

2. ADULT SAFEGUARDING POLICY

2.1 What is safeguarding?

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*' ([Care and Support statutory guidance, chapter 14](#)). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

2.1.1 The aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse.

2.1.2 Prevention

[Section 2 of the Care Act](#) requires Local Authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs, or reduce care and support needs). Organisations should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies.

A core responsibility of a SAB is to have an overview of prevention strategies and ensure that they are linked to the Health and Wellbeing Board's, Quality Surveillance Group's (QSG), and Community Safety Partnerships prevention strategies ([See appendix 4](#)). Prevention strategies might include:

- Identifying adults at risk of abuse;
- Public awareness;
- Information, advice and advocacy;
- Inter-agency cooperation;
- Training and education;
- Integrated policies and procedures;
- Integrated quality and safeguarding strategies;
- Community links and community support;
- Regulation and legislation;
- Proactive approach to Prevent.

Partners should embrace strategies that support action before harm can occur. Where abuse or neglect has occurred, steps should be taken to prevent it from reoccurring wherever possible, doing so within relevant parameters but sharing intelligence to support a holistic partnership approach to prevention. For example, visiting staff might identify an adult with a combination of characteristics that may render them more vulnerable to a fire risk and take action to refer to [Royal Berkshire Fire and Rescue Service for a fire safety check](#).

Organisations should implement robust risk management processes that identify adults at risk of abuse or neglect and take timely appropriate action. Safeguarding functions should be integrated into quality management and assurance structures.

Prevention should be discussed at every stage of safeguarding, and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Discussions between staff and adults, their personal network and the wider community (if appropriate) help build up resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified and put into safeguarding planning.

2.1.3 Raising awareness

Public awareness campaigns can make a significant contribution to the prevention of abuse. They are more effective if backed up by information and advice about where to get help, and there is effective training for staff and services to respond. Joint initiatives to raise awareness can be very effective.

2.1.4 Information

The term 'information' means the communication of knowledge and facts regarding care. 'Advice' means helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support. Local Authorities are required to establish and maintain an information and advice service relating to all local residents within its area, not just adults with care and support needs.

Information and advice is critical to preventing or delaying the need for services and, in relation to safeguarding, can be the first step to responding to a concern. [Section 4, the Care Act](#) states that Local Authorities must: '*establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.*' This includes information and advice about safeguarding and should include:

- How to raise concerns about the safety or wellbeing of an adult who has needs for care and support needs;
- Awareness of different types of abuse and neglect;
- How people can keep safe, and how to support people to keep safe;
- The safeguarding adults process;
- How SABs work.

All organisations should ensure that they are able to provide this service and can signpost adults to receive the right kind of help by the right organisation.

2.1.5 Advice

Whereas information may be generic to a lesser or greater extent, advice needs to be tailored to the person seeking it, recognising people may need different mediums through which to communicate. Advice and information should, where possible, be provided in the manner preferred by the person and in a way to help them understand the information being conveyed. This should be cognisant of the [Equality Act 2010](#). 'Reasonable adjustments' should be made to ensure that disabled people have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or with communication support.

Organisations have a number of direct opportunities to provide, or signpost people to information and advice, in particular for safeguarding:

- At first point of contact;
- During or following an adult safeguarding enquiry;
- Safeguarding planning;
- Risk management;
- Through complaints and feedback about a service which identifies a safeguarding concern.

2.2 Who do adult safeguarding duties apply to?

In the context of the legislation, specific adult safeguarding duties apply to *any* adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and

- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;
- Children and young people in specific circumstances as detailed below.

Outside of scope of this policy and procedures

- Adults in custodial settings i.e. prisons and approved premises. [Prison governors and National Offender Management Services have responsibility for these arrangements.](#) The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters. Local Authorities are required to assess for care and support [needs of prisoners](#) which take account of their wellbeing. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contributes towards safeguarding offenders.

2.2.1 Personal budgets and Personal Health budgets

Regardless of the adult's preferred method of managing a personal budget, the Local Authority still retains its duty of care with regard to the adult and their protection from abuse. Equally the Clinical Commissioning Group (CCG) will have responsibilities around the provision of personal health budgets.

Personalised care planning can enhance good safeguarding practice, as they bring in people's own resources and intelligence. Through empowering adults, organisations can help raise awareness of what is acceptable and use information from adults and their families to identify potential problems with providers.

