

## Stage Two: Enquiry

### **Timescale:**

*Initial SAM conversation – within 48 hours of concern received, if not already taken place*

*Planning – within 5 working days*

*Enquiry actions – target time within 20 working days*

*Findings/outcomes discussion – within 5 working days of enquiry being completed.*

*Enquiry report – to be distributed to participants at least 3 working days before formal multi-disciplinary safeguarding meeting, if one is arranged*

### **Purpose**

This stage is about responding to a concern raised about possible abuse or neglect of an adult at risk. Under Section 42 of the Care Act 2014, when the Local Authority becomes aware of a concern(s), it must make or arrange whatever enquiries it thinks necessary in order to establish whether any action should be taken to prevent or stop abuse or neglect, and if so, what action and by whom.

### **Enquiry Officer and S.A.M.**

An **enquiry officer** is responsible for undertaking actions under adult safeguarding. In some instances there is a Lead Enquiry Officer supported by other staff also acting as enquiry officers, where there are complex issues or additional skills and expertise is required. The Lead Enquiry Officer will retain responsibility for undertaking and co-ordinating actions under a Section 42 enquiry.

The **Safeguarding Adult Manager** (S.A.M.) is the officer who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are referred to the Local Authority, or through the Mental Health Trust where there are agreements in place. The S.A.M. is a team manager or team leader or experienced social worker in Adult Social Care or South London and Maudsley (SLAM) Trust.

Please see [guidance table](#) for the distinction between SAM's and sec 42 roles.

### **Receiving the Concern – deciding how to proceed**

The team receiving the concern decides very early on who is the best person/organisation to lead on the enquiry under Section 42 and who will be the Safeguarding Adults manager (S.A.M.).

The information received may be sufficiently comprehensive that it is clear that immediate risks are being managed, and that the criteria are met for a formal Section 42 enquiry. In other cases some additional information gathering may be needed to fully establish that the three conditions are met. Take into account all relevant information through a multi-agency approach wherever possible, including the views of the adult, taking into consideration mental capacity and consent.

The degree of involvement of the Local Authority will vary from case to case, but at a minimum must involve decision making about how the enquiry will be carried out, oversight of the enquiry, decision making at the conclusion of the enquiry about what actions are required, ensuring data collection is carried out, and quality assurance of the enquiry.

**S.A.M.:** Decide how the enquiry will be progressed. Decide who will be the Enquiry Officer(s). Decide whether there needs to be a Lead Enquiry Officer to coordinate the work, if there are several enquiries to be carried out.

### **Conversations with the adult at risk, and providing adequate support**

In the majority of cases, unless it is unsafe to do so or the adult at risk does not have capacity to do so, each enquiry will start with a conversation with the adult at risk about their views and desired outcomes.

**S.A.M.:** Find out whether conversations with the adult at risk have taken place and whether they are sufficient. Decide who is best placed to carry out the enquiry. In some cases, this may be the staff/organisation who knows the person best – for example, housing officer, GP, community nurse. But remember that the local authority retains responsibility for making sure that the enquiry happens and is acted upon. If the safeguarding concern relates to a care provider, check whether there is any pattern of such concerns: if so, follow the **Provider Concerns Policy**.

**Enquiry Officer:** Throughout the process, you must give the person as much information as they require about the steps involved in the safeguarding process, and support them to participate in the process.

If the adult at risk has capacity to make all of the decisions about their safety, seek an interview with them. Have regard to the safeguarding principles – making safeguarding personal.

- Check whether the adult at risk is aware of the safeguarding concern and whether they perceive it as a concern and want action and/or support.
- Check the consent and capacity of the adult at risk to make relevant decisions by understanding the management of risk, what a safeguarding enquiry is, and how they might protect themselves.
- Identify whether any communications help is required (for example, translated questions or interpreter).
- Check whether there is suspicion that a crime has been committed and, depending on the circumstances, either consult with the police or make a direct third party report to the police if not already done, taking into account the wishes of the adult needing protection.
- Support the adult at risk to make decisions about their safety and any immediate danger.
- Gather the adult at risk's views and desired outcomes and their reasons. Support the adult to think in terms of relevant and realistic outcomes, and make sure that they do not place the adult further at risk of harm.

