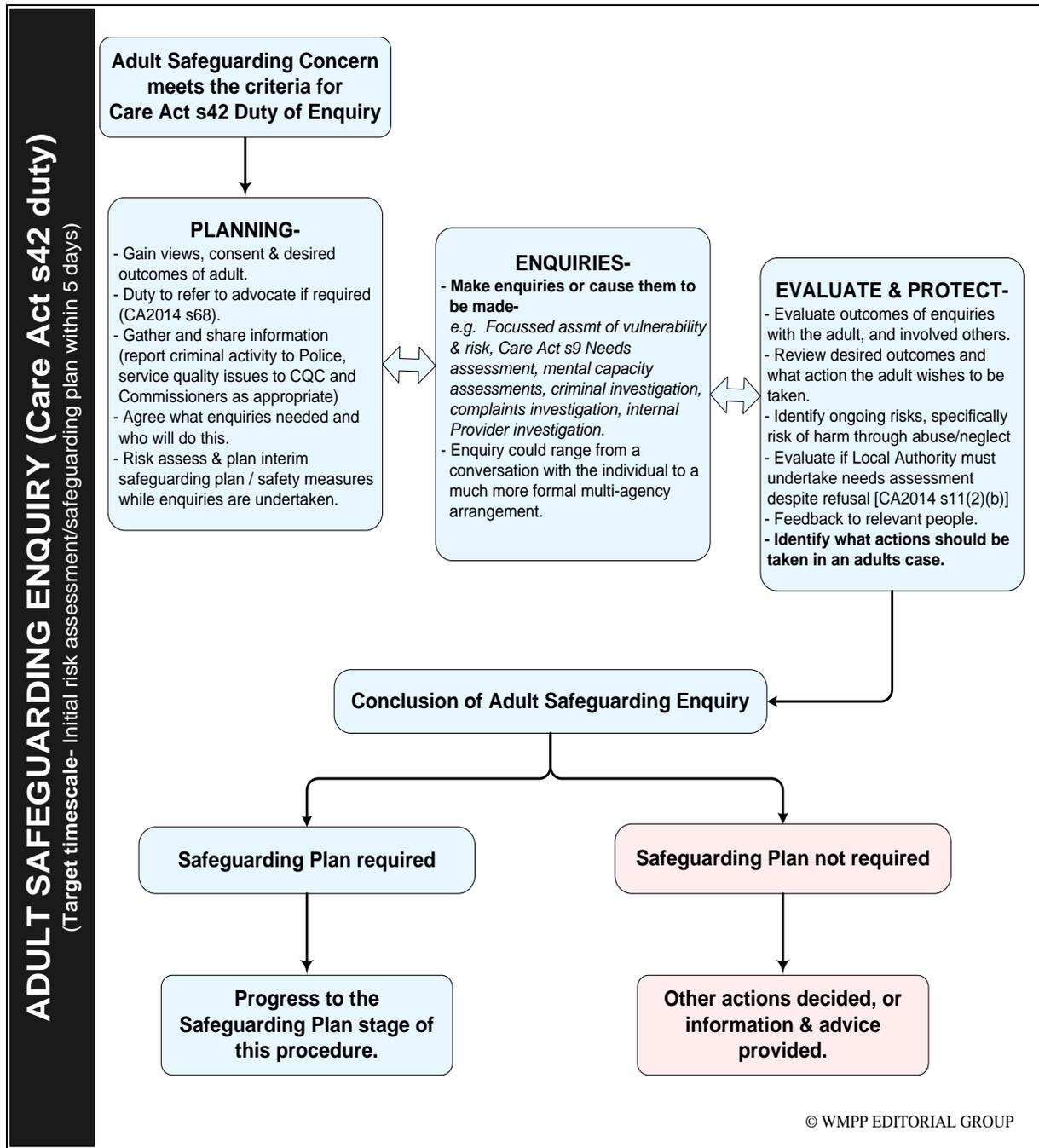


10. Adult Safeguarding Enquiries-



10.1. Definition

A formal adult safeguarding Enquiry (Care Act s42) is the range of actions undertaken or instigated by the Local Authority in response to an abuse or neglect concern in relation to an adult with care and support needs who is unable to protect themselves from the abuse or neglect or the risk of it.

The Care Act requires the Local Authority to make enquiries, or cause enquiries to be made, in cases where the Local Authority *has reasonable cause to suspect* that an adult in its area:

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Local Authorities may choose to undertake safeguarding enquiries for people where there is not a section 42 duty, if the local authority believes it is proportionate to do so, and will enable the local authority to promote the person's wellbeing and support a preventative agenda.¹

An Enquiry should be proportionate to the situation and the level of risk involved. This could be a conversation with the adult, or representative if they lack capacity, right through to a much more formal multi-agency plan or course of action.

There may need to be several different *enquiries* that would form part of the overall formal adult safeguarding Enquiry.

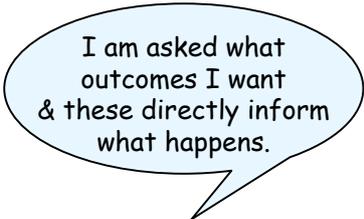
10.2. Purpose

The purpose of a Care Act s42 Adult Safeguarding Enquiry is to enable the Local Authority to decide whether any action is required in the adult's case, and if so, what and by whom.