The kind of support available to adults managing their own care and support includes advice on:

- Managing money;
- Safe recruitment;
- Safeguarding and dignity;
- What to expect from services and individuals;
- Using approved or accredited providers of employment services;

- Contractual issues;
- Who to contact if things go wrong;
- Guidance on mental capacity issues;
- Guidance on deputyship and Lasting Power of Attorney.

2.2.2 Children and Young People

The Berkshire Local Safeguarding Children's Boards have Safeguarding Children Procedures <http://www.proceduresonline.com/berks/>

The [Children Act 1989](#) provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect. Young people who receive leaving or after care support from children and family services, are included in the scope of adult safeguarding, but close liaison with children and family service providers is key to establishing who is the best person to lead or support young people through adult safeguarding processes.

[Section 11 of the Children Act 2004](#) places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In all adult safeguarding work, staff working with the person at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

Children and young people may be at greater risk of harm or be in need of additional help in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties.' For further information see [Working Together to Safeguard Children](#).

Abuse within families reflects a diverse range of relationships and power dynamics, which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk. **In particular staff may be assisted by using Domestic Abuse risk management tools, such as the DASH risk identification checklist, as well as safeguarding risk management tools.** Staff providing services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and vulnerable adults.

2.2.3 Transition

Together the [Children and Families Act 2014](#) and the Care Act 2014, create a new comprehensive legislative framework for [transition](#), when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to

ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria set out in [Section 2.2](#) of this document. The care needs of the young person should be at the forefront of any support planning and requires a co-ordinated multi-agency approach. Assessments of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

- What information and advice the young person has received about adult safeguarding;
- The need for advocacy and support;
- Whether a mental capacity assessment is needed and who will undertake it.
- If Best Interest decisions need to be made
- Whether any application needs to be made to the Court of Protection

If the young person is not subject to a plan, it may be prudent to hold a professionals meeting.

2.2.4 Children and Young People who abuse

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place.

Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death. The [UK prevalence study of elder abuse](#) identified younger adults (rather than the person's partner) as the main perpetrators of financial abuse.

2.2.5 Young Carers

In respect of young carers, Section 1 of the Care Act 2014, alongside [Section 96](#) and [Section 97](#) of the Children and Families Act 2014, offers a joined up legal framework to identify young carers and parent carers and their support needs. Both Acts have a strong emphasis on outcomes and wellbeing.

2.2.6 Carers and safeguarding

Circumstances in which a carer could be involved in a situation that may require a safeguarding response includes when:

- A carer may witness or speak up about abuse or neglect;
- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Where there is intentional abuse, adult safeguarding under [Section 42, the Care Act](#), should always be considered.

Work developed by [ADASS](#), carers groups, commissioners and organisations working with carers, identify six distinct areas related to carers and safeguarding which can be viewed by clicking on the links below (*if unable to access hyperlink, see Appendix 1*):

- [Partnership working](#)
- [Prevention](#)
- [Support](#)
- [Information and Advice](#)
- [Advocacy](#)
- [Role of carers in strategic planning](#)

2.3 Types and indicators of abuse and neglect

The [Care and Support statutory guidance](#) identifies types of abuse, but also emphasises that organisation should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered (also refer to [Section 2.2 above](#)). All three factors need to be satisfied for a safeguarding enquiry to be addressed in accordance with Section 42 of the Care Act. The table that follows identifies what forms of abuse are considered in the guidance documents.

TYPE OF ABUSE	DESCRIPTION OR SUPPORTING GUIDANCE
DISABILITY HATE CRIME	The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation; Transgender.