- Identify the strengths of the adult at risk and of their support network towards reducing the risks.
- Carry out a **risk assessment** with them to find out if they understand the risks and what help they may need to support them to reduce the risks if that is what they want.
- Remove as much as possible any barriers to the adult at risk participating in their own risk assessment and safeguarding planning. If the adult has capacity but they are likely to have 'substantial difficulty' in being involved or contributing to the process, agree an 'appropriate person' to facilitate involvement or consider a referral to an independent advocate to represent and support the adult. Record on the **Safeguarding Assessment form** and index the form in AIS (or in AIS Case Notes until form is introduced).
- Reassure the person that they will be involved and supported in all relevant decisions and actions that are taken to protect them.
- Record all actions and conversations.




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**Handle enquiries in a sensitive way to ensure minimal distress to the adult at risk. It is critical in this particularly sensitive area (whether an enquiry or a Safeguarding Adults Review) that the adult at risk is supported in what may feel a daunting process which may lead to some very difficult decisions. A person who is thought to have been abused or neglected may be so demoralised, frightened, embarrassed or upset that independent advocacy provided under Section 68 to help them to be involved will be crucial.**

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Where appropriate, also seek interviews with relative, friend, carer, IMCA or advocate.

Where there is concern that the adult at risk may not have capacity to make one or more relevant decisions, follow the requirements of the Mental Capacity Act 2005.

If you establish that the adult at risk lacks capacity to make one or more decisions about proposed protective measures, give feedback to them and anyone who is acting in their best interests, for example, their attorney or court appointed deputy, unless they are implicated in the safeguarding concern.

***Enquiry Officer:***

- Report the matter to the police where a crime is committed or suspected.
- Provide feedback to the person raising the concern.
- Discuss with the S.A.M. to confirm information and agree how the enquiry will be progressed.
- Complete the **Safeguarding Assessment form** and index the form in AIS (or in AIS Case Notes until form is introduced).
- If there are Provider concerns, inform Contracts and the Care Quality Commission.



## Referrals to the police

Always refer to the police when a serious crime has been committed. If in doubt, discuss with the police whether a referral is appropriate. If the crime is not serious and there are no repeat incidents which may indicate a pattern, and there is no wider public interest involved, then take into account the wishes of the adult at risk, exploring with them any reasons they may have for not making a referral to the police.

In all cases where an urgent police response is required, access this response by dialling 999. Whilst it is undesirable that non-emergency cases are referred via this method, always take into consideration the preservation of the life and wellbeing of the adult at risk. In cases of uncertainty the immediacy of the risk and the need for police attendance should inform the decision making. In particular where:

- the crime/incident is happening now
- the offender is still present or nearby
- someone saw the crime/incident being committed
- evidence has been left at the scene

strongly consider dialing 999.

Where police have attended a particular incident, a crime report (CRIS) should be completed by police and there will be no additional need to submit a referral to police.

Police should always attend all allegations of assault, serious sexual offences or domestic violence or any other crime, for example, burglary, where it would be necessary for police to conduct an initial investigation to establish whether a crime has been committed and to preserve life/evidence and identify witness/suspects.

These actions are necessary to ensure the preservation of evidence: in particular, in assault cases it will be important to secure evidence relating to:

- injuries which have not been treated or documented by a medical practitioner, and
- where the physical effects of the assault are likely to be short-lived and evidence will be lost if police do not attend.

## Planning further enquiry

### **S.A.M.:**

- Review the information gathered to date and agree next steps. Decide whether actions so far have completed the enquiry. If not, decide whether to proceed without consent if necessary. If there is a need for further enquiry, plan the enquiry, determine its terms of reference (what it needs to cover), and agree how it will be carried out and coordinated.
- Complete the **Safeguarding Assessment form** and index the form in AIS (or record in AIS Case Notes until form is introduced).



- Agree how to manage the risk to prevent further abuse or neglect, to keep the risk at a level acceptable to the person, or to support the person to continue in the risky situation if that is their choice and they have the capacity to make that decision.

Discussions between relevant participants may take place on the telephone, or, if the situation is more complex, in a multi-agency planning meeting. The views and/or involvement of the adult will play an important part of this planning phase. Never put action on hold, owing to the logistics of arranging meetings. Proportionality should be the guiding principle.