The objectives of an Enquiry are to:

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

What happens as a result of an Enquiry should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.²



I am asked what outcomes I want & these directly inform what happens.

¹ Paragraph 14.44 Care and Support Statutory Guidance 2016

² Paragraph 14.79 Care and Support Statutory Guidance 2016

10.3. Roles and responsibilities

The Local Authority cannot delegate its duty to conduct a formal s42 **Enquiry**, but it can *cause others to make enquiries*. This means that the Local Authority may ask a provider or partner agency to conduct its own **enquiries**, and report these back to the Local Authority in order to inform the Local Authority decision about whether and what action is required in the adult's case.

Where a crime has or may have been committed the Police are responsible for conducting a criminal investigation.

While the Local Authority has overall responsibility and the duty to conduct Enquiries, this does not absolve other agencies of safeguarding responsibilities. Relevant partner agencies involved in providing services to adults who may have care and support needs have a legal duty to cooperate in formal adult safeguarding Enquiries³, unless doing so is incompatible with their own duties or would have an adverse effect on their own functions. This includes sharing information to enable the Enquiry to be made thoroughly, participating in the Enquiry planning processes, and undertaking enquiries when they have been 'caused' by the Local Authority to do so.

10.4. Timeliness & risk

Initial risk assessment and interim safeguarding plan- The target timescale for undertaking an initial assessment of risk, and for deciding what safety and protection actions need to be put in place while enquiries are undertaken (i.e. the interim safeguarding plan) is within 5 days of deciding a formal adult safeguarding Enquiry needs to take place. Some cases may have more immediate risks and need a swifter response.

Completing enquiries- This procedure does not outline any specified target timescale to complete enquiries. However, as with all adult safeguarding work, responses should be timely. Local guidance may outline specific timescales.

REMEMBER- It is important to respond at the pace that is right for the adult, and puts them in greatest control of what happens in their life.