DISCRIMINATORY ABUSE	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.
DOMESTIC ABUSE	The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse xxxviii includes controlling and coercive behaviour. (See Supplementary information in Appendix 6)
FEMALE GENITAL MUTILATION (FGM)	Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. Safeguarding women and girls at risk of FGM is available via this link.
FINANCIAL OR MATERIAL ABUSE	Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
FORCED MARRIAGE	Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The Police must always be contacted in such cases as urgent action may need to be taken. Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. In addition, Part 4A of the Family Law Act 1996 may be used to obtain a Forced Marriage Protection Order as a civil remedy. Registrars and registry staff need to be supported through relevant training to know the signs of possible forced marriage.
HATE CRIME	The police define Hate Crime as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents

	that do not constitute a criminal offence.
HONOUR BASED VIOLENCE	<p>Will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Some of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.</p> <p>Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.</p>
HUMAN TRAFFICKING	<p>Is actively being used by Serious and Organised Crime Groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health. The Organised Crime Groups will continue to be involved in the trafficking of people, whilst there is still a supply of victims, a demand for the services they provide and a lack of information and intelligence on the groups and their activities.</p>
MATE CRIME	<p>A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its sometimes ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.</p>
MODERN SLAVERY	<p>Slavery, servitude and forced or compulsory labour. A person commits an offence if:</p> <ul style="list-style-type: none"> • The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or • The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. <p>There are many different characteristics that distinguish slavery from other</p>

	<p>human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:</p> <ul style="list-style-type: none"> • Forced to work - through mental or physical threat; • Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; • Dehumanised, treated as a commodity or bought and sold as 'property'; • Physically constrained or has restrictions placed on his/her freedom of movement. <p>Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015.</p>
NEGLECT AND ACTS OF OMISSION	<p>Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.</p>
ORGANISATIONAL ABUSE	<p>Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. See Working with Providers Section5: Safeguarding – Provider Concerns</p>
PHYSICAL ABUSE	<p>Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</p>
PSYCHOLOGICAL ABUSE	<p>Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p>
RESTRAINT	<p>Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.</p> <p>Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or</p>

	does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.
SEXUAL ABUSE	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
SEXUAL EXPLOITATION	Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship. Signs to look out for are not being able to speak to the adult alone, observation of the adult seeking approval from the exploiter to respond and the person exploiting the adult answering for them and making decisions without consulting them.

2.4 Radicalisation

Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual. [The Channel Vulnerability Assessment Framework can be found here.](#)

Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed.

[The Counter-Terrorism and Security Act 2015](#) requires specified authorities, in the exercise of their functions to have due regard to the need to prevent people being drawn into terrorism. The support available for individuals at risk of being radicalised is called Channel.

2.4.1 Channel Panel

The Channel panel is a multi-agency panel chaired by the Local Authority to support individuals who have been identified as being groomed into terrorism. The role of the multi-agency panel is to develop an appropriate support package to safeguard those

at risk of being drawn into terrorism based on an assessment of their vulnerability of being at risk of radicalisation. The purpose of the panel is to:

- Assess the nature and extent of that risk; and
- Develop the most appropriate support plan for the individuals concerned.

The panel is responsible for managing the safeguarding risk which is in line with other multi-agency panels where risk is managed, such as the Multi-Agency Public Protection Arrangements (MAPPA). Local safeguarding structures have a role to play for those eligible for adult safeguarding. Referrals to Channel are through the police engagement officer.

2.5 Who abuses and neglects adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

2.6 Self-neglect

There is no single operational definition of self-neglect however, the Care Act makes clear it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself. The Department of Health (2014), defines it as, '*a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding*'.

The Department of Health commissioned the universities of Sussex and Bedford to undertake [research into interventions with those that self-neglect](#). This demonstrates how staff can assist individuals to achieve positive outcomes.

Skills for Care provided a framework for research into self-neglect identifying three distinct areas that are characteristic of self-neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being;
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds.

2.6.1 Hoarding

Hoarding does not fall under adult safeguarding but might be considered as safeguarding in the wider sense under the umbrella of prevention which is in the remit of the Safeguarding Adults Board. Most people associate hoarding with the acquisition of items with an associated inability to discard things that have little or no value (in the opinions of others) to the point where it interferes with use of living space or activities of daily living.

Compulsive hoarding (more accurately described as 'hoarding disorder') is a pattern of behaviour characterised by the excessive acquisition of and inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress. Compulsive hoarders may be conscious of their irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals. Many hoarders may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors.

Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members. When clinically significant enough to impair functioning, hoarding can prevent typical uses of space, enough so that it can limit activities such as cooking, cleaning, moving through the house and sleeping. It could also potentially put the adult and others at risk of causing fires.

