**Safeguarding Adults Fact Sheet for External Health Partners**

***Safeguarding Adults in Social Care***

1. **Six Principles of Safeguarding Adults**

There are six principles in the Care Act 2014 that we should use when we are working with adults who require support to keep them safe. They are outlined below.

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| Empowerment    | People being supported and encouraged to make their own decisions (MSP) and informed consent   |
| Prevention  | It is better to take action before harm occurs |
| Proportionality | The least intrusive response appropriate to the risk presented |
| Protection   | Support and representation for those in greatest need |
| Partnership | Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.   |
| Accountability | Accountability and transparency in safeguarding practice |

1. **Main Aim of Safeguarding Adults**

The main aim to safeguard an adult from abuse is to reduce and minimise risks and harm to the person.

1. **Types of Abuse**

There are 10 types of abuse: Domestic abuse or violence, Physical abuse, Sexual abuse, Psychological or emotional abuse, Neglect or acts of omission, Financial or material abuse, Modern Slavery, Discriminatory abuse, Organisational or Institutional abuse and Self-Neglect.

1. **Vulnerable adults and community safety actions**

There are many adults who may require some help of someone to ensure they are safe, and we may even refer to such individuals as ‘vulnerable’. However, they can often arrange their own support from a family member or friend, a private organisation, or the police where they have been a victim of crime. Some parts of the local authority may be able support these adults, such as **Community Solutions**. These interactions are referred to as community safety actions and can be adequate for what the adult needs.

Such examples may be that an adult is experiencing domestic abuse and may be supported through a specialist provider, such as Refuge. More information is available here: <https://www.refuge.org.uk/our-work/our-services/one-stop-shop-services/barking-and-dagenham/>.

Another example is that a fairly independent, older person is feeling a bit demotivated and not washing and dressing themselves every day as they are somewhat low in mood. This may be because they are lonely, they may want to contact an organisation like Independent Age where they can be supported to reconnect with others to enhance their wellbeing. More information is available here: <https://www.independentage.org/news-media/press-releases/new-local-service-to-help-reduce-loneliness-coming-soon-to-barking>.

1. **Statutory Safeguarding Adults**

However, where an adult with care and support needs, requires the intervention of a social worker to help them through a statutory process to stop them being abused or neglected, they should be referred to Adult Social Care. Please note we do not call these adults ‘vulnerable adults’ as there is no definition to this effect in the Care Act 2014. To identify an adult who does need a statutory safeguarding process, we often identify these adults by applying the ‘three stage test’ below. If this is the case a Safeguarding Adults Enquiry will start.

From the Care Act 2014 Section 42, the **three-stage test is**:

1. The adult (18 years and older) is at risk of, or experiencing abuse or neglect;
2. They are in need of Care and Support needs (whether they have been assessed or these needs are being met by the Local Authority or not) and then
3. As a result of care and support needs the person is unable to protect themselves against the abuse or neglect.

When this is the case, please complete details of the concern and the adult. Send it to the Adult Intake Team. The details of how to do this can be found here: <https://www.lbbd.gov.uk/safeguarding-adults-at-risk-of-abuse-or-neglect>

1. **The Safeguarding Adults Process**

Safeguarding the Adult from abuse under the meaning of the Care Act 2014, is only done if the three-stage test is met. Then ASC (Adult Social Care) follows a process to minimise harm to the person and support their wellbeing. There are four stages in the Safeguarding Adults Process outlined in the London Safeguarding Adults Multi-Agency Policy and Procedure: Concerns, Enquiry, Safeguarding Plan and Review, Close. The whole process can take approximately 40 days or more, depending on the circumstances. More details could be found here: <https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>. Details about when to refer a pressure sore is described within this.

1. **Consent**

If the adult has mental capacity to decide about whether they want support to keep them safe, we will seek their consent. If they do not give their consent it is unlikely to progress with a safeguarding process. If the risks are high, we may discuss the case with other agencies, to see if they are equally concerned and if need be the matter may still progress through safeguarding adults, because of **vital interest**. An example of vital interest may be if other adults with care and support may be at risk for example where they all live and experience the same abuse in a care establishment. Where the adult lacks mental capacity to give consent about information sharing a mental capacity assessment will be completed and a decision taken about whether this is in their best interests, where they lack the mental capacity to decide themselves.