10.5. Process

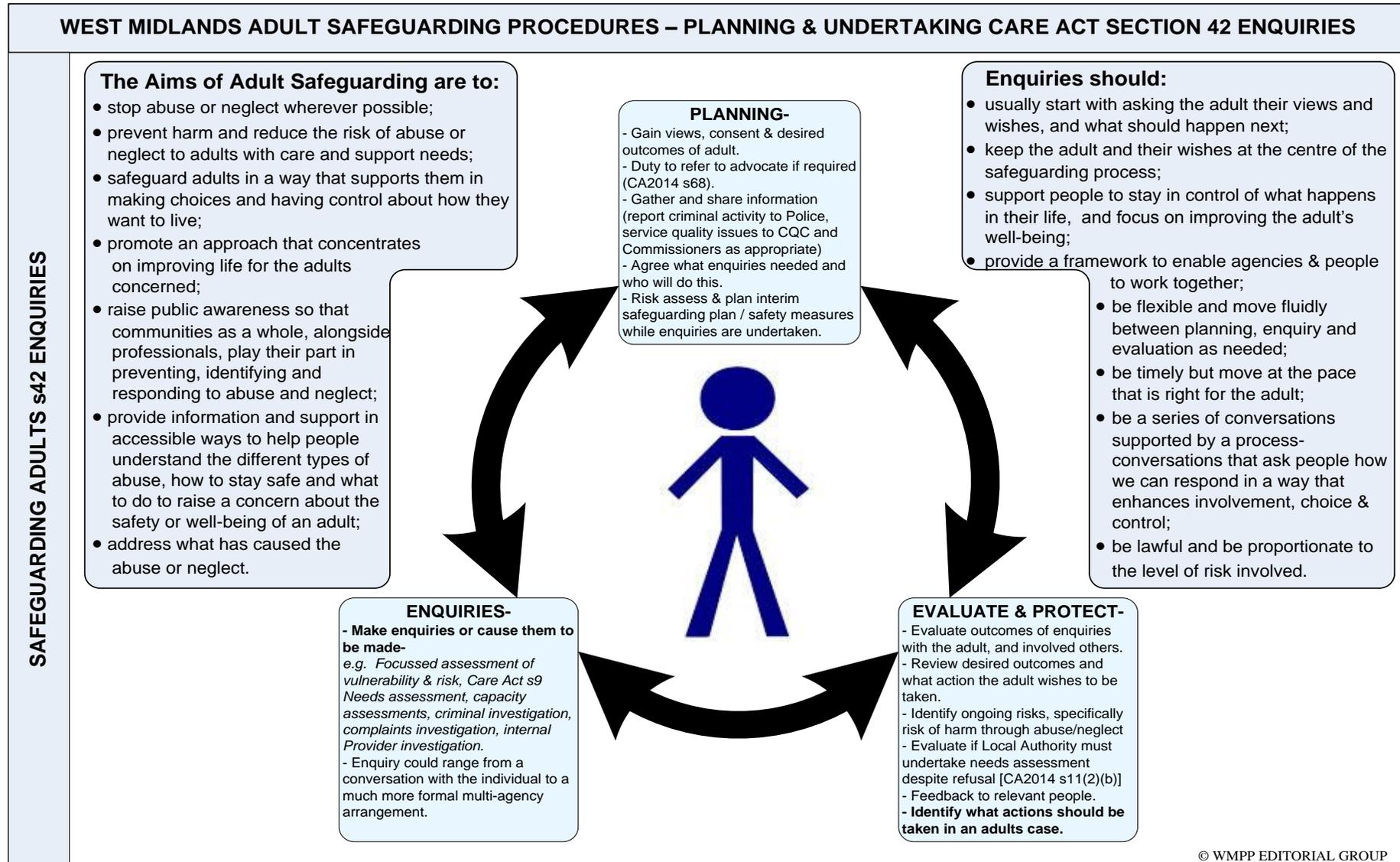
10.5.1. Overview

The process of undertaking enquiries should be tailored to the individual needs and circumstances of the adult. It should be proportionate to the level of risk involved, and take account of the adult's ability and capacity to make decisions for themselves. All enquiries undertaken must be lawful and take full account of the consent and wishes of the adult.

Enquiries will follow the model outlined in the diagram on the next page, and will generally move between **Planning**, **Enquiry** and **Evaluation** phases. Enquiries will need to be flexible and be able to move fluidly between planning, enquiry, and evaluation as the circumstances of the case require.

³ Care Act 2014 sections 6&7

Fig 10a. **Making Enquiries- Diagram**



10.5.2. **Planning**

10.5.2.1. All enquiries need to be planned and coordinated. No agency should undertake enquiries prior to a planning discussion or meeting unless it is necessary for the protection of the adult or others or unless a serious crime has taken place or is likely to.

10.5.2.2. Planning should be seen as a process, not a single event. The planning process can be undertaken as a series of telephone conversations, or meeting/s with relevant people and agencies. In some cases the complexity or seriousness of the situation will require a Planning process to include a formal meeting/s. Urgency of response should be proportionate to the seriousness of the concerns raised, and the level of risk.

10.5.2.3. Planning processes should be tailored to the individual circumstances of the case, but should cover the following aspects-

- gaining the views, wishes, consent, and desired outcomes of the adult (or planning how these views and wishes will be gained);
- deciding if an independent advocate is required (or planning how information will be gained to enable this decision to be made);
- gathering and sharing information with relevant parties;
- agreeing what enquiries are needed and who will do these;
- assessing risks, and formulating an interim safeguarding plan to promote safety and wellbeing while enquiries are undertaken.

10.5.2.4. The Planning process will be led and coordinated by a Managing Officer from the local Lead Agency. Appropriate levels of information should be shared with, and involvement gained from, relevant partners.

10.5.3 **Information sharing and who should be involved.**

10.5.3.1. Who is involved in planning will be dependent on the individual situation, and will be decided by the Managing Officer / Lead Agency. As a general principle, and as long as this does not cause undue delays, all relevant agencies and individuals who have a stakeholder interest in the concerns should be involved in the process in the most appropriate way (taking into consideration issues of consent, risk, and preserving evidence).

10.5.3.2. Deciding the most appropriate method of involvement for different stakeholders needs careful consideration, as not all stakeholders will need to be involved in all aspects of the Enquiry. In circumstances, for example, where an Enquiry relating to an adult also raises concerns about a service provider, the adult referred or their family have a right to be involved in all discussions and decisions relating to that adult, but it may not be appropriate for them to be involved in all discussions relating to the concerns in the service. Vice versa, commissioning and regulatory bodies need to be involved in discussions relating to the concerns in the service, but may not need to know all the details relating to the adult.

10.5.3.3. As a result, a face-to-face meeting with all concerned may not be the best approach, and separate meetings/contacts discussing different aspects of the concerns may be appropriate.

10.5.3.4. Information sharing between organisations is essential to safeguard adults at risk of abuse or neglect. Decisions about what information is shared and with whom will be taken on a case-by-case basis. Whether information is shared with or without the adult's consent, the information shared should be:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- be accurate and up to date
- be shared in a timely fashion
- be shared accurately
- be shared securely

10.5.3.5. There are some **key** partner agencies and individuals that should always be notified of concerns, and be involved where appropriate, in the following circumstances-

Fig 10b- **Notifying key partner agencies/individuals.**

Where it is suspected that a crime has been or might be committed	Police
Where quality and safety concerns arise about a service registered under the Health and Social Care Act 2008.	Care Quality Commission Local Authority Contract and Commissioning service. Local Clinical Commissioning Group if there is a health funded contract.
Where quality and safety concerns arise about a NHS service or an Independent hospital.	Care Quality Commission Local Authority Contract and Commissioning service. Local Clinical Commissioning Group if there is a health funded contract.
Where disciplinary issues are involved	Manager of relevant agency.
Where there has been a sudden or suspicious death	The local Coroner's office.
Concern occurred in a health / social care setting, and involved unsafe equipment or systems of work.	Health and Safety Executive (HSE)

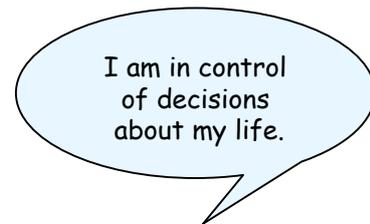
10.5.3.6. Local Authorities have a duty to involve the adult in a safeguarding Enquiry⁴. The adult (or their representative or advocate where indicated) must be involved in Enquiry processes, including in Planning the Enquiry, wherever this is appropriate and safe.