The Clutter Index Rating (CIR) is a rising pictorial scale of nine equidistant photos showing clutter in three rooms – living room, bedroom and kitchen. It is an internationally recognised assessment tool produced by the International OCD Association – Hoarding Centre, and used by psychologists working with people who

hoard and commonly used by the health and social care sector in the UK. This can be accessed via the following link – [Clutter Index Rating](#)

2.6.1 Environmental Health Service (EHS)

The EHS has a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting neighbouring premises. These powers do not rely on a presumption that the individual affected by such intervention lacks mental capacity. It is anticipated that EHS will have a crucial role as a frontline service in raising concerns and early identification. In addition, where properties are verminous or pose a statutory nuisance, EHS take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

Where the individual is residing in conditions that pose a threat only to their own welfare the powers available to the EHS may have limited or no effect. In cases involving persistent hoarders the powers may only temporarily address and/or contain the problem. It must therefore be recognised that utilising powers under public health legislation in isolation may not be the most effective use of resources, particularly where a coordinated approach might provide immediate safeguards for the adult and others affected by the situation, and promote a long term solution. The Chartered Institute of Environmental Health have produced guidance for Environmental Health staff, [Hoarding and how to approach it](#)

2.6.3 Response to self-neglect and hoarding

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response with particular reference to housing providers. It is important to recognise that assessments of self-neglect and hoarding are grounded in, and influenced by, personal, social and cultural values and staff working with the person at risk should always reflect on how their own values might affect their judgement. Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

Crucial to all decision making is a robust risk assessment, preferably multi-agency that includes the views of the adult and their personal network. The risk assessment might cover:

- Capacity and consent;
- Indications of mental health issues;
- The level of risk to the persons physical health;
- The level of risk to their overall wellbeing;
- Effects on other people's health and wellbeing;

- Serious risk of fire;
- Serious environmental risk e.g. destruction or partial destruction of accommodation.

A significant element of self-neglect and hoarding is the risk that these behaviours pose to others. This might include members of the public, family members or professionals. Partnerships may wish to invest in agreeing local procedures with the involvement of carers and service users.

2.7 Pressure Ulcers

An integrated pressure ulcer pathway has been developed aimed to support frontline staff in their local decision making to determine if a pressure ulcer is a sign of neglect. A diagram of the procedure to assist practitioners in determining if a pressure ulcer is due to neglect can be found in [Appendix Five](#).

If a pressure ulcer is believed to have been caused by neglect it is reported as an adult safeguarding concern. The Serious Incident (SI) Framework below outlines how the NHS investigates pressure ulcers.

There is a [Berkshire Safeguarding Adults and Pressure Ulcer Protocol](#) to support staff in deciding whether to report as a safeguarding concern.

2.8 Serious Incident

The Serious Incident Framework should be read in conjunction with the [Never Events Policy and Framework](#). The Serious Incident Framework is not a substitute for safeguarding. Where safeguarding is indicated a safeguarding referral **must** be made, however a root cause analysis under the Serious Incident Framework may be considered appropriate response to a safeguarding enquiry.

Broadly speaking there are three scenarios:

- NHS identifies a safeguarding concern, for example through staff at Accident and Emergency seeing signs of physical abuse. This may warrant a safeguarding referral to the Local Authority but would not be routinely recorded as an SI.
- If there are allegations against healthcare staff within the provider of an adult at risk, then a safeguarding referral and SI would need to be declared. Equally if there is serious patient against patient abuse.
- Lastly, there are incidents that are reported on STEIS that are not safeguarding issues. Investigations will still be undertaken but without referral for a safeguarding. This is obviously dependent on the situation.

2.9 Safeguarding Adult Reviews (SARs)

[Section 44, the Care Act 2014](#) stipulates that SABs must arrange a SAR when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult with care and support needs, in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

In the context of SARs, something can be considered serious abuse or neglect where, for example the individual was likely to have died but for an intervention, or suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

SABs may arrange for a SAR in any other situations involving an adult in its area with care and support needs, whether or not they are being met by the Local Authority. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from 'near misses' and situations where the arrangements worked especially well. The SAB decides when a SAR is necessary, arranges for its conduct and if it so decides, implements the findings.

