BARNSLEY SAFEGUARDING ADULTS BOARD

DECISION SUPPORTGUIDANCE 2018-2019

Supporting a proportionate, person-centred response to keeping adults in Barnsley safe

SECTION ONE
CONTEXT AND PURPOSE OF THE GUIDANCE

Context

The Care Act (2014, enacted 2015) states that local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult:

- Has needs for care and support (whether or not the local authorities is meeting any of these needs) **and**
- Is experiencing, or at risk of, abuse and/or neglect **and**
- As a result of those of care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Care Act is very clear that any response needs to be:

- Person centred – driven by their wishes and feelings (outcomes)
- Proportionate – based on empowerment and prevention and
- Reduce the risk of further abuse/neglect.

This decision support guidance has been developed to support practitioners to assess:

- The risk to the adult(s),
- The impact on the adult(s) and
- The level of response required and whether or not it is proportionate to use the safeguarding (Section 42) enquiry process.

Purpose of the guidance

The guidance has been developed primarily for Safeguarding Adults Managers to support consistent decision making at the point that they receive a safeguarding concern. Partner and other agencies may find it useful to support their decision making about whether or not to share a concern with the Local Authority.

The guidance is **not** intended to replace professional judgement and if it is being used by care providers and they are not sharing a safeguarding concern they **must** share the concern with commissioning/contracts, who will pass onto safeguarding locally, if required. The decision should be approved by managers within your organisation and logged appropriately on the adults records

The guidance should promote:

- Consistency of decision making
- Use of alternative processes as a proportionate Response to concerns that do not need to be managed as S42 enquires and
- Confidence for partners & independent providers in using a range of responses.

If a partner or independent organisation decides not to raise a safeguarding concern with the local authority, they must be able to evidence:

- A detailed record of the incident, evidencing the vulnerability of the adult, the impact on the adult, what actions have been taken to address the immediate risks and to prevent further harm? (For independent providers this record must be shared with commissioners/contract management colleagues as required),
- A recording system that supports identification of repeat concerns about the same issues and /or adult(s) and not be reliant on memory of managers/ staff and
- That discussions have taken place with the adult or their advocate/family about their views on what responses are required/available, this should include the option to raise a safeguarding concern with the local authority.

If any doubt exists about the need to raise a safeguarding concern, advice should be sought via the Customer Access Team:

Telephone**: 01226 773300**

Email: **Adultsocialservices@barnsley.gcsx.gov.uk** (please use fax if you do not have a secure email – nhs, gcsx, gsi etc; workers within BMBC can use their email address – barnsley.gov.)

Fax; **01226 774949 (Safehaven)**

Repeat low level concerns relating to the same adult or issues **MUST** be shared in a timely manner with the Local Authority. Failure to do so may result in an organisational safeguarding enquiry being commenced.

SECTION TWO
GUIDANCE TOOL

This tool is designed to support you in considering the following:

- The ability of the adult to manage the risks and prevent further harm on their own or with limited support
- The seriousness of the harm and the risks to other adults who may be less able to reduce the risks/prevent further harm
- The risk of the harm reoccurring to the individual or other adults
- The impact of repeated low level concerns that have failed to be addressed via contract management processes.

The guidance does not replace professional judgement and decision making and does not require the local authority to lead on any subsequent enquiries if a more appropriate partner or independent provider is better placed to do so.

	Factors	Guidance Questions
Vulnerability of the adult at risk (less or more able to protect themselves)	➢ More or less able to protect themselves? ➢ Previous experience of abusive relationships/situations? ➢ Evidence of duress or coercive control? ➢ Support available to them to address without an S42 enquiry (this may include family, friends, voluntary organisations etc)?	➢ Does the adult have care and support needs? If no, exit S42 and signpost to relevant support agencies ➢ If yes, are the care and support needs being met by any agency? ➢ If yes, can the adult and the agencies involved with them resolve the issues outside of a S42 enquiry? This must be recorded and the safeguarding manager must be satisfied it meets the adults stated outcomes. ➢ Does the adult have capacity to recognise the abuse/harm? ➢ Does the adult have capacity to consent to a S42 enquiry? If no, a best interest decision should be taken ➢ Is the adult dependent on the alleged source of harm? ➢ Does the adult have the ability to raise future concerns if the situation does not improve?
Alleged source of harm (ASH)	➢ Does the ASH have a criminal or other history of abusive acts? ➢ What is the nature of the harm/abuse (unintended/ill–informed, opportunistic or targeted and deliberate)? ➢ What is the relationship and power balance between ASH	➢ Does the ASH have a relevant criminal history? ➢ Does the ASH have a history of domestic abuse? ➢ Does the ASH have a history of involvement in safeguarding adults or children cases? ➢ Does the ASH have a relevant disciplinary history?