⁴ Paragraph 7.6, 7.7. Care and Support Statutory Guidance 2016

10.5.4. Making safeguarding personal- focusing on the adult and their outcomes. Involvement, empowerment and personalisation.

10.5.4.1. Practice approaches to adult safeguarding should be person-led and outcome-focused. The Care Act ethos and statutory guidance emphasise a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control over the process.

This is not simply about gaining an individual's consent, although that is important, but also about hearing their views about what they want as an outcome. This means, in essence, that they are supported and given an opportunity at all stages of the safeguarding process to say what they would like to be different and change; this might be about not having further contact with a person who poses risk to them, changing an aspect of their care plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system.



10.5.4.2. Personalised practice approaches to adult safeguarding should seek to engage 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, well-being and safety.

10.5.4.3. Planning adult safeguarding enquiries should always start with gaining the views and wishes of the adult, unless there are reasons why doing this would cause increased risk of harm. In some circumstances, gaining the views and wishes of the adult will be the only enquiry needed to enable the local authority to decide what actions are required in that adult's case. In other circumstances, gaining the views and wishes of the adult will be the starting point to determine and undertake a much wider range of enquiries.

10.5.4.4. The adult's views, wishes and desired outcomes may change throughout the course of the Enquiry process. There should be an ongoing dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views.

10.5.4.5. Sometimes, people may have unrealistic expectations of what can be achieved through the safeguarding procedures, and they should be supported to understand from the outset how their desired outcomes can be met.

10.5.4.6. The views, wishes and desired outcomes expressed by the adult are important in determining the appropriate and proportionate response to the concerns raised, and what enquiries may be needed. The person's wishes and desired outcomes, however, are not the only consideration as sometimes actions are required without a person's consent, particularly where there are overriding public interest issues, or risk to others. In these circumstances, the practitioner will need to ensure that a sensitive conversation takes place with the adult to explain how and why their wishes have to be over-ruled, listening to their feelings and the impact this action will have on them, and seeking to provide them, wherever possible, with reassurance.

10.5.4.7. The views, wishes and desired outcomes of the adult are equally important should the adult lack mental capacity to make informed decisions about their safety and

protection needs, or have *substantial difficulty* in making their views known and participating in the Enquiry process. Personalised practice approaches should still be taken in such cases, including engaging with the persons representative/s, any best interest consultees, appointing an independent advocate where appropriate, using what information is known and finding out what the adult would have considered important in decisions about their life, and by following best practice as laid out in the Mental Capacity Act Code of Practice 2007.

10.5.5. **Independent advocacy and “substantial difficulty”.**

10.5.5.1. Local Authorities have a duty to involve the adult in a safeguarding Enquiry. Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process⁵. As part of the Planning process, the Lead Agency must consider and decide if the adult has “*substantial difficulty*” in participating in the adult safeguarding Enquiry. The Lead Agency should make all reasonable adjustments⁶ to enable the person to participate before deciding the person has “*substantial difficulty*”.



I am supported to participate and be involved.

10.5.5.2. “*Substantial difficulty*” does not mean the person cannot make decisions for themselves, but refers to situations where the adult has “*substantial difficulty*” in doing one or more of the following-

- *understanding relevant information,*

Many people can be supported to understand relevant information, if it is presented appropriately and if time is taken to explain it.

- *retaining that information,*

If a person is unable to retain information long enough to be able to weigh up options, and make decisions, then they are like to have substantial difficulty in participating.

- *using or weighing that information as part of the process of being involved,*

A person must be able to weigh up information, in order to participate fully and express preferences for or choose between options.

- *communicating their views, wishes or feelings.*

A person must be able to communicate their views, wishes and feelings whether by talking, writing, signing or any other means, to aid the decision process and to make priorities clear.

10.5.5.3. Where an adult has “*substantial difficulty*” being involved in the adult safeguarding Enquiry, the Lead Agency must consider and decide whether there is an appropriate person to represent them. This would be a person who knows the adult well, and could be, for example, a spouse, family member, friend, informal carer, neighbour, Power of Attorney. The identified person will need to be willing and able to represent the adult.

