

Norfolk Multi-Agency Safeguarding Adults Procedures

Revised February 2025

Title	Norfolk Multi-Agency Safeguarding Adults Procedures
Description of procedures	This document sets out the multi-agency procedures for safeguarding adults.
Scope	All statutory agencies plus all signatories to this policy.
Equality Impact Assessment	Impact Assessment completed
Other relevant approved documents	Norfolk Multi-Agency Safeguarding Adults Policy
Evidence base / Legislation	Level of Evidence: The procedures are based on national research-based evidence and legislation and are considered best practice
Compliance/Regulations	Care Quality Commission Regulations ADASS Standards The Care Act 2014
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1. Purpose of the safeguarding adults procedures

- 1.1. These procedures describe how to report concerns about actual or potential harm to an adult in need of care and support. The procedures set out how agencies will work together with the person at the centre of the process, to assess and reduce the risk of harm and wherever possible to achieve the outcome the person wishes to achieve. This is known as **Making Safeguarding Personal**.
- 1.2. These procedures should be read in conjunction with Norfolk Safeguarding Adults Board's (**NSAB**) Multi-Agency Safeguarding Adults Policy, which contains details of the principles of adult safeguarding.
- 1.3. The flowcharts at **Appendix B** will help reporters and multi-agency staff who are involved in the safeguarding process.
- 1.4. It is important to recognise that abuse can consist of a single or repeated act(s); that it can be intentional or unintentional or result from a lack of knowledge. Abuse can be an act of neglect or an omission or a failure to act.
- 1.5. Abuse can cause temporary harm or exist over a period of time and can occur in any relationship. Abuse can be perpetrated by anyone, individually or as part of a group or organisation. Importantly, abuse can often constitute a crime.
- 1.6. **Abuse is NOT an accident, nor is an accident abuse.** For example, if someone who is usually able to drink independently is handed a cup of tea, which they then spill resulting in red marks to the top of their legs, this would be an accident. Whereas, if a person who is known not to be able to drink independently with an adapted cup is handed a cup of tea in a standard cup and is left to try to drink it independently but subsequently spills it and sustains a scald, this may constitute negligence.

2. Application of these procedures

- 2.1. These procedures apply to an adult over the age of 18 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 and neglect

(The Care Act (2014) s42 (1a-c))
- 2.2. For this document the adult experiencing or at risk of abuse will be referred to as the adult or adult at risk.

- 2.3. These procedures are underpinned by the Making Safeguarding Personal agenda and the principles of adult safeguarding (NSAB Policy p10).
- 2.4. Safeguarding interventions **must** always consider the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, as well as the requirement to consider the need to appoint an advocate for a person who has substantial difficulty being involved in the safeguarding process. These requirements apply whether care is given in a person's own home or other care setting and **must** underpin all safeguarding interventions.
- 2.5. The Care Act introduced a new term that replaces 'alleged abuser' or 'alleged perpetrator'. Norfolk County Council adult social care now uses 'Person Alleged to have Caused Harm'. For these procedures, this will be shortened to **PACH** below.
- 2.6. In September 2020 the Local Government Association (LGA) published a framework document, called [Understanding what constitutes a safeguarding concern and how to support effective outcomes](#). It looks to support practice, recording and reporting, in order to impact positively on outcomes for people and on the level of accountability for those outcomes.
- 2.7. This guidance suggests that if the first two parts of the Care Act s42(1) are met (that the person has needs, or an appearance of need, and are at risk of or experiencing abuse or neglect) then the concern should be reported to the local authority.
- 2.8. Then information gathering and professional decision-making will support understanding of the third criteria (as a result of the need, are unable to protect themselves) to make a decision if there is a duty under s42(2) to make further enquiries (or cause them to be made) and take appropriate action.

3. Recognising Concerns

- 3.1. See also **Appendix B** for a flow chart description
- 3.2. All staff and volunteers working with adults at risk of abuse **must** know how to recognise abuse or neglect and know who in their organisation they must report concerns to.
- 3.3. The Norfolk Safeguarding Adults Board Safeguarding Adults Policy clarifies the definitions and indicators of abuse see (NSAB Policy Appendix 7).
- 3.4. Safeguarding adults is everybody's responsibility. If you recognise abuse or neglect, you must discuss it with your manager or your organisation's safeguarding lead immediately.
- 3.5. In an emergency situation do not delay. If you are unable to contact your safeguarding lead, ring 999 for assistance.

4. Recording concerns and preserving evidence

- 4.1. You **must** ensure that any concerns about the welfare or safety of an adult at risk of abuse or neglect are recorded and that any evidence of abuse or harm is preserved.
- 4.2. Ensure that all written records are dated, signed and stored confidentially and securely. Written records should state the facts - what you have seen and heard. Opinions and assumptions must be avoided. The individual's own comments should be written in their own words and not paraphrased or interpreted by the person recording the conversation. If the individual has stated what support they feel they need to be safe, or what outcomes they wish to achieve, these must also be recorded.
- 4.3. In cases of physical or sexual assault, try to persuade the individual not to wash, bathe or shower until the police or doctor has seen them. Do not attempt to tidy or clean the immediate environment - leave things as you find them and await instructions from the investigation team.
- 4.4. Gather as much information as you can, as outlined in the 'Checklist for people raising safeguarding concerns' (**Appendix A**).
- 4.5. **Do not delay in making a referral, even if you do not have all the information available**

5. What to do if it is a safety issue, rather than a safeguarding concern

- 5.1. There are occasions when the concerns raised do not require safeguarding intervention but may need signposting on appropriately for the person to receive help and or advice. Your organisation's safeguarding lead can help with this.
- 5.2. It is important to discuss your concerns if you are not sure of next steps – this could be with your safeguarding lead, line manager or a colleague – you can also contact NCC adult social care for advice too. **To do nothing is never an option.**
- 5.3. NSAB have published a short guidance document to help understand and consider the difference between safeguarding and safety – you can read it here: [Safeguarding vs safeguarding](#).
- 5.4. Remember, even if your concern does not meet the criteria for enquiry or action under section 42 of the Care Act, there may be other types of assessment and intervention that is more appropriate under other section of the Care Act, or from other avenues of support. Section 42 is intended for those who need much more help to stop or prevent abuse and neglect because of the impact of their care and support needs on their ability to keep themselves safe.