	and adult at risk?	➢ Is the ASH in a position of power in relation to the adult at risk or other adults at risk?
Level of Harm/Abuse	➢ The adult's perception of how serious the harm is, compared with our assessment of the risks must be considered. We may take action against the wishes of the adult if others adults are at risk.	➢ How seriously does the adult view the harm/abuse? ➢ How does this compare with our assessment of the harm/abuse and the risk of further harm/abuse? ➢ Are other adults at risk of harm and/or abuse by the alleged source of harm? ➢ Context of the harm – one-off or part of a longstanding pattern? ➢ Is this an escalating situation – number of concerns? ➢ Does the harm/abuse meet the threshold for a criminal investigation?

	Factor	Factor	Factor	Guidance Questions
Pattern of Harm/Abuse	Isolated incident	Abuse confined to an ongoing relationship of the adult's choosing	Repeated abuse in a relationship that the adult is unable to leave or in a situation the adult is unable to control (eg. care setting)	➢ If it is an isolated incident but it is serious/ criminal or in a setting providing care for other adults an S42 should be initiated ➢ If isolated incident in the adult's own home and they are able to address this and no risk to others – consider screening out of an S42 response, signposting to other support ➢ If the harm is in a care setting , an S42 should always be considered unless it is being managed within an agreed escalation process by contract management and/or commissioning colleague ➢ If the escalation process within contract management processes has failed to halt the number of new concerns or an escalation of concerns an S42 on an organisational basis should be considered ➢ If the adult has capacity to remain in the risk situation, consider use of domestic violence remedies if the risk relates to family members.

Impact on adult	No or limited impact	Significant impact but no long-lasting effects	Serious impact with permanent or long-term impact	➢ The views of the adult about the situation must inform the decision-making, even if it is in our view significant ➢ Capacity of the adult to remember the incident should not impact on our S42 decision. Other evidence should be sought if an S42 is in their best interests or required to protect other adults ➢ Serious impact, including death, must be considered in S42 if the cause of death is linked to another person/organisation (an SAR should be considered) ➢ Adults who lack capacity to give a view about the harm and its impact should be supported via a best interest meeting/ decision.

Type of harm and impact on adults	**Limited impact on adult/no or limited risks to other adults MAY not need to be referred as S42 concerns**	**Serious risk to adults or significant harm occurred. Likely involvement of medical, police or other emergency services must be shared as S42 concerns.**
	Cases that have the factors listed below may not need to be shared with the local authority as safeguarding concerns. If they are shared it is likely they will be screened out and dealt with via other processes such as case management etc. If the concerns are not shared as safeguarding concerns they must be shared with CQC (if outlined in CQC statutory notifications guidance) and, contract management team on a CCRF or other process agreed locally (if applicable) and **recorded to identify any trends/patterns**	Safeguarding concerns with the factors listed below must be shared with the local authority as soon as possible, if necessary using out of hours contacts, police or other emergency services. An immediate protection plan should always be considered and/or implemented.
Physical	➢ Friction mark (but no skin tears) caused by family carer ➢ Friction mark (as above) caused by staff error using hoist or other moving and handling equipment who have been appropriately trained ➢ Isolated incident between two adults who lack capacity whose care plans do not indicate they need one to one or close supervision ➢ Inexplicable marks – but not skin tears, injuries needing medical	➢ Accumulation of minor incidents, especially if they involve one member of staff ➢ Recurring missed or incorrect medications even if they did not result in harm to adult ➢ Use of covert medication without evidence of appropriate agreement of family, medical professionals etc ➢ Injuries resulting from adult being denied food/drink or access to mobility aids or lack of timely response by staff on