Enquiries can range from straightforward single agency interventions to complex multi-agency pieces of work, depending on the nature of the safeguarding concern, the outcomes the adult at risk wants, and the best way to reduce risk. In more complex cases, there may be several enquiries, each led by an Enquiry Officer, and brought together under a Lead Enquiry Officer.

Where there is more than one enquiry:

**Lead Enquiry Officer:** Coordinate the work to avoid delays, to ensure that people are interviewed once, and to bring the information together.

There are many types of enquiry, each of which will be led by the appropriate organisation<sup>1</sup>.

Where there are concerns about a provider – for example when there have been a number of safeguarding concerns raised which involve a single provider – follow the procedures set out in the Process and Policy for Provider Concerns (Feb 2016).

Other processes, including police investigations and HR processes, can continue alongside the safeguarding adult enquiry.

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**There needs to be a judgment as to the nature of the enquiry based on the following factors:**

- ▶ **the incident itself (whether it is abuse or neglect)**
- ▶ **the impact on the adult**
- ▶ **the severity of the incident**
- ▶ **whether the person who allegedly caused the harm is a member of staff or volunteer**
- ▶ **whether it is an alleged crime**
- ▶ **the vulnerability of the adult including whether they have capacity to make decisions about the safeguarding process, risk assessment and protection planning**
- ▶ **whether it is a repeat incident**
- ▶ **the risk of repeated or increasingly serious acts of abuse or neglect**
- ▶ **the risk to the adult and other vulnerable adults**

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<sup>1</sup> See London Multi-Agency Safeguarding Policy and Procedures, p78 for list of types of enquiries and who might lead.

The information on the concern needs unpicking and facts clarified. On initial reading it may not meet the threshold, but consider the following:

- ▶ If it is a care setting, is the establishment managing incidents appropriately?
  - ▶ Are staff 'accepting' incidents between patients because it is a mental health setting?
  - ▶ Incidents do and will occur but we need to be careful that they are limited. People have the right to live in safe environments.
  - ▶ A common theme in the learning from Serious Case Reviews has been that information about poor and dangerous services was not collated or linked with other information so that intervention might have taken place before serious harm or death occurred. Is there potential for this to be the case for this incident?
  - ▶ For those incidents not converted into a safeguarding enquiry the organisation should be proactive in looking at how it analyses its incident reporting and mapping patterns of concerns. Does this happen?
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### Deciding to undertake a Section 42 enquiry without consent

In the following situations, consider undertaking a Section 42 enquiry even if the adult at risk does not want any action taken:

- You assess that the adult at risk does not have the capacity to make decisions about their own safety – in such a case, make a best interests decision whether to proceed with a Sn 42 enquiry. Record that you have considered capacity in the appropriate box on the **Safeguarding Assessment form**.
- A possible crime has been committed.
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.
- The person causing the harm is:
  - a member of staff
  - a volunteer(s)
  - someone who only has contact with the adult at risk because they both use the service.
- The person who is alleged to have carried out the abuse or neglect is preventing you seeing the adult at risk on their own.
- Other people are at risk from the person causing harm and they are also adults at risk.
- The risk of harm to the adult at risk is high – for example, when the adult at risk is under coercion or control of another person, or when the adult at risk has “choiceless choice” - that is, when they are not really able to exercise choice.

In such a case, inform the adult at risk of the decision, the reason for the decision and reassure them that no actions will be taken which affect them personally without supporting them through the process.



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Carefully consider any intervention in family or personal relationships. While abusive relationships never contribute to the wellbeing of an adult, interventions which remove all contact with family members may also be experienced as abusive interventions and risk breaching the adult's right to family life if not justified or proportionate. Safeguarding needs to recognise that the right to safety needs to be balanced with other rights, such as rights to liberty and autonomy, and rights to family life. Make sure that, if you are considering curtailing contact with a particular person, there is a clear lawful framework for the decision.