6. Consent

- 6.1. Wherever possible you should seek the consent of the adult to make a safeguarding concern and share their information. People who have mental capacity to make decisions for themselves should be consulted before a concern is raised and their consent sought. If the person does not have capacity and has been harmed or is likely to be, then you **must** raise a safeguarding concern.
- 6.2. If the Person alleged to have caused the harm / abuse (PACH) has contacts with other adults at risk of harm, a referral **must** be made so that these adults can be safeguarded. If the PACH is a formal or informal carer for another person, then a referral **must** be made in the public interest, as other adults may be at risk of harm from them. In these circumstances, a referral should be made regardless of whether the person has given consent.
- 6.3. Look to gain consent as early as possible, making sure that you are explaining why you want to share what information. Be open with them that in some circumstances you have a duty to share, especially when other people are at risk.
- 6.4. If an adult refuses to give consent, explore the reasons why they feel that way – they may be worried about the consequences, or not understand the risks that you have identified – support them to understand your concerns and the reasons for sharing, consider how you might mitigate their worries.
[7-golden-rules-for-info-sharing.pdf \(norfolksafeguardingadultsboard.info\)](#)
- 6.5. If the alleged abuser has contact with children, a referral must be made to Children's Services by ringing 0344 800 8020 and speaking to someone from the Norfolk Children's Advice and Duty Service (CADS).

7. Making enquiries after a person has died

- 7.1 Section 42 of the Care Act only applies where a person is alive, and once a person has died, the powers of the local authority to undertake enquiries under that part of the legislation ceases.
- 7.2 If a person dies when there is a s42 enquiry in progress, or if someone is referred for an enquiry after they have died, their record will be reviewed by an adult social care team manager or practice consultant as soon as reasonably practicable, or in any event within 21 days, and an enquiry process or review only necessary in the following circumstances:
- 7.3 If the review of the record suggests that another involved individual/member of the family, or another person in the provider setting, is at risk. In these circumstances, a s42 enquiry can be undertaken in respect of that individual (not the person who has died).
- 7.4 A non-s42 enquiry process may be needed to decide if the case should be referred on for another process such as a Domestic Abuse Related Death Review (**DARDR**, previously known as a Domestic Homicide Review (DHR)) or Safeguarding Adult Review (**SAR**).

- 7.5 Adult social care may also review such cases to review internal practice or to consider whether any family member has care and support needs that need assistance as a consequence of the death.
- 7.6 If the enquiry does not need to continue as the case does not meet any of the above criteria, or if the necessary review processes can be carried out without further recording (e.g. by making a SAR or DHR referral) the enquiry will be closed with a note recorded within the safeguarding episode, to say that the person has died and that no further enquiries are necessary.
- 7.7 If a referral is received for an enquiry for someone who has already died, a s42 enquiry will not be opened.
- 7.8 If an enquiry is already in progress and it needs to continue because unnamed individuals may be at risk, **it can be progressed to completion** - however it becomes an “**other safeguarding enquiry**”. This is no longer a s42 enquiry, and therefore cannot require information sharing from partners under that legislation.
- 7.9 GDPR ceases at the point the individual dies, and information can still be shared considering the **common law duty of confidentiality**, including possible risks to others. Information sharing is covered in more detail in the NSAB multi-agency policy, but as a quick review, see Appendix D.
- 7.10 However, if there are concerns about information **not** being shared with the local authority in order to protect other individuals under standard data protection regulation or common law duty of confidentiality, this can be escalated via the NSAB ‘**Managing Professional Difficulties**’ guidance (found on this page [Practice guidance | Norfolk Safeguarding Adults Board](#)).

Note: NSAB has sought some specific advice around GP disclosure of patient information after death and been assured that there are no additional barriers to this where the disclosures are based on legitimate concern around safeguarding and are proportionate and focused in nature.

8. How to raise a safeguarding concern

- 8.1. Before making the call, use the checklist of information to include when raising a concern in **Appendix A**.
- 8.2. Telephone **0344 800 8020** where you will first speak to the NCC Customer Service Centre. Explain you wish to raise a safeguarding concern. If the adult you are calling about has an active social care worker, you will be transferred to that person (or their team’s duty desk).
- 8.3. If they do not, your call will be transferred to Social Care Community Engagement team (**SCCE**) – 08:45 to 17:30 Mon-Thurs, 08:45 to 16:35 Friday. Out of hours your call will go to the Emergency Duty Team (**EDT**) on the same number.
- 8.4. Please understand that EDT is a very small out of hours team who are there to deal with urgent or immediate risk issues for the whole county. They may ask you to call back in working hours if your concern does not meet this remit.

- 8.5. Non-urgent safeguarding cases can also be referred via the online portal: [My Norfolk Social Care](#)
- 8.6. The worker will take down your information. After your call has finished the worker consults with a manager or Safeguarding Adults Practice Consultant (**SAPC**) and a decision will be made about whether the criteria for a Safeguarding Section 42 enquiry (a referral) are met or whether a different source of support or advice/information is necessary. It may be that the presenting issue does not trigger a s42 enquiry, but that other action or assessment is felt to be more proportionate, to offer support and/or prevention measures to address the risks identified.
- 8.7. If these criteria are met and there is 'reasonable cause to suspect' that abuse or neglect has occurred, the local authority will involve partners from other agencies and make (or cause to be made) whatever enquires are necessary, deciding whether action is necessary and if so what and by whom, under the duties in s42 (2) Care Act.
- 8.8. You should be given information on what will happen next in that initial call. If your concern then becomes an enquiry under s42, you should be given feedback on the outcome. However, if your concern is resolved in a different way, or you were one of several people who raised the same concern, you may not always be told of the outcome.
- 8.9. You can always ring back and ask for feedback. Make sure you take the name of the person you spoke to which will help. Sometimes feedback goes to someone else (e.g. when people work shifts or in larger organisations) – sometimes the adult at risk asks for information not to be shared with the people that report in. For more detailed guidance on information sharing and confidentiality see the policy (NSAB Policy p15-17).

Note: In cases where you have a concern about how a person is managing day to day, or at risk of harm but **not linked to abuse**, you can still contact NCC and ask for a social care assessment (including occupational therapy) by calling the same number 0344 800 8020 or online via norfolk.gov.uk/care-support-and-health/contact-our-social-care-team.