1. **Making Safeguarding Personal (MSP)**

During the safeguarding process interventions are planned to support the person with regards to how they want to be safer e.g. a Care Act assessment, services or an increase in services, carers support services, health checks. When focussing on what the adult wants regarding their safety, we call this initiative MSP (Making Safeguarding Personal). This means that they tell their social worker who is carrying out the Enquiry what their views and wishes are and how they would like to be supported with keeping themselves safe or safer, ideally with actions that would minimise harm to them and maximise their wellbeing. Their family member, friend or Care Act Advocate usually supports them through this process. If there is no Care Act advocate one should be appointed if they have no friends or family to support them.

1. **People who lack mental capacity**

If the person lacks mental capacity to decide about their safety then their family, friends and or Independent Mental Capacity Advocate (IMCA) is consulted as part of the safeguarding process. If the person is un-befriended, then an IMCA should be appointed to support them. A best interest decision about their safety may be needed, if this would be proportionate to the level of risk and subsequent care and support services will be offered to them where they are eligible for these or they may make their own arrangements for this.

1. **Multi-agency work and domestic abuse**

As part of the Safeguarding process, a Multi-Agency Safeguarding Meeting may be held. This approach is taken to discuss what support may be provided from a range of statutory and non-statutory services. The views of the person will drive the direction of decision making about their own lives, in keeping with **Making Safeguarding Personal.**

The adult will either attend or their views will be shared and considered. It is only in exceptional circumstances that meetings may be held without the adult present.

1. **Domestic Abuse and safe visits at a GP / Health Service**

Where an adult may have care and support needs and we are concerned for their safety and they are experiencing domestic abuse a social worker will try to contact them and offer them options for intervention. In cases of medium or high risk the person will be referred to the local Multi-Agency Risk Assessment Committee. More information is available here: [www.safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring](http://www.safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring)

Where there is a risk that the perpetrator may be preventing them from accessing help, we may approach the Health / GP Surgery to enable a safe visit where we ask you to contact the person and invite them in for an appointment. A social worker will meet with them in private, at the health surgery and offer them options of support.

1. **High risk cases and the Safeguarding Adults Complex Cases Group**

If the person is self-neglecting or the risks are very high and their health and wellbeing is at serious risk and, or the person lacks mental capacity the case could be referred into the Safeguarding Adults Complex Cases Group for discussion with other agencies. The Safeguarding Adults Complex Cases Group (SACCG) is a high level, multi-agency group where statutory partners of the Safeguarding Adults Board attend (ASC, Police and Health Services) and risks are shared across organisations because of the serious nature.

If the adult has an allocated social worker then they should be encouraged to discuss the case with their manager and eventually Head of Service so they are aware of the case and support the worker to present the case at the SACCG. The SACCG (the group) is chaired by the Principal Social Worker for Adult Services. Any actions planned by this group must be proportionate to the level of risk that the adult is in.

The Safeguarding Adults Complex Cases Group will further enable multi-agency discussion and risks to be evaluated and shared by senior officers in respective organisations represented on the Safeguarding Adults Board. Health Representatives, the police and ASC. Fire services and Housing may give their input. If the risks are not reduced, following intervention by respective agencies, the group will decide whether court input may be needed for decisions to support the safety of the adult. The cases are brought for risk identification, risk monitoring and risk review and actions are recorded by the Safeguarding Adults Board Manager and distributed to the respective agencies involved.

1. **Input from a Court**

Court decisions and actions may be needed if risks are extremely serious regarding their health or life. The court can make orders or decisions for the person. Court applications are very expensive and should only be the last resort when other interventions have been trialled and failed or the matter is very serious for the health or life of an adult. This can be done by approaching legal services who can contact the High Court for inherent jurisdiction; or the Court of Protection for people who lack mental capacity for decisions about their safety. The court would require statements and evidence regarding the serious nature of the concerns, level of the risks and likely outcome if no decisions or input is given by the court.

1. **Suggested Further Reading**
* Domestic Abuse Services in Barking and Dagenham: <https://www.lbbd.gov.uk/domestic-abuse-and-sexual-violence>
* General Medical Council Adult Safeguarding Ethical Hub, including examples and matters of consent:<https://www.gmc-uk.org/ethical-guidance/ethical-hub/adult-safeguarding>
* London Safeguarding Adults Policy and Procedure: <https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>
* National Midwifery Council Safeguarding Policy: <https://www.nmc.org.uk/about-us/our-role/our-safeguarding-policy/>
* Safeguarding Adults general guidance, Social Care Institute for Excellence: <https://www.scie.org.uk/safeguarding/adults>

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