	attention found on one occasion. ➢ Injuries resulting from falls that have occurred despite following agreed fall management plans. ➢ Injuries resulting from restraint, which has been agreed and written into care plans and reviewed regularly ➢ One-off medication error for one adult, no harm occurred, and adult does not want any action taking.	call ➢ Unexplained injures that require medical intervention or hospital admissions ➢ Physical assault by a worker or member of family ➢ Injuries resulting from adult on adult contacts when the adults care plan indicates the need for close supervision ➢ Restraint injuries – especially when the need for restraint is not written into care plans ➢ Deliberate maladministration of medication by family or staff ➢ Witnessed assaults by a worker or member of family.
Sexual (including sexual exploitation)	➢ Isolated incident that did not cause distress or injury between two adults, who both lack capacity to consent to sexual contact. The risk of sexual behaviour to other adults had not been previously identified. ➢ Verbally inappropriate sexual banter between adults with capacity who are not distressed by this. ➢ Inappropriate use of social media etc by adults who have capacity but may lack appropriate boundaries ➢ Sexual contact between two workers observed by adults without the workers' knowledge ➢ Purchase of inappropriate clothing, by family members, that suggest they are limiting choices of the adult to determine personal identity via their clothing choices. ➢ Use of pornographic materials by an adult for their own gratification when they have capacity to make this choice or is included as a best interest decision in their care plan.	➢ Sexual contact by a member of staff with an adult in their care ➢ Sexual voyeurism by staff members or volunteers ➢ Inappropriate use of pornographic material in the workplace ➢ Sexual relationship between a worker/ volunteer and a person who receives care/ support from the worker/volunteer ➢ Facilitating sexual contact with adults not involved in their care, when the adult cannot consent to this, especially if this involves payment to the worker/volunteer arranging this ➢ Indecent exposure by the worker/ volunteer or encouraging indecent exposure or touching by the adult for the benefit of the worker ➢ Grooming activity (gifts, meals etc) in return for sexual contacts ➢ Female genital mutilation ➢ Use of medication or other substances to remove the ability of the adult to consent or not to sexual contact ➢ Coercion or threat to obtain the agreement of the adult to sexual contact

Psychological	➢ Stressed family carer speaks inappropriately to an adult but is immediately remorseful ➢ Worker is rude to an adult following an attack by the adult on them ➢ Purchase of clothing by family or workers that is not age appropriate and do not reflect the adult's ability to make decisions about clothing/image. ➢ Family or workers limit information available to the adult to 'protect them' which limits or disempowers them ➢ Workers have inappropriate conversations about adults while providing care to them. The adult(s) has limited awareness or memory of this.	➢ The adult is frightened or distressed by a verbal outburst ➢ The language and behaviour used by carers/workers does not improve despite training and/or other interventions ➢ Intimidation, particularly when it results in power to the worker/family member ➢ Coercing an adult to amend their Will/gift items/ give money etc. by use of threats to limit contact with family/ access to activities etc. ➢ Any threats of harm/abandonment by a person in a position of power – this includes family members
Financial or material	➢ Money transactions not recorded appropriately or in line with policies, no money missing. ➢ Adult not routinely involved in decisions about how their money is spent – especially when they have capacity to make some decisions in this area ➢ Care fees not paid on behalf of the adult but is addressed and rectified when pointed out ➢ Adult is persuaded to spend on items that have no benefit to them, that are used primarily or exclusively for the benefit of family members ➢ Workers accept gifts of money or goods from an adult, who has capacity, on an occasional basis – birthdays, Christmas etc	➢ Adult has no access to their money and has no food etc ➢ Adult's possessions are sold without their knowledge or consent for the benefit of others ➢ Care fees not paid by people responsible for their finances despite many requests ➢ Theft by family or workers of money or goods ➢ Use of the adult's name/address to purchase goods online or via catalogue by another person ➢ Adult's details used to obtain loans, credit etc. without their knowledge or consent. ➢ Fraudulent claims for benefits etc. without the knowledge/consent of the adult. ➢ Workers persuade adult to purchase items that are primarily or exclusively for the benefit of the worker(s).
Neglect and acts of omission	➢ Adult is not assisted with food/drink on one occasion and no harm occurs ➢ Adult is not supported to access medical care (optician etc.) in a timely manner but no harm or distress occurs ➢ Adult is denied access to independence aids (walkers etc) as family are worried they will fall and injure themselves	➢ Adult is frequently left without support (paid or unpaid) and they are unable to meet their own basic needs ➢ Adult is discharged from hospital without appropriate plans in place and harm and / or distress occurs, or the adult is readmitted within 48 hours ➢ Care, in any setting, is not adequate to prevent avoidable