9. The Safeguarding Enquiry process

- 9.1. If a safeguarding enquiry is required, a **Safeguarding Planning Discussion** (SPD) will be convened within a timescale proportionate to the concern. In circumstances where the person remains at risk, immediate action should be taken to safeguard.
- 9.2. The referrer may be asked to participate in the discussion to share information. The purpose of the planning discussion is to share and analyse information across agencies; identify and assess the type and level of risk; agree what tasks are needed to safeguard the person from harm, who will undertake them and when by.
- 9.3. The views of the adult at risk **must** be reflected wherever possible within the

discussion, particularly in relation to the type and level of risk identified.

- 9.4. The discussion **must** include a police staff investigator or police officer and an SAPC; it should also include the relevant team manager or practice consultant from Adult Social Care.
- 9.5. If there are reasonable grounds to suspect that the adult is being abused, or is at risk of being abused or neglected, (the local authority) Norfolk County Council (NCC) **must** make enquiries or cause others to do so under s42 of the Care Act 2014 (sometimes referred to as a section 42 enquiry).
- 9.6. The police may decide to initiate a criminal investigation; if they do, this action will always take precedence over other parts of the s42 enquiry.
- 9.7. If the individual at risk of abuse is likely to have substantial difficulty being involved in the process, an appropriate individual must be nominated, or in the absence of such, an independent advocate **must** be appointed. NCC is responsible for the appointment of an advocate.

10. Allegations against Employees

- 10.1. If a safeguarding concern includes an allegation of abuse by a person or persons employed by the organisation providing services or care to the person who is the subject of the concern, consideration must be given to 'suspension without prejudice'.
- 10.2. The decision will be the responsibility of the employer, following an internal risk assessment and according to the organisation's disciplinary policy.
- 10.3. Suspension may be used when necessary, such as where the employee's presence may hinder an investigation. This should be considered a neutral position until any evidence indicates otherwise.

11. Safeguarding Meeting (planning) SMP

- 11.1. **Safeguarding planning meetings** provide an opportunity to bring together all professionals involved with an adult with care and support needs who has experienced abuse or neglect.
- 11.2. The purpose of the meeting is to share information, identify and manage risk, plan how to safeguard the person and review actions. They are a very important aspect of the safeguarding enquiry process when there are complex or rapidly changing circumstances, or lots of partners involved.
- 11.3. The Care Act 2014 sets out the "duty to cooperate" between agencies and working in partnership is one of the 6 safeguarding principles. A successful safeguarding planning meeting relies on the attendance of all invited partners so the whole range of information and perspectives can be considered as part of the safeguarding enquiry process.

- 11.4. **If you are invited to a safeguarding planning meeting, please make every effort to attend or, if that is not possible, send a representative** who will be able to participate and feedback.
- 11.5. There will be professionals whose attendance at safeguarding planning meetings is particularly important. The GP practice will often have been involved with the person a long time so it is important that the GP is invited and that every effort is made to facilitate their involvement (for example by holding meetings between clinic sessions, using Teams to meet online or holding face to face meetings at the GP surgery. Police attendance is also very important if there is a criminal aspect to the enquiry.
- 11.6. A safeguarding meeting (planning) must be held within a timescale proportionate to the level of risk.
- 11.7. Examples of where a safeguarding planning meeting is required may include:
- When multiple agencies are involved and a meeting will provide a necessary opportunity to share information with all parties, plan and agree a response.
 - When safeguarding concerns have been raised about a number of adults, for example a number of individual concerns arising in one provider setting and it would be beneficial to bring all involved agencies together to consider them as a whole provider concern.
 - When the section 42 enquiry could become high profile or attract media attention and a coordinated approach is required across agencies.
 - When a number of enquiries/investigations are running concurrently and there is a need to coordinate them (this could include a police investigation, a CQC enquiry, a coroner's inquest, Safeguarding Adults Review (SAR), in addition to a safeguarding enquiry).
 - When carrying out enquiries that involve a number of different agencies,
 - Where the circumstances are complicated or changing rapidly.
 - where there is a lot of complex information and a meeting will help to gain a shared understanding of this.
 - where there is a need to develop a multi-agency risk plan that will need to be monitored.
 - where the risks are significant and a meeting will help the partnership to put together a robust risk management plan.
- 11.8. This list is **not exhaustive** – if you have any concern about a safeguarding situation where you believe a meeting would be of benefit, discuss with your manager / safeguarding lead.
- 11.9. There are no legislated timeframes within which a SMP must take place and the timeframe will depend on the urgency to meet and the level of risk. The process of arranging such a meeting must not prevent other interim actions occurring to safeguard the individual.
- 11.10. Generally, a SMP should be set up within 5 working days of the decision that one is required. Any of the partners can suggest a SMP if they think there would be benefits to a formal meeting.

11.11. The SMP will include:

- Consideration of the views of the adult at risk, or action needed to identify these, to ensure the principles of Making Safeguarding Personal are fully embedded throughout the enquiry
- Action to be taken to ensure that known risks to, and the future safety of, the adult(s) at risk of abuse or neglect are identified, explored and recorded, including actions regarding the PACH
- Details of who is taking responsibility for which task
- Exact nature of each task
- Agreed completion dates for each task
- Each participant's contact details (i.e. phone, mobile and email address)
- Analysis of the level of risk, including consideration of the principles of the Mental Capacity Act 2005 (See **Appendix E** for an example risk identification and management plan)
- How ongoing and potential risks will be managed, including the consideration of referrals to any multi-agency risk panels
- Agreement that the level of identified risk is acceptable
- Identify monitoring and review details
- Identify who will share the outcomes of the SMP with the adult at risk of abuse or neglect, if appropriate
- Identify who will share the outcomes of the SMP with the referring agency or individual
- Chair to determine the scope of information sharing with internal and external agencies in regard to commissioned services
- Consideration of any appropriate referral to the Disclosure & Barring Service regarding the PACH (if this is agreed, ensure the action is recorded with details of who will do this, and that there is a clear process to check it has been completed).

11.12 The SMP will be minuted. The minutes will be shared with all attendees of the meeting. **They will also be shared with all of those who were invited to the meeting but were unable to attend.** This will ensure that they are kept up to date with the plans and decision that have been made to keep the person safe. The minutes are confidential to the meeting and can only be shared with the permission of the chair.

12. Safeguarding adults enquiries

12.1. A **safeguarding adults enquiry** may range from a conversation with the adult at risk of abuse, or a representative or advocate if they lack capacity or have substantial difficulty, through to a formal multi-agency plan of action.