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There are a number of additional courses of action to take in particular circumstances under the general umbrella of safeguarding in which partnership working may be required:

- Refer to MARAC if the concern indicates a high risk of domestic violence.
- Refer to the Risk and Vulnerability Management Panel if the adult at risk is a victim of hate crime harassment or to the Community Safety Team if the adult at risk is experiencing anti-social behaviour and requires support.
- Refer to Channel Case Panel via Prevent Officer if the concern indicates a vulnerability to radicalisation.

The necessary forms can be found on Sharepoint.

### **Deciding when not to undertake a Section 42 enquiry**

**S.A.M.:** Determine whether to undertake a Section 42 enquiry. Use the Threshold Matrix as a guide to your decision-making. You may decide not to undertake a Section 42 enquiry when there is enough information to assess that:

- the situation does not involve abuse, neglect or exploitation, in which case another service may be appropriate
- the adult at risk is not an adult who is covered by these procedures. They can then be signposted to other services or resources
- the adult has care and support needs and a level of abuse or neglect has occurred, but a full Section 42 enquiry is not a proportionate response
- the adult at risk has the capacity to make an informed choice about their own safety, there are no public interest or vital interest considerations and they choose to live in a situation in which there is risk or potential risk: this may be, for example, where it is a personal matter and an enquiry may cause family disharmony
- you are satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation if they decline assistance.

Do not exclude concerns regarding adults with so-called 'low level needs' where it is possible that the harm to the person puts their independence and wellbeing at risk and leads to a deterioration in their ability to protect themselves. Such adults include:

- adults with low-level mental health problems/borderline personality disorder
- older people living independently in the community
- adults with low-level learning disabilities
- adults with substance misuse problems
- adults self-directing their care
- care leavers.

In such cases, you may proceed with a Section 42 enquiry whilst determining whether the adult at risk has care and support needs. In cases which are not 'safeguarding' but involve adults at risk who may be hard to engage, identify alternative action that may be necessary.



If you decide not to carry out further enquiries, record the decision with the reasons.

Inform the person raising the concern of the decision in a timely way, and the reasons for it, and give information about any alternative services, if this does not breach the adult's confidentiality.

### Feeding back to the adult at risk and the referrer

Designate the most appropriate person to feed back to the adult at risk. This will often be the staff member raising the concern or their line manager. Where the person does not have capacity, they should still be included in the process. Arrange for feedback to be given to the person acting in their best interests – for example, their carer, attorney or court appointed deputy.

Also give feedback to the referrer as appropriate, taking into account confidentiality considerations.



Record on AIS what feedback has been given to whom.

### Recording

**Enquiry Officer/S.A.M.:** Record the process on the **Safeguarding Adult Enquiry form** and index the form in AIS (or in AIS Case Notes until form is introduced), and incorporate all records relevant to the enquiry.

Throughout the safeguarding enquiry, keep detailed factual records. Whatever form the enquiry takes, record the following:

- details of the safeguarding concern and who raised it
- the views and wishes of the adult affected, at the beginning and over time, and, where appropriate, the views of their family.
- any immediate action agreed with the adult or their representative
- the reasons for all actions and decisions
- details of who else is consulted or the concern is discussed with
- any timescales agreed for actions



- sign-off from a line manager and/or the local safeguarding lead or designated safeguarding manager.

This includes the date and circumstances in which conversations and interviews are held and of any decisions taken.



Also make sure that you have recorded the necessary data for the Health and Social Care Centre's Safeguarding Adults Collection.

If the person alleged to have caused the abuse or neglect is an adult known to Adult Social Care, then include in his/her records the information about his/her involvement in a safeguarding adults enquiry, including the outcome of the enquiry. If an assessment is made that the individual still poses a threat to other persons, include this assessment in any information passed onto service providers.

If more than one person is involved, ensure that any reference to the other individuals involved is anonymised.



If LB Croydon have placed an adult out of borough and the concern is raised there, then record the concern and action on a Case Note on AIS.

## Enquiry Report

If the enquiry finds information that needs to be considered at a formal multi-disciplinary adult safeguarding meeting, then a formal Enquiry Report is required.

### ***Enquiry Officer (Lead E.O. if more than one):***



- Collate all the information collected into a single comprehensive enquiry report, and record on the **Safeguarding Adult Enquiry form** and index the form in AIS (or in AIS Case Notes until form is introduced). Ensure that the report is concise, factual and accurate.

