquiry, agencies & organisations should not limit themselves as to when to use this form as it provides a useful structure and pathway for any type of safeguarding enquiry.

There is further guidance within the Multi Agency Procedures appendix 'Operational Guidance on Making Safeguarding Decisions' which you may find useful to consider when deciding to complete this form. In brief this form should be used to inform the local authority of the enquiries you have undertaken when you have determined that the

incident you are dealing with does not meet the locally agreed harm threshold but still requires an enquiry under the Care Act 2014, which you have conducted 'in house'. The form should also be used by agencies & organisations who are completing more formal enquiries on cases that do meet the locally agreed harm threshold. Once the form is completed it should be returned to the local authority safeguarding adult team, who as lead agency for adult safeguarding, will determine if further enquiries are necessary. Return it to safeguardingadultsteam@eastriding.gcsx.gov.uk.

Guidance notes – completing the Safeguarding enquiry outcome report (form 4)

1. Guidance note 9 - Making Safeguarding Personal (MSP)

1.1 MSP means the safeguarding enquiry should be person-centred and outcome-focused. It means having a conversation with the service user about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, wellbeing and safety.

1.2 At the beginning of the safeguarding enquiry you must ascertain the adults' views and wishes. Directly ask, what does the adult want to happen?

1.3 Any conversations that relate directly to the adult or to decisions involving them must always include them or their representative or advocate. The adult must be kept involved throughout the enquiry unless this would increase the risk of abuse.

2. Guidance note 10 - Advocacy

2.1 At the beginning of the enquiry the adult at risk may need to be asked if they would like someone else to be involved on their behalf. This could be a friend, family member or someone else they trust.

2.2 On occasions, an adult at risk may not have another person to represent them and in some circumstances the local authority has a duty to consider whether the adult requires an independent advocate to represent and support them in the enquiry.

2.3 An independent advocate should be provided to an adult who would have “substantial difficulty” in doing one or more of the following:

- Understanding relevant information
- Retaining that information
- Using or weighing up that information as part of the process
- Communicating their views, wishes or feelings; **and**
- there is nobody else that is appropriate and able to represent them.

This should be kept under review as the enquiry progresses.

3 Guidance note 11 - Details of the enquiry

3.1 The objectives of an enquiry into abuse or neglect are to:

- Establish the facts
- Ascertain the adults views and wishes
- Assess the needs of the adult for protection, support and address how they might be met
- Protect from the alleged abuse or neglect in accordance with the wishes of the adult
- Make decisions as to what follow up action should be taken with regard to the person or organisation responsible for the abuse or neglect, and
- Enable the adult to achieve resolution and recovery wherever possible.

Revised April 2017

4. What is the allegation?

4.1 The first task when you are reviewing the information on the concern form is to identify exactly what the safeguarding concerns are that you need to make enquiries about.

4.2 Break down the story into specific allegations and this will enable you to focus on what kind of abuse is actually being alleged and who is the alleged perpetrator. In some cases when the story is broken down there may be a number of different allegations and a number of different types of abuse which should be analysed separately.

4.3 Try to focus on identifying the specific allegations not the reasons or motivation of the alleged perpetrator. **For example**, a carer may have verbally abused a service user. Their motivation may well be that they are very stressed but that doesn't change the impact of harm on the adult. If the adult is harmed or at risk of being harmed then regardless of the motivation or reason for the action, it is abuse.

5. Guidance note 12 - How were the enquiries conducted?

5.1 You should record all the actions you took during the information gathering stage. They could be phone calls, meetings, visits etc. Where you have collected or identified evidence you should record this in this section. This could be shown as a chronology – list of dates, times with the detail recorded alongside, **for example**:

Date and time	contact	What was found
06/06/2015; 10:00am	Reviewed care notes	No record of meal times recorded for 12/05/2015

This section should therefore contain all of the detail in chronological order, of your discussions, meetings etc.

6. Guidance note 13 - Outcome of the enquiry

6.1 These relate to the evidence you have gathered specifically with regard to the allegations that were identified at the outset of the enquiry and the adults desired outcomes. The findings will corroborate or refute the initial allegation(s). You should record anything you feel is significant to the enquiry in this section. This could be:

- direct evidence from the victim themselves, what they have experienced
- hearsay evidence or what a person has heard from another person
- circumstantial evidence, which may not be based on the facts in question but which supports the case, **for example** evidence of bruising immediately following a shift worked by a particular worker (perhaps the alleged perpetrator).

6.2 This evidence may take the form of documents you have reviewed, care notes seen, interviews you have conducted, photographs of injuries etc.

7. Guidance note 14 - Has the adult had their outcomes met?

7.1 At the end of the enquiry it is important to ask the adult or their advocate if they have had their outcomes met.

Specific questions could be:

- Does the adult feel safer?
- Has the adult maintained key relationships (if this was important to them)?
- Has the adult received an apology?
- Does the adult know how to protect themselves and feel able to in future?

It is always best to use the adult's own words wherever possible.

8. Guidance note 15 - Conclusions

8.1 Your conclusions will be directly informed by your findings. Each allegation must have a conclusion and you should state why you have come to the relevant conclusion. In order to do this you will need to analyse the evidence you have gathered, decide on the strength of this evidence and consider whether it corroborates or refutes the initial allegations.

There should be one final conclusion for the overall enquiry.

- Risk removed
- Risk reduced
- Risk remains
- No action taken

9. Feedback about the enquiry

9.1 Please include any comments provided by the adult or their representative or advocate in relation to the enquiry. This can be comments about the process, how it made them feel, if they think it has made a difference to them and whether they were satisfied with the process.

10. Recommendations

10.1 Any recommendations which are made should be reasonable and achievable. They should identify who you think needs to take responsibility for following them up. **For example**, if a care plan needs to be reviewed in relation to falls then the recommendation needs to indicate who will be responsible for this action.