12.2. Norfolk County Council is the lead agency for safeguarding enquiries.

12.3. The purpose of the enquiry is to decide whether or not NCC or others should do something to help and protect the adult. If NCC believes that another organisation should make the enquiry, for example a care provider or health organisation, then NCC will instruct the other organisation to do so.

12.4. The NCC practitioner leading the enquiry should clarify the timescales, the

outcome of the enquiry, who needs to act, and who needs to know as well as what will follow if the required actions are not undertaken. If NCC has asked another organisation to carry out the enquiry, NCC has the power to challenge the organisation making the enquiry if it considers the process or outcome unsatisfactory.

12.5. Identified risks must be monitored and reviewed to ensure any changes are identified as the enquiry progresses.

12.6. **Appendix C** provides guidance for health organisations undertaking safeguarding adults enquiries.

12.7. Whatever the result of the enquiry, the outcome should reflect the adult's wishes wherever possible as stated by them, or their advocate or representative. The adult or their representative should be involved and consulted at all stages of the enquiry to establish their wishes and feelings. If they lack capacity, it should be in their best interests and be proportionate to the level of concern and identified risk.

13. Objectives of the enquiry

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

- Establish facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how this might be met
- Protect from abuse and neglect in accordance with the wishes of the adult
- Make decisions as to what follow-up actions should be taken in regard to the person or organisation responsible for abuse or neglect
- Enable the adult to achieve resolution and recovery

13.2. The first priority should always be to ensure the safety and well-being of the adult.

13.3. **The adult should experience the safeguarding process as empowering and supportive and in line with the principles of Making Safeguarding Personal.**

13.4. Practitioners should wherever possible seek the consent of the adult before taking action. There may be circumstances where consent cannot be sought because the adult lacks capacity to give it but it will be in their best interests to undertake an enquiry.

13.5. Examples of the kind of outcomes that people might want are:

- to feel safer
- to maintain a key relationship
- to get new friends
- to have help to recover
- to have access to justice, or an apology, or to know that disciplinary or other action has been taken
- to know that this won't happen to anyone else
- to maintain control over the situation
- to be involved in making decisions
- to have exercised choice
- to be able to protect themselves in the future
- to know where to get help

13.6. Action may be taken regardless of consent, if others are at risk or it is in the public interest to undertake an enquiry because a criminal offence has occurred.

14. Outcome of enquiries

14.1. If the outcome of the safeguarding enquiry is that no further safeguarding intervention is required, consideration must be given to what other advice or action the person needs to promote their welfare and manage any risks that remain.

14.2. If the outcome of the enquiry is that further safeguarding intervention is required, a number of actions may be taken. This may include disciplinary, complaint or criminal investigations regarding individuals, or improving care standards by contracts managers and Care Quality Commission (CQC) regarding organisations.

14.3. Social workers **must** be able to set out the detail of what is being proposed in both the civil (e.g. employment issues, balance of probability threshold) and criminal justice (e.g. police investigations, prosecutions and court remedies) approaches relating to the safeguarding concern or identified risk.

14.4. They also need to use approaches to promote wellbeing, such as therapeutic or family work, mediation and conflict resolution, peer or circles of support or a full needs assessment as outlined by the Care Act (2014).

14.5. Discussions should take place with the adult to enable them to understand the options and how their wishes may be best realised.

15. Safeguarding plans

15.1. See flowchart **Appendix B** – multi-agency intervention; also, **Appendix E** (an example of risk identification and risk management).

15.2. The local authority **must** determine what further action is necessary and make a safeguarding plan. If the adult has capacity to make decisions about

arrangements and declines assistance, this **must** be respected, and the focus should be on harm reduction. If the person is thought to be refusing intervention on the grounds of duress, then action **must** be taken.

15.3. The safeguarding plan will be the responsibility of the relevant agencies to implement. A safeguarding plan should set out:

- The risks and actions to mitigate them
- Strengths in the person's environment/network and how they will contribute to keeping the adult safe
- The provision of any support, treatment or therapy, including ongoing advocacy
- Any modifications needed in the way of services provided (e.g. same sex care or placement, appointment of an Office of the Public Guardian Deputy)
- How best to support the adult through any action they take to seek justice or redress
- Any ongoing risk management strategy as appropriate
- Any action taken in relation to the person or organisation that has caused the concern

16. Timescales

16.1. Actions agreed at the Safeguarding Meeting (Planning) and in the safeguarding plans **must** be undertaken within three months.

16.2. If, due to the complexity of actions/investigations, it is clear from the outset that more time is required, this **must** be agreed at the Safeguarding Meeting (Planning) by all relevant organisations and a record made of the decision.

16.3. Timescales will be determined by the level of risk, complexity of the safeguarding concern and safeguarding plan. The practitioner leading the enquiry should clarify timescales. There should also be agreement on how updates will be shared across all organisations and a provisional date for a review meeting scheduled.

17. No further action

17.1. The safeguarding adult procedures can be closed when:

- All actions have been completed: risks are eradicated or are safely managed within care planning or risk management procedures
- The adult has capacity and is declining interventions which would promote their wellbeing and safety, and no other person is at risk
The adult has died, and it is no longer necessary to complete the enquiry (e.g. no-one else is at risk).

18. Safeguarding Meeting (Review) (SMR)

- 18.1. A **Safeguarding Meeting (Review)** follows the same format as a Safeguarding Meeting (Planning) but includes **the service user and/or family members** or their representative. This might previously have been called a 'case conference'.
- 18.2. The meeting should agree the initial discussion and ensure that the safeguarding plan details are all clear regarding who will undertake each task and the relevant timescales involved.

19. Purpose of a SMR

19.1. The purpose of a SMR is to:

- Consider feedback from actions / investigations and the safeguarding plan
- Consider the evidence and, if substantiated, plan what action is required
- Plan further action if the allegation is not substantiated
- Plan further action if the investigation is inconclusive; consider what legal or statutory action or redress is indicated
- Make a decision about the levels of current risks and a judgement about any likely future risks
- Agree how the actions/protection plan will be reviewed and monitored

20. Further Safeguarding meetings (Review)

20.1 Further Safeguarding meetings (Review) will be called if there are further risks to any adult at risk of abuse or if neglect is identified (this could mean that further safeguarding concerns are generated).