⁵ Paragraph 7.6, 7.7. Care and Support Statutory Guidance 2016

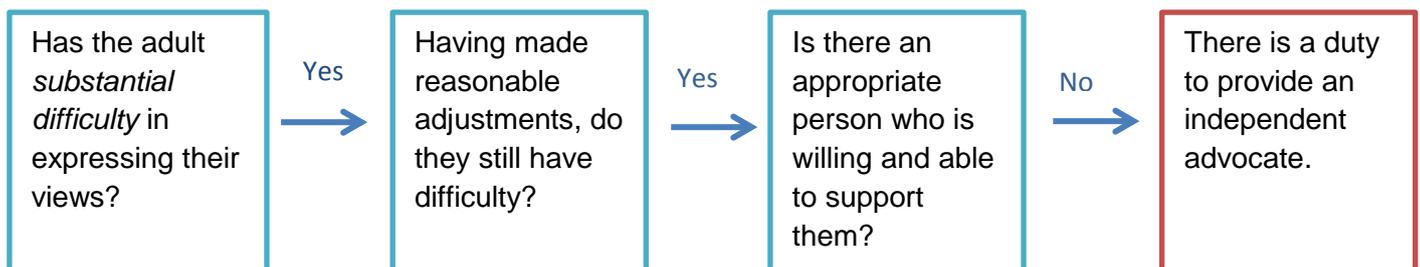
⁶ Equality Act (2010)

10.5.5.4. An appropriate person to represent the adult cannot be a person who is involved in their care or treatment in a professional or paid capacity. Where the adult has capacity to consent to being represented by that person, the adult must consent to being represented by them. If the adult lacks capacity to consent to being represented by that person, the Lead Agency must be satisfied that being represented by that person is in the adult's best interests.

10.5.5.5. The person who is thought to be the source of risk to the adult may be the most readily identifiable person to represent them, for example, if the person thought to be the source of risk is a spouse, next of kin, or person closest to the adult in their social network. In such circumstances, careful thought needs to be given to who is appropriate to represent the adult, but it is unlikely that the Lead Agency would consider that it is in the adult's best interests to be represented by a person who may pose a risk of harm to them.

10.5.5.6. Where an adult has "*substantial difficulty*" being involved in the adult safeguarding Enquiry, and where there is no other appropriate person to represent them, the Lead Agency must arrange for an independent advocate to support and represent them. See Fig 10c below. The Care and Support Statutory Guidance states that where the need for an independent advocate has been identified, the local authority must arrange for one to be provided⁷.

Fig. 10c. ***Is there a duty to provide an Independent Advocate?***



10.5.5.7. If a safeguarding Enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible.

10.5.5.8. If an independent advocate is appointed, they must be included fully in Enquiry planning and evaluation processes to represent the views and wishes of the adult in any decisions that are made.

10.5.6. Risk assessment and interim safeguarding plans

10.5.6.1. The first priority in any Enquiry process should be the safety and wellbeing of the adult⁸. The Enquiry Planning process should consider the support and safety needs of the adult during the period of time it will take to carry out the necessary enquiries. The plan of safety measures and support provided for the adult at this stage of the process is called the ***interim Safeguarding Plan***.

10.5.6.2. For further information on Safeguarding Plans and the different types of actions and safety measures that can be considered, see Adult Safeguarding Plan section of this procedure.

⁷ Paragraph 14.10. Care and Support Statutory Guidance 2016

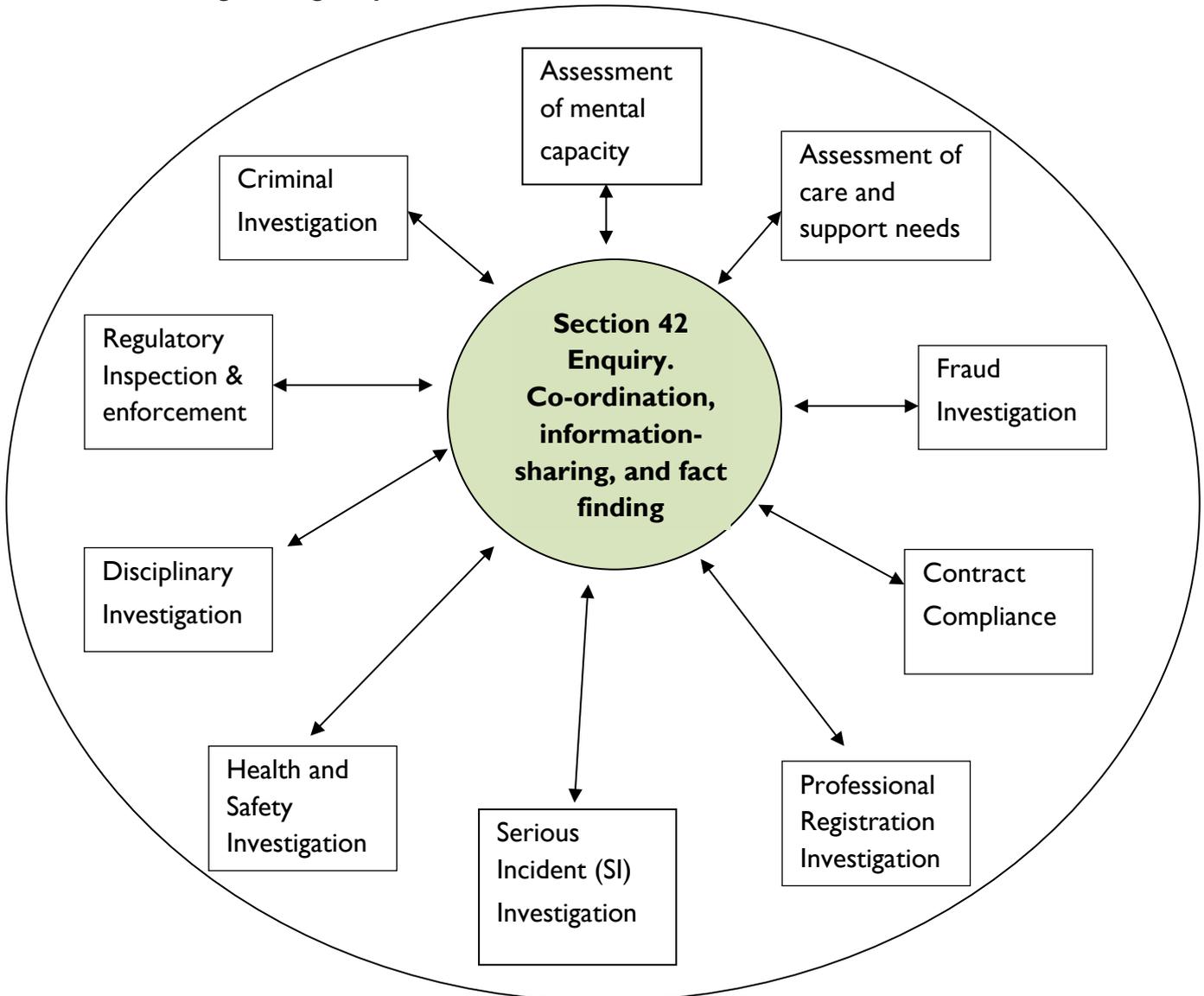
⁸ Paragraph 14.95. Care and Support Statutory Guidance 2016