	➢ Adult is not supported to bathe/change clothes are frequently as they would like but is not distressed by this (consider complaint) ➢ Adults do not get access to outings due to staff shortages but are otherwise well cared for (unless included as a DoLS condition) ➢ A home care visit is missed but no harm occurs, and the adult's needs are met by them or their family ➢ Adult's dietary choices are not met but this does not result in harm or distress. ➢ Adult's choices are limited by overprotective family or staff	tissue viability issues, dehydration, malnutrition, etc. ➢ Failure to access medical services – GP, ambulance etc. results in harm or distress to the adult ➢ Family or staff fail to intervene to protect adult who lacks capacity to make the necessary choices and this results in harm or distress ➢ A care provider fails to report missed visits on a regular basis and harm or distress results to one or more adults ➢ A care provider who has an action plan with its commissioner(s) fails to report issues that are linked to the agreed action plan (e.g. missed medication or medication errors).
Organisational abuse	➢ Lack of activities that would support adults to fully engage within the care setting ➢ Adults' views not considered in making decisions about the way the service is run ➢ Staff training is not up to date ➢ Care plans are poor and are not person- centred but do not result in harm due to staff knowledge of adults using the service ➢ The adults are not supported to take risks ➢ Staffing is not at the required levels, but core services are being delivered and plans are in place to address staffing issues.	➢ Staffing levels cannot deliver safe care and person-centred responses ➢ Food is not edible or is insufficient to meet the needs of adults ➢ Staff has not received mandatory training ➢ Staff have not received specialist training to meet adults needs (eg. catheter care etc.) but they have accepted adults who require this care/treatment ➢ Lack of management results in a poorly-run service ➢ Over-medication is used to manage adults to compensate for staff shortages ➢ The care provider runs on high use of agency staff who are not given appropriate inductions and multiple errors occur in providing care to adults ➢ High levels of restraint are used, very little of which is written into care plans ➢ Staff control individual adults' finances and the adults have no knowledge of their finances.

Discriminatory abuse	➢ Family or carer tease an adult based on their differences. The adult is not distressed by this, but it is outside accepted work practices ➢ The care plan does not fully address an adult's individuality but is rectified when this is highlighted by the adult/their family or the commissioner ➢ Inappropriate conversations between paid members of staff not directly aimed at an adult in their care that is addressed by the manager when identified to them ➢ Lack of staff, prevent adults who do not follow the 'norms' of the services following their beliefs on a temporary basis	➢ Service supports discriminatory language or behaviour by failing to train staff or address concerns when raised by adults or their families ➢ Failure to meet specific care needs agreed as part of care plan linked to diversity ➢ Humiliation by staff or by other adults (supported/permitted by staff) ➢ Hate crimes – assault, murder etc ➢ Refusal to obtain medical help despite adult's requests as the worker does not believe them due to their beliefs about the person ➢ Refusal to allow adults their civil rights ➢ – e.g. voting, making a complaint etc. ➢ Any action or behaviour that distresses the adult or their family based on discriminatory beliefs – race, sexuality, beliefs etc
Modern Slavery	➢ All concerns must be reported immediately to the police and adult social care.	➢ Being forced to work for little or no money, often for very long hours ➢ Denied or limited access to medical or other services ➢ Forced marriage ➢ Limited access to food and shelter Poor quality food and shelter Removal of ID or passport ➢ Sold for sex or sent out to work as a prostitute ➢ Beaten or threatened with violence if money is not handed over ➢ Organs sold for transplants Poor/overcrowded living conditions ➢ Threats that children will be removed from country.
Domestic abuse	➢ All incidents of domestic abuse should be screened using the DASH risk tool and, if necessary, referred to MARAC if high risk identified. If low or medium risk and the adult is an adult at risk a	➢ Stalking ➢ Threats or attempts to kill Rape or serious sexual assault ➢ Refusing access to services/support without