21. Related meetings falling outside of the s42 safeguarding process

- 21.1. A **professionals meeting** can be called when there is a need to gather professionals together to share and analyse information, but the concerns have not escalated to a degree such as to require a meeting under s42 of the Care Act.
- 21.2. Professionals' meetings facilitate a partnership approach without the use of the Multi-Agency Safeguarding Adults Procedure. Further information about multi-agency partnership approaches can be found on the Norfolk Safeguarding Adults Board website:
NSAB Complex case guidance ([Practice guidance | Norfolk Safeguarding Adults Board](#))
NSAB Self-neglect and hoarding strategy ([Self-neglect and hoarding | Norfolk Safeguarding Adults Board](#))
- 21.3 One possible outcome of a professionals meeting could be that a section 42 concern is triggered.

22. Out-of-area safeguarding adults arrangements

- 22.1. Norfolk County Council has adopted the principles set out by the Association of Directors of Adult Social Services (ADASS) in their [guidance dated June 2016](#).
- 22.2. Safeguarding concerns generated within Norfolk for a service user placed from another authority will follow the same robust procedure as other safeguarding concerns, with the addition of the principles set out below.
- 22.3. The following principles are within the document above and all references to 'host authority' within the Multi-Agency Procedures are taken to be Norfolk Adult Social Services.
- 22.4. The host authority will have overall responsibility for coordinating the safeguarding adults enquiry and for ensuring clear communication with all placing authorities and other stakeholders, especially with regards to the scheduling of meetings and the planning of the investigation.
- 22.5. The placing authority will have a continuing duty of care to the adult at risk of abuse or neglect that they have placed.
- 22.6. The placing authority will contribute to the investigation as required and maintain overall responsibility for the adult they have placed.
- 22.7. The placing authority should ensure, through contracting arrangements and in-service specifications, that the provider has arrangements in place for protecting adults at risk of abuse or neglect and for managing concerns, which in turn link with local (host authority) multi-agency safeguarding adults policy and procedures.
- 22.8. This includes the requirement to inform the host authority of both adults and placing authorities affected by the safeguarding concerns.
- 22.9. Authorities may negotiate flexible arrangements, for example relating to another authority undertaking assessments, reviews, investigative activities or other supportive activities on behalf of a placing authority. In such cases, the placing authority would maintain overall responsibility for the person they have placed, and reimbursement would be required and agreed as part of such negotiations.
- 22.10. Providers of care and support services have rights and responsibilities and may be required to undertake their own investigations. The host authority must ensure effective and timely communication with the provider of care throughout the investigation.

23. Whistleblowing / Professional reporting

- 23.1. Where concerns are raised about an adult at risk of abuse or neglect due to malpractice or misconduct in the workplace or due to the direct actions of an employee, those concerns should in most circumstances be raised with the organisation concerned.

23.2. This provides staff with the greatest degree of protection and the employer with a chance to address the concerns.

23.3. However, there may be circumstances where the person with concerns feels at risk of being victimised, dismissed or perceived as a troublemaker by their employer. They may believe that their employer will not be interested or prepared to take the appropriate action, i.e. having previously raised concerns with the employer which were disregarded or ignored.

23.4. The provisions of the Public Interest Disclosure Act 1998 may protect the reporter in raising concerns outside the workplace, providing:

- The disclosure is made in good faith
- The disclosure is substantially true
- The disclosure is not made for personal gain
- There is good reason to believe that they would be victimised, that a cover-up would occur, or that, although others are aware of the matter, no action has been taken.

23.5 Support is available via: Speak Up Direct (the whistleblowing advice line for health and social care staff) **08000 724725**. This is not a disclosure route, but support and advice on whom and how to contact the most relevant parties will be given.