10.5.7. Making enquiries or causing enquiries to be made

10.5.7.1. The Planning process will determine the scope and nature of the enquiries needed, and who should do these. Some situations require multiple enquiries to take place concurrently. Where several types of enquiries are proceeding simultaneously it is essential that the staff leading them keep in regular contact and that one enquiry process does not contaminate, obstruct or interfere with any other. It will be for the Managing Officer to ensure that this communication and co-ordination takes place.

10.5.7.2. An adult safeguarding Enquiry will need to establish the facts to an extent that decisions and plans for the adult’s wellbeing and protection can be fully informed and take account of the context of the situation. An adult safeguarding Enquiry is not in itself an investigative process - the overall focus of a safeguarding Enquiry will be on the impact, & the current and future wellbeing of the adult, and less on proving whether abuse or neglect took place or not- but different formal assessments and investigations may need to take place as part of the overall *enquiries* needed. These should take account of the adults consent to the process, views and wishes. See Fig 10d below.

Fig. 10d. **Examples of assessments and investigations that may form part of adult safeguarding Enquiries.**



10.5.7.3. Adult safeguarding Enquiries are undertaken in accordance with statutory duties but do not have any statutory powers to compel, enforce or sanction. Where this becomes necessary this will be the responsibility of those agencies that do have relevant powers (e.g. arrest; interview under caution; issue penalties and prosecute).

Good Practice Guide – Types of enquiries and who should do them.	
Establishing the views, wishes and desired outcomes of the adult.	The most appropriate person in the situation. This could be the professional who knows the adult best and who the adult trusts- for example, GP, District Nurse, care worker, housing support worker, PCSO, CPN- or it could be a practitioner from the Lead Agency- for example, social worker. Where an adult has substantial difficulty in being involved in the adult safeguarding Enquiry, an appropriate person should be identified to represent them, and if no appropriate person, an independent advocate must be appointed.
Care and Support Needs assessment / Carers assessment / assessment of Mental Health needs / other health assessment.	Social services / NHS CCG / mental health team / care trust.
Access to health and social care services to reduce the risk of abuse or neglect	Social services / NHS CCG / mental health team / care trust
Criminal (including assault, theft, fraud, hate crime, domestic violence, and abuse or wilful neglect)	Police
Domestic violence – serious risk of harm	Police coordinate the MARAC process
Antisocial behaviour (e.g. harassment, nuisance by neighbours)	Community safety services / local Policing (e.g. Safer Neighbourhood Teams).
Breach of tenancy agreement (e.g. harassment, nuisance by neighbours)	Landlord / registered social landlord / housing trust / community safety services
Bogus callers or rogue traders	Trading Standards / Police
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another)	Manager / proprietor of service / complaints department Ombudsman (if unresolved through complaints procedure)
Breach of contract to provide care and support	Service commissioner (e.g. local authority, NHS CCG)

Fitness of registered service provider	CQC
Serious Incident (SI) in NHS settings	Root cause analysis investigation by relevant NHS Provider
Unresolved serious complaint in health care setting	CQC, Health Service Ombudsman
Breach of rights of person detained under the MCA 2007 Deprivation of Liberty Safeguards (DoLS)	CQC, Local Authority, OPG/Court of Protection.
Breach of terms of employment / disciplinary procedures	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of health and safety legislation and regulations	HSE / CQC / Local Authority Link to - 2015 MoU .
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	OPG / Court of Protection / police
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests	OPG / Court of Protection
Misuse of Appointeeship or agency	DWP
Safeguarding Adults Review (Care Act s44)	Local Safeguarding Adults Boards

10.5.7.4. Where a crime is suspected and referred to the Police, then the Police must lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance. The local authority has an ongoing duty to promote the wellbeing of the adult in these circumstances.

