

**KNOWSLEY**  
**SAFEGUARDING**  
**ADULTS BOARD**

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**Knowsley**  
**Safeguarding Adults**  
**Procedures**

September 2022 v1

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| <b>Document Control Page</b> |   |
|------------------------------|---|
| Title                        | Knowsley Safeguarding Adults Procedures                           |
| Date                         | November 2022   |
| Author                       | Lyn Waters, Service Manager, Safeguarding and Quality Improvement |
| Ratification                 | Paul Dalby, Head of Service, Safeguarding and Quality Improvement |
| Circulation                  | Adult Social Care<br>Knowsley Safeguarding Adults Board           |
| Review date                  | November 2025   |
| Reviewer                     |   |
| Updates<br>Amendments        |   |

## **Glossary of Terms**

**Adult at risk** - A person aged 18 or over who has care and support needs and because of those needs are unable to protect themselves against abuse or neglect.

**Adult safeguarding** - Protecting a person's right to live in safety, free from abuse/neglect.

**Advocacy** - Support for people who have difficulty expressing their concerns and the outcomes they want during the safeguarding process.

**Best interest** - The Mental Capacity Act 2005 states that if a person lacks mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

**Carer** – In this document carer refers to family/friend carers as distinct from paid carers who are referred to as support workers. The Care Act 2014 defines the carer as an adult who provides or intends to provide care for another adult who needs support.

**ICB** – Integrated Care Board (formerly Clinical Commissioning Group)

**Concern** - Describes when there is or might be an incident of abuse or neglect.

**CQC** - Care Quality Commission responsible for the registration and regulation of health and social care in England.

**NICE Guidance** - Evidence-based recommendations developed by independent committees, including professionals and lay members

**DBS** – Disclosure and Barring Service. Protecting the public by helping employers make safer recruitment decisions and by barring individuals who pose a risk to vulnerable groups from working in certain roles.

**Enquiry** - An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse, or neglect may be taking place. The purpose of the enquiry is to establish whether the local authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

**Equality Act 2010** – Protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws making the law easier to understand and strengthening protection in some situations.

**Independent Mental Capacity Advocate (IMCA)** - Established by the Mental Capacity Act 2005. IMCAs are instructed to represent people who lack mental capacity when there is no-one outside of services, such as a family member or a friend, who can represent them. IMCAs are a legal safeguard that will help people make important decisions about where they live, serious medical treatment options, care reviews, or adult safeguarding concerns.

**IMO** – Incident Management Officer within Knowsley Multi Agency Safeguarding Hub (MASH). The IMO is responsible daily for overseeing the decision making in relation to

contacts and referrals to Adult Social Care. The IMO is responsible for ensuring all contacts and referrals are effectively managed.

**KSAB** – Knowsley Safeguarding Adults Board represents various organisations in an area who are involved in Safeguarding Adults and is committed to protecting an adult's right to live in safety, free from abuse and neglect.

**MASH** – Multi Agency Safeguarding Hub, the Knowsley team that receive safeguarding concerns and process concerns to enquiry.

**Making Safeguarding Personal** – This refers to person-centred and outcome-focused practice. It is about empowering individuals to express what is important to them by whatever means appropriate.

**Outcome Focussed** – aims to achieve priorities of the adult that they identify are important to them.

**PATCH** – Person(s) Alleged to Have Caused Harm

**Person- Centred** – actively involved in the safeguarding process, put in the centre of the process, and treated as a person.

**PIPOT** – Person(s) in Position of Trust

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## ADULT SAFEGUARDING PROCEDURES

### 1. Context

The procedure provides guidance to enable adults, anyone over the age of 18, to be kept safe from abuse or neglect and to allow for immediate action to be taken when required, to achieve this.

The Care Act 2014 sets out statutory responsibilities for keeping adults at risk safe and to promote wellbeing within local communities.

These procedures are a means for staff to combine principles of safeguarding whilst respecting the individual's views, wishes and preferences in accordance with 'Making Safeguarding Personal.'

They are a statutory and legal framework for managing safeguarding interventions, through strong multi-agency partnerships that provide a consistent and effective prevention of, and response to, abuse and neglect. All organisations who work with or support adults experiencing, or who are at risk of, abuse and neglect may be called upon to lead or contribute to a safeguarding concern and need to be prepared to take on this responsibility. Safeguarding is everyone's responsibility, and these procedures are for all voluntary and statutory agencies who work with adults at risk.