23.6 There is also the CQC Professional advice line – **03000 616161**

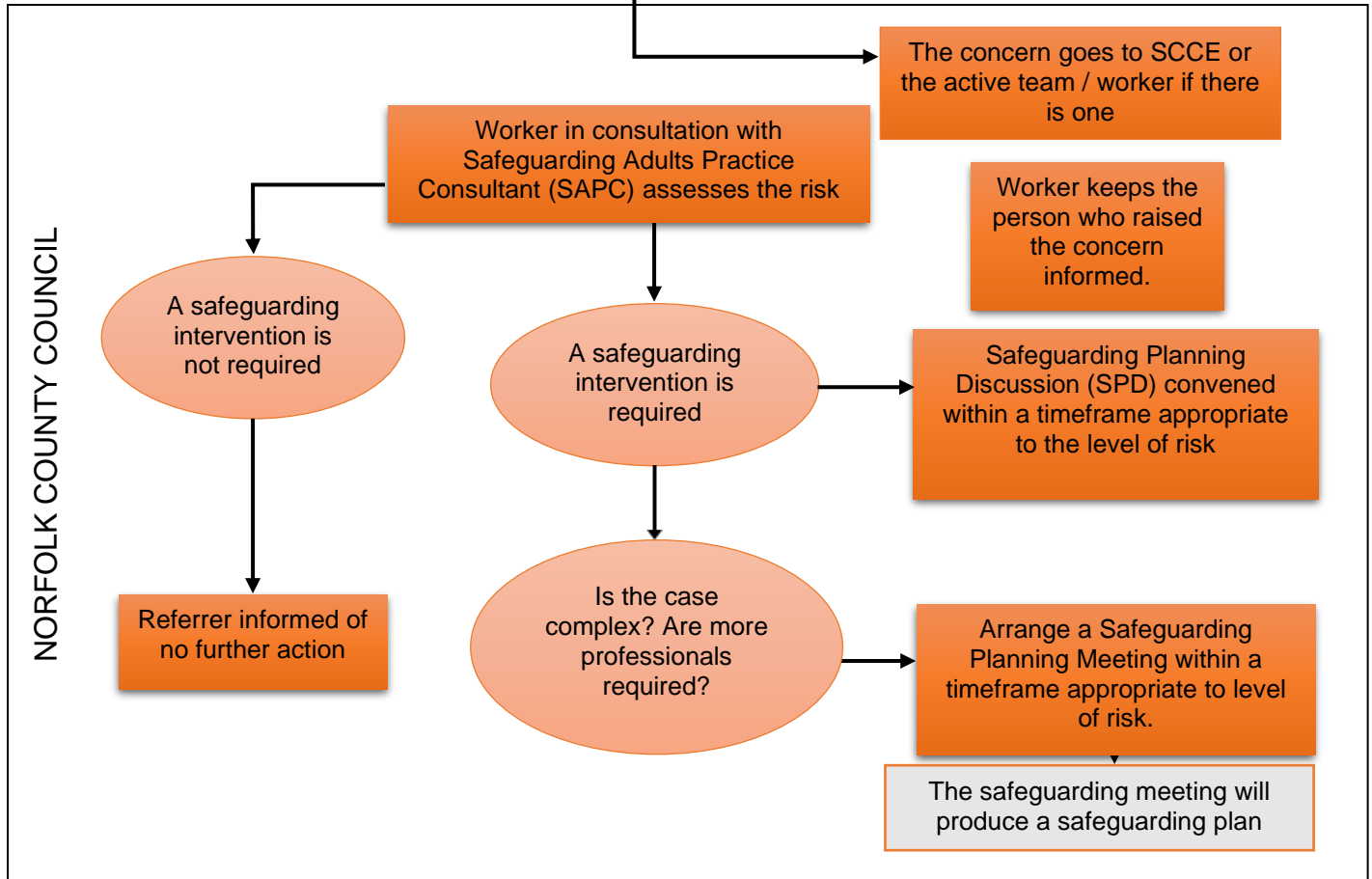
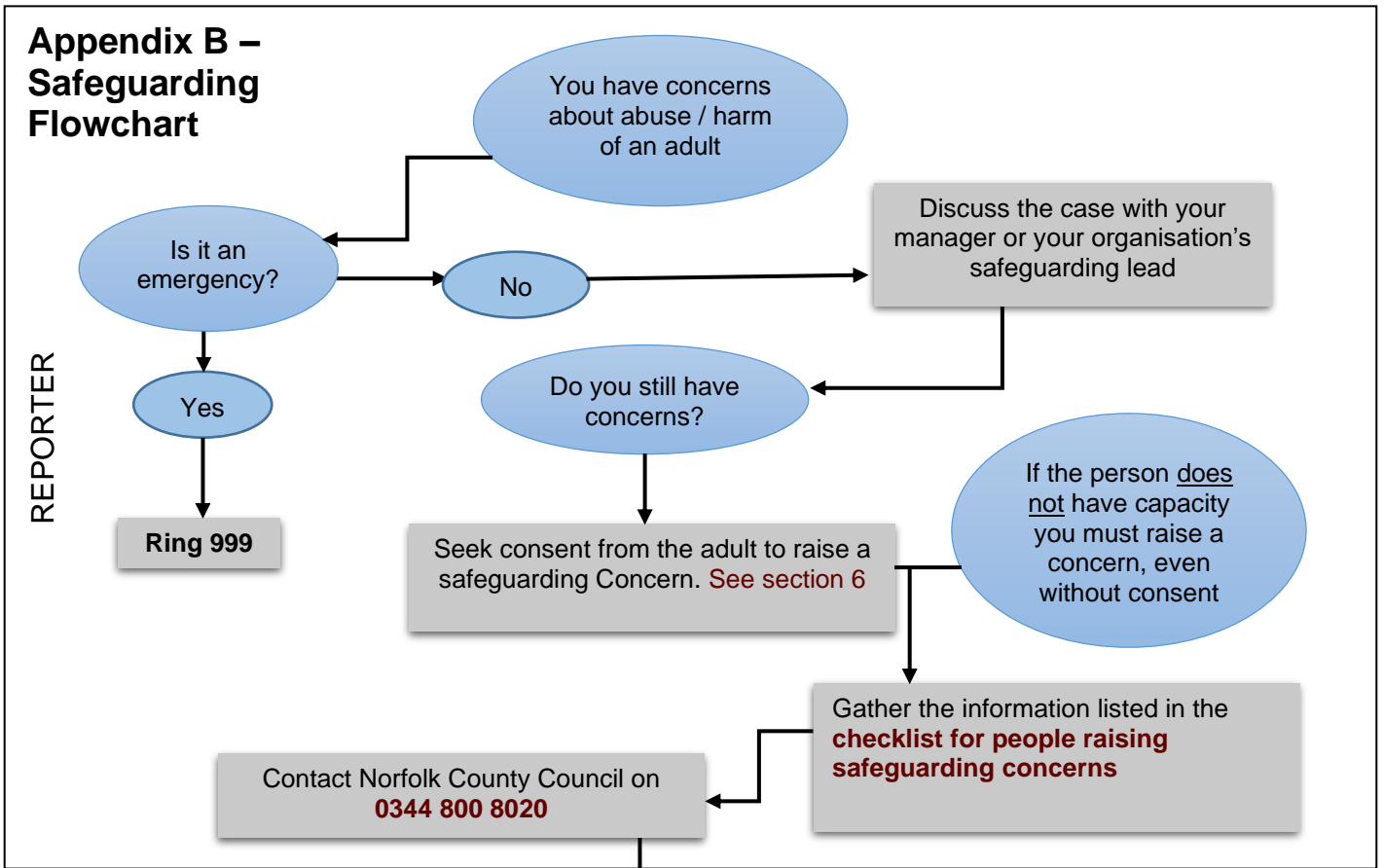
Appendix A - Checklist for people raising safeguarding concerns