10.5.7.5. A criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing.

10.5.7.6. Although the local Lead Agency (who are responsible for discharging the local authority s42 duty) has the lead role for making Enquiries, it may require others to undertake enquiries (i.e. *cause enquiries to be made*). The local Lead Agency retains the responsibility for ensuring that the Enquiry is referred to the right place and is acted upon.

- 10.5.7.7. When causing an Enquiry to be made the Managing officer will identify the timescale within which the Enquiry should be completed, how the Enquiry outcomes will be fed back to the local Lead Agency (e.g. by written report, verbal account, or meeting), and to whom.
- 10.5.7.8. The local Lead Agency, in its lead and coordinating role, should assure itself that the enquiry satisfies the duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom, and to ensure that such action is taken when necessary. In this role, if the local Lead Agency has asked someone else to make enquiries, it is able to challenge the body making the Enquiry if it considers that the process and/or outcome is unsatisfactory.
- 10.5.7.9. Where an Enquiry is to be undertaken by a relevant partner agency, this must be clearly communicated to an accountable person in the organisation, laying out the legal context of the request and the statutory nature of the duty to enquire.
- 10.5.7.10. There is a statutory duty of co-operation and in most cases there will be an expectation that Enquiry will be made as requested. The statutory duty does not apply if co-operation would be incompatible with its own duties or would have an adverse effect on its own functions.
- 10.5.7.11. If an organisation declines to undertake an Enquiry or if the Enquiry is not done, local escalation procedures should be followed.. The key consideration of the safety and wellbeing of the adult must not be compromised in the course of any discussions or escalation and it is important to emphasise that the duty to co-operate is mutual.
- 10.5.7.12. In many cases the organisation charged with an Enquiry will be a care provider service and it is essential that Managing Officers are satisfied that the provider has the skills and resources to undertake the Enquiry in a manner that will satisfy the statutory requirements in accordance with the Safeguarding Principles and in a manner that will promote the adult's wellbeing and independence.

10.5.8. *Adult Safeguarding Enquiries in regulated care settings.*

- 10.5.8.1. Where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college, the first responsibility to act must be with the employing organisation as provider of the service. However, social workers or counsellors may need to be involved in order to support the adult to recover.
- 10.5.8.2. When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner.
- 10.5.8.3. Where a local Lead Agency has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The local Lead Agency may well be reassured by the employer's response so that no further action is required, or it may cause the provider service to undertake further internal enquiries or investigations. The local Lead Agency would have to satisfy itself that a provider's response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).

10.5.8.4. The provider service should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. This could be, for example, due to:

- a serious conflict of interest on the part of the employer,
- concerns having been raised about non-effective past enquiries or serious, multiple concerns,
- a matter that requires investigation by the police.

10.5.8.5. Concerns relating to services registered under the Health and Social Care Act 2008, and subsequent outcomes from adult safeguarding Enquiries, should be shared with the Care Quality Commission, the host local authority contract and commissioning service, and with the NHS CCG where there are health funded contracts.

10.5.9. **Evaluate and protect**

10.5.9.1. Throughout adult safeguarding Enquiry processes, information and risk should be evaluated regularly, and the Enquiry plans adapted or changed as new information becomes available or if circumstances change. However, at some point, all necessary enquiries will have been made and the Lead Agency will be in a position to decide what action is required in the adult's case.

10.5.9.2. As with planning processes, evaluating the outcomes of Enquiries, and deciding what action is needed in the adult's case, should be done with the full participation of the adult, or their representative or advocate as appropriate.



No decision about me
is made without me.

10.5.9.3. When considering the management of any enquiry and evaluating what action is required in the adult's case, the following factors should be considered:

- the adult's needs for care and support;
- the adult's risk of abuse or neglect;
- the adult's ability to protect themselves or the ability of their networks to increase the support they offer;
- the impact on the adult, their wishes;
- the possible impact on important relationships;
- potential of action increasing risk to the adult;
- the risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect;
- the responsibility of the person or organisation that has caused the abuse or neglect; and
- research evidence to support any intervention⁹.

10.5.9.4. If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced,

⁹ Paragraph 14.99. Care and Support Statutory Guidance 2016

coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

10.5.9.5. When evaluating the adult's needs for care and support, if a needs assessment under section 9 of the Care Act 2014 has not already taken place, it will be necessary to evaluate whether a needs assessment should be offered, and in certain cases, undertaken despite refusal where it may appear that the adult has needs for care and support, and is experiencing or is at risk of abuse or neglect.¹⁰

10.5.9.6. In some cases, evaluating the outcomes of enquiries and deciding what action is needed will be straightforward. However, there will be complex cases that will require careful consideration and negotiation amongst involved parties to enable the Lead Agency to come to a decision about the action required in the adult's case. This could be, for example, due to conflicting views between involved people and agencies, finely balanced or high risk situations, outcomes the person wants that could interfere with the rights and freedoms of others.