The criteria are met when:

- An adult at risk dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death; or
- An adult has sustained a potentially life threatening injury through abuse, neglect, serious sexual abuse or sustained serious and permanent impairment of health or development through abuse or neglect; and one of the following:
 - Where procedures may have failed and the case gives rise to serious concerns about the way in which local professionals and/or services worked together to safeguard adults at risk;
 - Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved. Such reviews are likely to be more complex, on a larger scale and may require more time;
 - Where circumstances give rise to serious public concern or adverse media interest in relation to an adult/adults at risk.

There is an expectation that individuals, agencies, organisations, cooperate with the review but the Act also gives Boards the power to require information from relevant parties. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from 'near misses' and situations where the arrangements worked especially well. The SAB should decide when a SAR is necessary, arrange for its conduct and if it so decides, implement the findings.

2.9.1 Criminal investigations and police involvement

Where there is an ongoing criminal investigation or criminal proceedings, the SAB will need to consider, in consultation with the police, whether continuing with the

SAR might prejudice their outcome and whether the completion of the SAR should be postponed until after the criminal investigation or proceedings have been completed.

On a local level, police input will be decided by each Borough Operational Command Unit and will be required to participate in different methodologies of SARs. The Specialist Crime Review Group (SCRG) of the Metropolitan Police will provide the police response to SARs where the adult has died. In non-fatal cases, police co-operation will ordinarily be at a local level. In complex non-death cases, the Operational Command Unit Commander can request SCRG assistance. The SCRG involvement in a SAR does not preclude the OCU's representation within the review process.

2.9.2 Outside of SAR remit

Where the SAB agrees that a situation does not meet the criteria but agencies will benefit from a review of actions other methodologies can be considered. These include:

- Serious Incident Review: Organisations should use their own SI procedures if this is deemed suitable and special consideration should be given to the involvement of relevant partner organisations.
- Management Review: A review by an individual organisation in relation to their understanding and management of a particular safeguarding issue.
- Reflective Practice Session: The original participants in the case may review identified aspects of the case as part a reflective practice session chaired by the Safeguarding Lead or other such suitable person, including an independent facilitator.
- 'Learning Together': A collaborative scrutiny approach to a case.

2.9.3 Principles

SARs should reflect the six adult safeguarding principles and be conducted within a framework of openness and transparency.

2.9.4 Purpose

The purpose of all SARs is to keep the focus on learning. The final SAR report and those responsible for disseminating the learning from it, should ensure that the recommendations can be translated into practice, not just for those involved but to a wider audience to support 'prevention strategies' and influence strategic plans.

It is not for a SAR to investigate how a death or serious incident happened. Neither is it the responsibility of the SAR to apportion blame. Such matters will be dealt with by the Coroner's or criminal courts, or other bodies.

2.9.5 The Adult

In non-fatal cases, the views of the adult should be central to the decision making process about the type of SAR to undertake. Communication should be established at the earliest opportunity and advocacy provided to support the adult. Information should be given about how the SAR will be conducted and how they can be involved or, in the event that the adult has deceased, how nominated people can be involved.

Where there is a police led investigation, close contact with any appointed police Family Liaison Officer should be made. Communication should be clear and consistent between all designated supporters including independent advocates. [See section 2.9.1 above](#) in relation to cases where there is an ongoing criminal investigation or criminal proceedings.

2.9.6 Person alleged to have caused harm

The emphasis on learning should include the person alleged to have caused abuse or neglect so they can adjust their behaviour, act differently and reflect upon the impact that they might have had on others. This may involve liaison with other professionals, working with, or trained to work with people who abuse.

2.9.7 Advocacy

The Local Authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a SAR. Where the adult is deceased, it is good practice to provide advocacy to family/friends. ([See Best Practice in Section 3](#))

2.9.8 Carers

The desired outcome, especially where a family is bereaved, needs to be approached with sensitivity. Consultation and involvement needs to be balanced with the overall wellbeing of the individuals involved. Throughout the process due diligence, compassion and appropriate support should be provided and the relevant Local Authority community team should be available to provide this or an alternative arranged if more appropriate

2.9.9 Staff

All professionals should be fully involved in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith. Where an adult has died, professionals working with that adult should have the opportunity to discuss their feelings in a safe environment and offered counselling or other therapeutic support. Professional supervision may not be the most helpful means of exploring any fears or anxieties or coping mechanisms to enable professionals to take an objective view and learn from the SAR. There will be occasions when allegations are made that staff have been guilty of abuse against adults at risk.