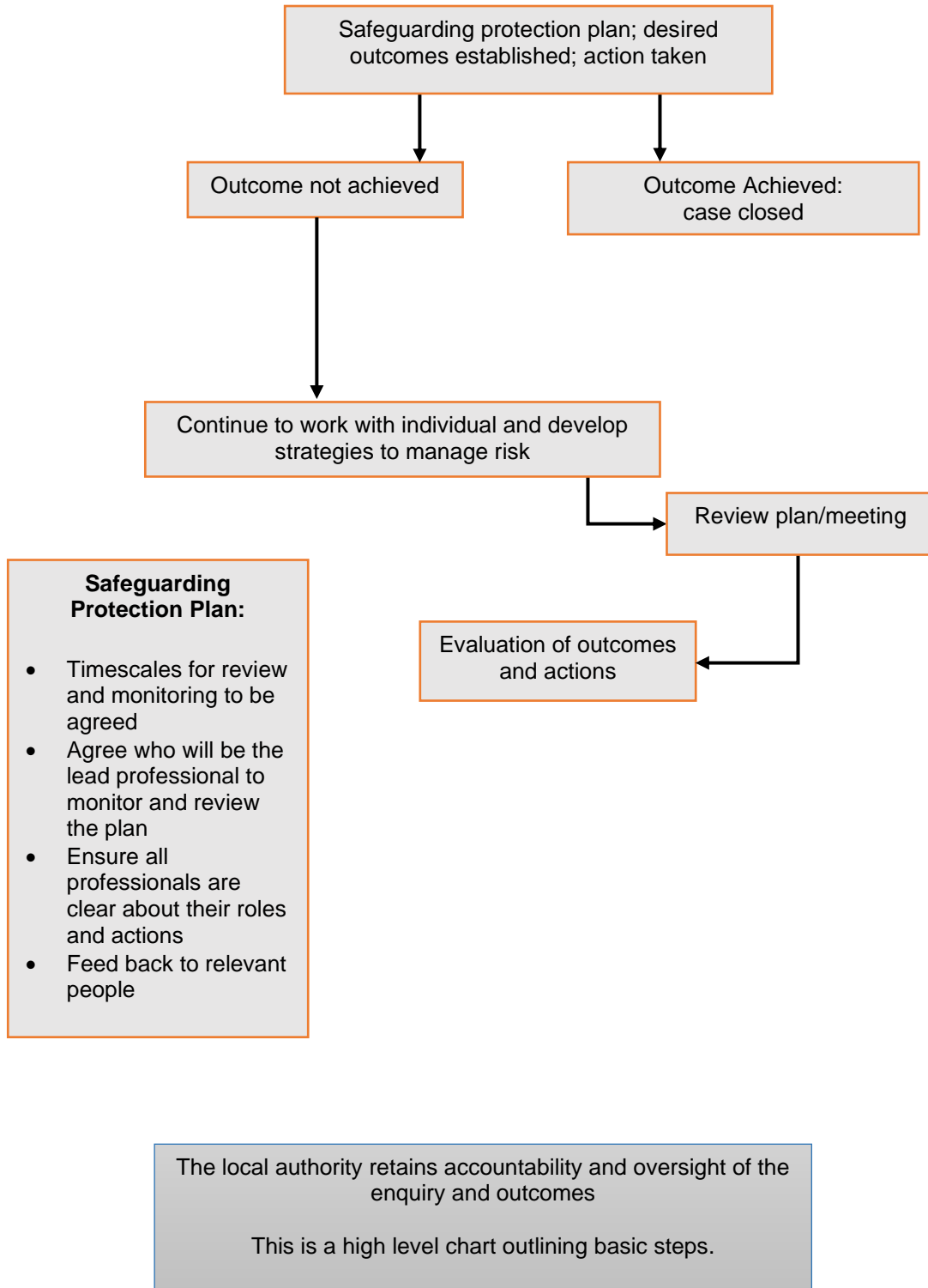
Tel: **0344 800 8020**

Concerns will be considered regardless of the whether the caller has been able to gather all this information.

	Essential	Desirable
Name of person raising safeguarding concern (you can remain anonymous)		✓
Contact details of person raising safeguarding concern		✓
Relationship to person at risk of abuse or neglect		✓
Organisation of person raising safeguarding concern		✓
Name of Adult at risk of abuse or neglect	✓	
Address of Adult at risk of abuse or neglect	✓	
Address, if different, of place of alleged abuse	✓	
Contact details of Adult at risk of abuse or neglect	✓	
Details of Category of Vulnerability (frailty, physical disability, Mental Health, Learning Disability etc.)	✓	
Date of Birth or Age		✓
Gender		✓
Ethnicity		✓
Religion		✓
Capacity and understanding		✓
Communication needs (sensory loss, Language, other)		✓
Name of Person Alleged to have Caused Harm (PACH)		✓
Address of PACH		✓
Date of Birth of PACH		✓
<i>Details of safeguarding concern - You need to consider the following so that the person taking the details can gain adequate information</i>		
Nature of abuse/incident	✓	
When did it happen?	✓	
Where did it happen?	✓	
Was anyone else involved?		✓
Was the incident witnessed?		✓
Have you had previous concerns regarding this person? If so what?		✓
Does the adult at risk of abuse or neglect know you are raising this safeguarding concern?	✓	
What does the person want to happen?		✓
Have you done anything to assist the adult at risk of abuse or neglect at this time? (What actions have been taken?)	✓	
How do you want to be contacted in the future?	✓	

Appendix B – Safeguarding Flowchart





Appendix C – Guidelines For Health Organisations Undertaking Enquiries

Guidance Document
Section 42 Enquiry

NHS Providers

Internal Investigations

Reviewed Jan 2025

Introduction

Section 42 of the Care Act states:

“The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom”

This guidance has been produced by the Norfolk Health Executive Safeguarding Adults Alliance, in collaboration with Norfolk County Council and Norfolk Police colleagues based in the Multi Agency Safeguarding Hub (MASH), reviewed November 2022 by the Norfolk & Waveney Integrated Care Board (ICB) Safeguarding Team.

NHS Providers

The intention of this document is to assist those involved in the safeguarding adults pathway, where safeguarding investigations are undertaken relating to incidents under the care of commissioned health services in the county.

In addition, it is understood that this guide may be usefully applied in other care settings, in discussion with Norfolk County Council as lead agency for Safeguarding Adults.

Process

The flow chart on the following page, lays out a process by which NHS providers may investigate allegations of abuse or neglect, where their organisation or staff members are the Person or Service thought to be Cause of Risk (P/STCR).

There is also guidance for local authority staff to know who to contact in the ICB in the document below.



2024 NWICB AST
pathway V2.pdf

Guidance Document | Section 42 Enquiry – NHS Providers – Internal Investigations

Section 42 of the Care Act states:

“The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom”

The following lays out a process by which NHS providers may investigate allegations of abuse or neglect, where their organisation or staff members are thought to be the cause of risk.

NHS Provider Safeguarding Lead notified of referral by the allocated **Social Worker/Practice Consultant** who is overseeing the Section 42 Enquiry. This will include discussion between relevant agencies, regarding any interim measures that need to be put in place to maintain patient safety

The allocated **Social Worker/Practice Consultant** will liaise with Police colleagues and other statutory agencies, to exclude any external action, prior to the NHS Provider commencing its internal investigation.