10.5.9.7. A meeting may be required in order to gather relevant people together to discuss the outcomes of the enquiries and gain views on what actions are required in the adult's case. Meetings should be organised and planned carefully to promote meaningful involvement of the adult.

Good Practice Guide – Involving adults in safeguarding meetings.

Effective involvement of adults and / or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centered way. Bear in mind these questions when planning the meeting:

- **How should the adult be involved?** Is it best for the adult to attend the meeting, or would they prefer to feed in their views & wishes in a different way, e.g. a written statement? Is it best to hold one big meeting, or a number of smaller meetings?
- **Where is the best place to hold the meeting?** Where might the adult feel most at their ease and able to participate?
- **How long should the meeting last?** What length of time will meet the adult's needs and make it manageable for them?
- **What is the timing of the meeting?** When should breaks be scheduled to best meet the adult's needs?
- **What time of the day would be best for the adult?** Consider the impact of a person's sleep patterns, medication, condition, dependency, care and support needs;
- **What will the agenda be?** Is the adult involved in setting the agenda?
- **What preparation needs to be undertaken with the adult?** How can they be supported to understand the purpose and expected outcome of the meeting?
- **Who is the best person to chair?** What can they do to gain the trust of the adult?
- **Will all the meeting members behave in a way that includes the adult** in the discussion? How can meeting members be encouraged to communicate and behave in an inclusive, non-jargonistic way?

¹⁰ Care Act 2014. Section 11 (2)(b).

10.5.10. Deciding what action is required in the adult's case, and concluding the adult safeguarding Enquiry.

10.5.10.1. The adult safeguarding Enquiry will conclude when the local Lead Agency has made a decision about-

- whether any action is required in the adult's case, and if so,
- what action and by whom.

As part of the decision making process to conclude the adult safeguarding Enquiry, the Lead Agency will also make a decision about whether a safeguarding plan is required, or not.

10.5.10.2. A safeguarding plan may not always be required, for example, the outcome of the Enquiry may be that no action is required in the adult's case, or that ongoing risks can be managed or monitored through single agency processes, e.g. assessment and support planning processes, community policing responses, health service monitoring.

10.5.10.3. Where no safeguarding plan is required in order to manage ongoing risk of abuse or neglect to the adult, this procedure will end. However, provision of information & advice and/or other actions may need to continue under other processes, for example, addressing potential risks from people who are employed in Positions of Trust, referrals to the DBS, ongoing contract compliance or regulatory inspection/action.

10.5.10.4. A safeguarding plan will usually be required where the risk of abuse or neglect is, for example:

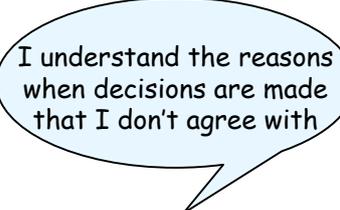
- ongoing,
- complex,
- unstable,
- risk of harm to the adult or others is significant,
- other factors such as coercion, undue influence, or duress add to the complexity and uncertainty of the risk,

and that the risk cannot be managed appropriately or adequately by other processes. These types of situations will require a greater level of scrutiny and review, usually within a multi-agency context.

10.5.10.5. Decisions about actions required should always be made with the full participation of the adult, or their representative or advocate if the adult has substantial difficulty or lacks mental capacity to participate in the decision making process.

The adult's desired outcomes should directly inform the decision making process, and wherever possible, decisions about actions should be led by and be designed to achieve these outcomes. Sometimes adults can express unrealistic outcomes, and there should be negotiation with the adult throughout the Enquiry process to support the adult to understand what outcomes are achievable, and fit with their views and wishes.

However, there will be occasions where the desired outcomes of the adult cannot be met or where doing so would cause unacceptable risk of harm to the adult or others. The duty of care to safeguard the adult will always need to be balanced with their right to self-determination. Such situations will require careful negotiation with the adult and involved others, and all decisions should be discussed and explained to the adult in a way they can understand.



I understand the reasons when decisions are made that I don't agree with

In cases where the adult is not able to understand and make safe decisions, restrictions on the adult's choices and lifestyle may need to be considered. Any support or decision that is designed to restrict unsafe choices or behaviour needs to be lawful, proportionate, and the least restrictive. Positive risk taking frameworks and theory should be applied. For further information see Chapter 11- Adult safeguarding plans.

10.5.10.6. Conclusions of the adult safeguarding Enquiry and decisions about action required should be recorded clearly and be defensible. Defensible decision making means providing a clear rationale based on legislation, policy, models of practice or recognised tools utilised to come to an informed decision based on the information known at that time. Accurate, timely, concise, specific, appropriate recording will support your decision making and provide justification for actions taken.

10.5.10.7. When the adult safeguarding Enquiry is concluded, feedback on the outcomes should be shared with the following agencies/individuals as appropriate:

- The adult.
- Their representative or advocate.
- The person / agency who raised the adult safeguarding concern.
- The person / agency who were identified as the potential source of risk.
- Key partner agencies as outlined in Fig 10b above.
- Any other involved stakeholder agency/individual.

The consent of the adult to share information should be gained, and usual information sharing rules apply.