	referral to adult social care should be made unless the adult has capacity and is making a free from coercion choice to remain in the relationship.	consent of adult ➢ Refusal to allow adult to speak on their own with services/workers/family/friends ➢ Evidence of injuries that do not match the explanation provided ➢ No access or control over finances
Self-neglect	➢ If the adult has capacity and is making unwise decisions with regards self-neglect advice should be given, the situation monitored and fully recorded, including evidence of any assessments of the adult capacity to make choices about the areas of concern.	➢ The risks to the adult pose serious risks to their health ➢ The risks extend to neighbours or family members – fire risk etc ➢ The adult's life is in danger due to lack of engagement ➢ It is not possible to reliably assess their capacity ➢ The adult cannot demonstrate executive capacity ➢ The risks to the reputation of organisations involved in the care of the adult are high

Our promise to adults

If you're an adult who needs protection and support, we'll:

- Place you at the centre of everything we do
- Listen to your views on what we can do to improve your safety
- Hold board members to account to make sure we're doing enough to keep you safe
- Collect and share information about how well we're keeping you safe and what more we could do.
- Make sure our workers and volunteers are properly trained
- Constantly review and improve our policies and guidance

	Factor	Factor	Factor	Guidance questions
Risk of repeated abuse or harm to the adult at risk	Unlikely to recur due to protection plan or absence of alleged source of harm	May recur as the adult will struggle to remove all contact with the alleged source of harm	Likely to recur as the adult has regular contact with the alleged source of harm	➤ Can the risks be reduced by provision of training, additional support, alternative support, criminal intervention? ➤ If the risks cannot be reduced by any of the above and the adult has capacity, seek their views about what actions they would like to take place. Ensure that the adult is not under duress or coercion – talk to police about use of domestic violence legislation. ➤ If the adult lacks capacity a best interest decision should be taken as soon as possible.
Impact on others	Nobody else affected	Others indirectly affected	Others directly affected	➤ Direct impact on other adults – do they have capacity? What are their views? ➤ Impact on others in the environment that the adult lives in ➤ Impact on relatives or other adults distressed or affected by the abuse ➤ Impact on other staff members who work in the service.
Risk of repeated harm to other adults	Other adults not at risk	Adults may be at risk but can be managed via disciplinary or other processes	Adult likely to be at risk and no immediate ways to reduce the risk e.g personal assistant or neighbour etc	➤ Does the risk extend to children as well as adults? If yes, consider use of child protection procedures ➤ Would an early contact with the DBS assist in reducing the risks? ➤ Would action by an employer and/or contract management team assist in reducing the risk? ➤ Can the police offer any support in reducing the risks?
Intent of alleged source of harm (ASH)	Unintended or due to lack of support or information – ASH very remorseful	Opportunistic within family or work situation – may not be an isolated incident	Deliberate, makes attempts to cover actions or discredit adult	➤ Is this a stress reaction by either a family member or worker? ➤ Were violence or threats of violence involved? ➤ Was the act a breach of professional or employment responsibilities? ➤ Did the alleged source of harm 'gain' as a result of the act (financially, emotionally etc)? ➤ Does the alleged source of harm pose a risk to other adults?

	Factor	Factor	Factor	Guidance questions
Criminality of act	No criminal acts/not illegal but may be in breach of employment contract	Illegal, but may not meet the threshold for a criminal investigation	Illegal and likely to meet threshold for criminal investigation	➢ **Always** seek advice from the police before making the decision about criminal thresholds. ➢ If the act is in breach of employment law consider suspension until advice is obtained from the police.