Where an investigation cannot be commenced, due to on-going Police investigation, please refer to “*Note 1*”

The allocated **Social Worker/Practice Consultant** will confirm to the **NHS Provider Safeguarding Lead** the outcome of any external agencies review and the requirement for the internal investigation to commence. In discussion, the following will be agreed:

- Scope of investigation, including any specific points to be answered
- How the service user will be involved (Making Safeguarding Personal/Duty of Candour)
- A timeframe for the internal investigation to be completed
- Format of response
- What other internal processes may link with the investigation (e.g. SI process)

On completion of the investigation, the NHS Provider will be required to feedback to the allocated **Social Worker/Practice Consultant**. This feedback will include:

- Any findings of the investigation
- Internal actions to be taken, including details of how this will be evidenced/monitored
- Outlines of any internal disciplinary action to be taken against staff members

Prior to the case being closed, the **NHS Provider Safeguarding Lead** and the allocated **Social Worker/Practice Consultant** will agree the following:

- The finding of the investigation – Substantiated, Un-substantiated, Partially Substantiated, Not Determined (see Note 3)
- Whether the findings of the investigation require re referral to police for criminal investigation
- Whether any individuals require referral to their professional body
- Whether any individual require referral to the disclosure and barring service

Note 1 – Ongoing police investigation

Where a police investigation takes precedence over a Section 42 enquiry, the following should be agreed between the relevant agencies:

- A communication/liaison strategy, to ensure that the provider receives timely and appropriate updates. (in cases where a Major Investigation is on-going, this will be in line with national multi-agency policy)
- What aspects, if any, the provider can investigate, with the purpose of gathering information and taking relevant action, to ensure on-going patient safety.

Note 2 – Quality/patient safety/non safeguarding enquiries

In situations where further investigation via the Safeguarding Adults Pathway is not required, providers must follow their normal processes e.g. internal investigations, including review of factors influencing quality/patient safety. Where this is the case, the quality/patient safety concern will be raised with the organisation's safeguarding adult lead, after which the provider's internal process should be adhered to.

This should also be the case where a Section 42 enquiry has been completed, to ensure that the situation in question has been fully understood and any prevention measures or lessons learned are identified and actioned.

Note 3 – Outcome terminology

Local authority investigation finding outcomes are used in the box; however, some NHS providers may use alternative language to further define outcomes:

- Substantiated
- Malicious
- False allegation
- Unsubstantiated allegation
- Unfounded

Appendix D – Quick guide to Information Sharing

<p>Common Law:</p> <p>Duty of confidentiality</p>	<ul style="list-style-type: none"> • Consent • Mental Capacity • Risk to others – public interest, serious crime • Need to know, no more than necessary • Record decisions and reasoning • Risks of domestic abuse
<p>Data Protection Act and GDPR (2018)</p>	<ul style="list-style-type: none"> • Not a barrier to information sharing, but provides a framework • Schedule 1 para 18(1) allows practitioners to share information, including without consent • Information can be shared to keep an adult at risk safe from neglect or physical, emotional or mental harm, or protecting their physical, emotional or mental well-being. Subject to conditions of Schedule 1 para 18(2) and (3) – the Care Act s42 criteria.
<p>Human Rights Act 1998</p>	<p>Article 8 - Right to respect for private life</p> <ul style="list-style-type: none"> • Not absolute right, can be overridden • Interference justified – protection of health, prevention of crime, protection of • rights/freedom of others • Record decisions
<p>Crime and Disorder Act 1998</p>	<p>Section 115 – disclosure necessary for the purposes of the Act (reduction and prevention of crime and disorder); Relevant Authorities</p>
<p>The Caldicott Principles - GOV.UK</p> <p>Health and Social Care</p>	<ul style="list-style-type: none"> • Justify purpose • Only when necessary • Minimum information required • Need to know basis • Everyone aware of responsibilities • Comply with law • Duty to share as important as duty to protect confidentiality • Inform patients / service users about how information is shared
<p>Care Act 2014</p>	<p>Section 45 “the supply of information” covers the responsibility of others to comply with information requests from the Safeguarding Adults Board for the purposes of progressing an enquiry</p>
<p>Information sharing must be:</p>	<ul style="list-style-type: none"> • Necessary • Proportionate • Relevant • Adequate • Accurate • Timely • Secure <p>https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/information-sharing-principles</p>

Appendix E - Example Risk Identification & Management Plan

Risk What is working well? What could go wrong?	Action What can be put in place to mitigate the risks?	Timescales	Person / Agency Responsible Contact Details Date completed
<p>Risk – John has a learning disability and lives in supported housing. He likes to carry a lot of cash on him when he goes out on his own; the risk is that some of his friends ask him to pay for things, and this can leave him with no money for the things that he needs; on two occasions he has come home hungry because he could not buy himself lunch. He may also become a target for people who want to steal his money – John told his staff he thought someone was following him in town recently and he was a bit worried.</p> <p>What is working well? John does understand the value of money in simple terms and can describe how to keep it safe when he is out. Support staff have observed this when they have accompanied him on trips out. John has told his support staff when he has paid for things for his friends. John says that he gets on very well with his support staff, and that he always feels able to tell them about anything that worries him. John carries a mobile phone with him and always keeps it well charged; John knows how to call his staff or the police if he is in trouble.</p> <p>What could go wrong? John does not always recognise when his friends take advantage of his good nature; at times he may feel pressured by them to continue paying for things. John enjoys making new friends and may be quick to show his money to others, who could steal from him.</p>	<p>John agrees that, before he goes out on his own, his support staff will check with him how much money he has, and they will talk about what he needs to spend his money on and agree how much he may have left over if he wants to buy things for his friends.</p> <p>John agrees that he will let the staff know on his return what he has spent his money on, so they can make sure he has felt safe and no-one has made him spend money in ways he doesn't want to.</p> <p>John will think about carrying less cash in future – at the moment he feels safe enough, and he has been formally assessed by his social worker to have the mental capacity to make the decision about how much money to take out with him. His support staff will continue to talk this through with him and monitor if his capacity changes e.g. if he has an infection or other possible impairment to his capacity.</p> <p>Some of John's friends go to the same day service as he does – the service has agreed to do some sessions with everyone who attends about money and friends, to help to be clear about what is safe and how things can go wrong.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Within the next 4 weeks</p>	<p>xxx support agency</p> <p>John</p> <p>John and xxx support agency</p> <p>xxx day service</p>