**Please Note:** When a provider has produced their own enquiry report, you must still write an independent Enquiry Report which takes their findings into account.

- Append any investigation where necessary (for example, disciplinary investigation) to the enquiry report.
- Review the risk assessment and adjust any safeguarding plan accordingly.
- Ensure any recommendations are taken forward.

### ***S.A.M.:***

- Check that the enquiry report is of a satisfactory standard: ensure that the report is evidence-based, and that there is sufficient corroboration to draw conclusions. If another organisation has led on the enquiry, decide whether a further enquiry should be undertaken by the Local Authority. The exception to this is where there is a criminal investigation and in this case consider whether any other enquiry is needed that will not compromise action taken by the police.
- Share the enquiry report with the other professionals involved and with the adult at risk and their family, advocate, attorney or deputy, except where this may increase the risk of serious harm, where the information is highly confidential, or where it may contravene the rights of a third party. In such exceptional cases,

summarise and share the relevant facts from the sections of the report concerned rather than the whole of those sections.

The procedures for an adult safeguarding meeting (if required) are described in Stage Three.

**Please Note:** Distribute the enquiry report to the adult safeguarding meeting participants at least 3 working days before the meeting.

- Ask the adult at risk to evaluate:
  - to what extent the desired outcomes were met
  - to what extent they feel safer.

The important factor is the impact of actions on the adult at risk.

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## Recovery & Resilience

**Adults who have experienced abuse and neglect may need to build up their resilience. This is**

**a process whereby people use their own strengths and abilities to overcome what has happened, learn from the experience and have an awareness that may prevent a recurrence, or at the least, enable people to recognise the signs and risks of abuse and neglect, and know who and how to contact for help.**

**Resilience is supported by recovery actions, which includes adults identifying actions that they would like to see to prevent the same situation arising. The process of resilience is evidenced by:**

- **the ability to make realistic plans and being capable of taking the steps necessary to follow through with them**
- **a positive perception of the situation and confidence in the adult at risk's own strengths and abilities**
- **an increase in the person's communication and problem-solving skills.**

**Resilience processes that either promote wellbeing or protect against risk factors, benefit individuals and increase their capacity for recovery. This can be done through individual coping strategies assisted by:**

- **strong personal networks and communities**
  - **social policies that make resilience more likely to occur**
  - **handovers/referrals to other services – for example, care management, or psychological services to assist building up resilience**
  - **restorative practice**
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**S.A.M.:** If no further safeguarding action is required and there are alternative ways of supporting adults where they may be needed then close down the adult safeguarding process. Close the process on AIS.

### **Person alleged to be responsible for abuse or neglect**

Where appropriate, the police will consider whether action may include a prosecution.

**S.A.M.:** When a complaint or allegation has been made against a member of staff, including people employed by the adult, ensure the employer makes them aware of their rights under employment legislation and any internal disciplinary procedures. Where appropriate, report the staff member to the relevant professional body, such as the General Medical Council, the Nursing and Midwifery Council or the Health and Care Professions Council.

Consider whether a referral needs to be made to the Disclosure and Barring Services which helps employers prevent unsuitable people working with vulnerable groups. Where appropriate, request a copy of the acknowledgement letter from the DBS to the service provider on receipt of the referral. If the service provider unreasonably refuses to make a referral, or there is an unreasonable delay, then the DBS referral can be made by the S.A.M. in consultation with the Safeguarding Adults Team.

Check whether staff were provided with the right training, supervision and support. Whilst this does not condone deliberate intentions of abuse, consider prevention strategies to reduce the risk of it occurring again to the adult at risk or other people.

Where the person who is alleged to have carried out the abuse has their own care and support needs and is unable to understand the significance of questions put to them or their replies, assure them of their right to the support of an 'appropriate' adult if they are questioned in relation to a suspected crime by the police under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require the support of an 'intermediary' adult. Where required, arrange for an assessment of their care and support needs.

Where the person who is alleged to have carried out the abuse or neglect themselves has mental health needs, check whether they are known to Mental Health services.

Where the person who is alleged to have carried out the abuse or neglect also has a caring role.

Ensure that action for a person who is alleged to have abused is carried out in tandem with prevention and action to safeguard the adult(s) at risk.