- If the staff member is subject to a criminal investigation, consideration will need to be given to the timing of any SAR ([see section 2.9.1 above](#)).

- If the staff member is subject to a disciplinary enquiry, it is likely that the SAR will work alongside the disciplinary enquiry.

2.9.10 Who should undertake a SAR?

The individual commissioned to undertake the SAR should be independent of the organisations involved. They should have the appropriate core skills including:

- Strong leadership and ability to motivate others;
- Expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics;
- Collaborative problem solving experience and knowledge of participative approaches;
- Ability to find and evaluate best practice;
- Good analytic skills and ability to manage quantitative and qualitative data;
- Knowledge of safeguarding adults;
- Ability to write for a wide audience and
- An understanding of the complexity of the health and social care system

2.9.11 Requests

Any individual, agency or professional can request a SAR. This should be made in writing to the SAB Chair, or as agreed by the local SAB. The request should detail:

- What happened with dates if known;
- The views of the adult/family/carer;
- Where the incident/concerns took place;
- Who was involved and their organisation and
- Why the request is being made

The request should be considered against the criteria in order for a SAR process to be consistently applied. Agreement to a SAR should be recorded on relevant systems across the statutory agencies. For the NHS this will be carried out by the CCG who will record on STEIS.

2.9.12 Commissioning a SAR

The SAB is the only body authorised to commission a SAR and decide when a SAR is necessary; arrange for its conduct and if it so decides, to oversee implementation of the findings. Where the SAB decides to reject recommendations it must state the reason for that decision in the Annual Report.

The SAB may convene a subgroup to act on its behalf to receive and manage requests, and have delegated commissioning responsibilities. In commissioning a

SAR, there may be procurement or other commissioning protocols to consider and it may be helpful to establish these as part of the governance arrangements.

Whatever arrangements are in place, where there is agreement for a SAR, a SAR chair should be identified to co-ordinate arrangements.

SAR options - A number of options may be considered by the SAB or delegated subgroup. The SAR model should be determined locally according to the specific individual circumstance. Models of a SAR have been identified by SCIE.

[Safeguarding Adults Reviews: implementation support](#) for SABs to weigh up the most appropriate and proportionate response to the situation. No one model will be applicable for all cases. The focus must be on what needs to happen to achieve understanding, take remedial action and, very often, provide answers for families and friends of adults who have died or been seriously abused or neglected. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed and to take corrective action.

When commissioning a SAR the following points should be agreed:

- Scope of the terms of reference;
- Knowledge, skills and experience of the reviewer;
- Timescales for completion;
- Who will secure any legal advice required;
- How the interface between the SAR and any other investigations or reviews will be managed;
- A communication strategy, including clarification about what information can be shared, when and where (conditions);
- A media strategy;
- What the arrangements for administrative and professional support are, and
- How it will be paid for.

2.9.13 Links with other reviews and investigations

For victims of domestic homicide, there is separate statutory guidance in respect of children, which provides for a

- [Serious Case Review](#) (SCR)

and in respect of persons aged 16 or over, which provides for a

- [Domestic Homicide Review \(DHR\)](#)

These two sets of statutory guidance overlap where the victims are aged between 16 and 18.

When commissioning a SAR there should be consideration of how it will dovetail with other statutory reviews and any other investigations.

The guidance for DHR states consideration should be given to how the child SCRs and DHRs can be managed in parallel in the most effective way, so that organisations/professionals can learn from the case. Different types of reviews will have their own specific areas of investigation and these should be respected. Where intelligence can be shared across reviews, there should be no organisational barriers to information sharing. It is also helpful to consider if some aspects of the reviews can be commissioned jointly to reduce duplication.

2.9.14 Coroners

Any SAR may need to take account of a Coroner's inquiry, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay. Coroners are independent judicial office holders who are responsible for investigating violent, unnatural deaths or deaths of unknown cause, and deaths in custody, or otherwise in state detention, which are reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- Where there is an obvious and serious failing by one or more organisations;
- Where there are no obvious failings, but the actions taken by organisations require further exploration/explanation;
- Where a death has occurred and there are concerns for others in the same household or other setting (such as a care home);
- Deaths that fall outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the Coroner or his or her officers.

In the above situations the local SAB should give serious consideration to instigating a SAR.

2.9.15 Findings from SARs

[The Home Office, Domestic Homicide Review Toolkit Guide to Overview Report Writing](#) offers a helpful steer on the production of reports, so that they satisfy families, public, professionals and others who will read the report and look to it for explanation and for reassurance that it has captured the essence of any learning needed to improve services and reduce the likelihood of future similar incidents.

SCIE has suggested that SABs can take advantage of data from other quality assurance and feedback sources such as audits and complaints, to inform decision making about the kind of case or issue that would benefit the review. The review formally concludes when agreed by the SAB.

The findings and outcomes of any SAR should be captured within the Annual Report of the local SAB.

2.9.16 Timetable

The timescale from the decision to conduct a SAR to completion is 6 months. In the event that the SAR is likely to take longer for example, because of potential prejudice to related court proceedings, the adult/advocate and others should be advised in writing the reasons for the delay and kept updated on progress.

2.10 Mechanisms to support adult safeguarding

2.10.1 Multi Agency Safeguarding Hubs (MASH)

The MASH is one model where concerns may be risk assessed and decisions made about how concerns are taken forward. The MASH is a partnership of agencies that have a duty to safeguard and have agreed to share information they hold on adults at risk. Their shared vision for safeguarding is to work in an integrated way to improve the outcomes for adults at risk.

Research carried out by the Home Office provides Local Authorities and partners with information on the [efficacy of a MASH](#).

Children's MASHs and Adult MASHs are in varying stages of development across the region.

2.10.2 Multi-Agency Risk Assessment Conference (MARAC)

The MARAC is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence. MARAC meetings take place in each local area, usually chaired by the police, where statutory and voluntary sector partners work together. MARAC considers cases identified as 'high risk' by use of the Domestic Abuse, Stalking and Harassment and 'Honour'-based violence (DASH) - risk identification checklist (RIC) and develops a coordinated safety plan to protect each victim. This might include the actions agreed for any children, adults, and for perpetrators.

The four aims of a MARAC are as follows:

- To safeguard adult victims who are at high risk of future domestic violence;
- To make links with other public protection arrangements in relation to children, people causing harm and vulnerable adults;
- To safeguard agency staff;
- To work towards addressing and managing the behaviour of the person causing harm.

At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a person at risk, but all may have insights that are crucial to their safety, as part of the coordinated community response to domestic violence. Safeguarding staff can refer to the MARAC if the risk of domestic abuse is found to be high. The MARAC may also make a referral to the safeguarding

services if someone has care and support needs.

Referrals should be made to specialist domestic violence services regardless of the level of risk and thresholds for the MARAC. One of the major challenges with the high risk approach is that women described as in standard or medium risk can have very high needs and they do not get the support needed and this impacts on their safety and wellbeing.

2.10.3 Multi-agency Public Protection Arrangements (MAPPA)

The purpose of the multi-agency public protection arrangements (MAPPA) framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a statutory duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders. Other organisations have a duty to co-operate with the responsible authority, including the sharing of information. These include:

- Local Authority, children, family and adult social care services;
- NHS CCG's, other health trusts and the National Health Service Executive
- Jobcentre Plus;
- Youth offender teams;
- Local Housing authorities;
- Registered social landlords with accommodation for MAPPA offender.

2.10.4 Multi-Agency Risk Assessment Panels (or Risk Enablement Panels or High Risk Panels)

Multi-Agency Risk Panels are one type of multi-agency working on complex and high risk cases, often where agencies spend significant amounts of time responding to difficult, chaotic or problematic behaviour or lifestyles that place the person, and possibly others, at significant risk. Panels can be created with all necessary partners, both statutory and third party and will vary depending on local need of the case in question. Any situation calling for multi-agency action could be discussed at panel meetings. The panel will support agencies in their work to lower and manage risk for both individuals and the wider community.

Multi-Agency Risk Panels are based on the belief that shared decision making is the most effective, transparent and safe way to reach a decision, where there is challenge with the adult at risk and professionals working with them to mitigate the risk; or where there is a high complex case and the risk needs to be escalated for consideration by such a panel. The purpose of the Panel is to agree a risk reduction plan that is owned and progressed by the most relevant agency with the support of necessary partners.

There are processes in each area to manage complex, high risk cases. Refer to your local area for further information and guidance.