The Care Act 2014 and Care and Support Statutory Guidance state that safeguarding:

- Is person led
- Engages the person from the start, throughout and at the end to address their needs
- Is outcome focused
- Is based upon a community approach from all partners and providers

For more information click the links below:

[Care Act 2014](#)

[Care Act 2014 Care and Support Statutory Guidance: Chapter 14- Safeguarding](#)

The Northwest Safeguarding Adults Policy developed by safeguarding adult's boards (SABs) across the Northwest, to meet the requirements of the Care Act and the Department of Health Statutory Guidance.

Northwest Safeguarding Adults Boards adopted this policy to achieve consistency across the region in the way in which adults are safeguarded from abuse and neglect. All organisations involved in safeguarding are asked to adopt this policy in respect of their relevant roles and functions, but may wish to add local practice guidance, protocols, and organisation operation manuals.

Click the following link below for the Northwest Safeguarding Adults Policy:

[Northwest Safeguarding Adults Policy](#)

## **1.1 When to use these procedures**

These procedures MUST be used where there is a concern, allegation or disclosure of abuse or neglect in relation to any adult at risk who at the time of the alleged incident was within the Knowsley area, however, they do not need to be an [ordinary resident](#) of Knowsley. They apply to adults who have needs for care and support and because of those needs are unable to protect themselves from abuse and neglect.

## **1.2 Outside the scope of these procedures**

Safeguarding duties do not apply in prisons or people residing in approved premises such as bail hostels. The Safeguarding Adults Board (SAB) still have a duty to assist prison governors on adult safeguarding matters. Local authorities need 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 contribute towards safeguarding offenders.

For more information click the link below:

[Prisoners and persons in approved premises](#)

## **2. Safeguarding Adults**

### **2.1 What is safeguarding?**

Adult safeguarding is about protecting, preventing, and responding to concerns of abuse or neglect of adults while at the same time making sure that the adult's wellbeing is promoted. 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.

### **2.2 The aims of Adult Safeguarding**

The aims of safeguarding under the Care Act are both reactive and proactive as follows:

- To prevent harm and reduce the risk of abuse or neglect to adults with Care and Support needs.
- To stop abuse or neglect wherever possible.
- To safeguard adults in a way that supports them to make choices and have control about the way they want to live.

- To promote an approach that concentrates on improving life for the adult (s) concerned.
- To raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect.
- To provide information and support in accessible ways to help people understand the diverse types of abuse, how to stay safe and well and what to do to raise a concern about the safety or Wellbeing of themselves or another adult; and
- To address what has caused the abuse or neglect.

Safeguarding is fundamentally identifying and managing risk, it is about the safety and wellbeing of an adult in line with the 6 principles as described in the Care Act (2014). The aim of risk management is:

- To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers and relatives.
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes.

## 2.3 The Six Key Principles

**Accountability** - Accountability and transparency in delivering safeguarding.

**Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

**Prevention** - It is better to act 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.

## 2.4 Definition of who is an Adult at Risk

As defined by the [Care Act 2014](#), The term 'Adult at Risk' is a short form of the phrase 'An adult at risk of abuse or neglect' and refers to adults who may have safeguarding needs according to the Care Act (2014). An Adult at Risk (Sometimes referred to as AAR) is an adult (someone aged 18 or older) who:

- a) Has needs for [care and support](#) (whether or not the authority is meeting any of those needs),
- b) Is experiencing, or is at risk of, abuse or neglect, and
- c) As a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.



## **2.5 What are Care and Support Needs**

### **The Care and Support (Eligibility Criteria) Regulations 2014**

define care and support needs as 'arising from or are related to a physical or mental impairment or illness.'

## **2.6 Safeguarding for Young People in Transition**

A safeguarding concern may be raised in relation to someone who is over 18 but still receiving children's services. If the person concerned is thought to meet the threshold for adult safeguarding the concern should be addressed by the relevant adult team. Where appropriate they should involve the local authority's children's safeguarding colleagues as well as any relevant partners or other persons relevant to the case.

For more information click the links below:

[Bridging the gap: Transitional Safeguarding and the role of social work with adults \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<https://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/>

[Transitional Safeguarding | The Innovate Project](#)

## **2.7 Support for Person(s) Alleged to have Caused Harm (PATCH)**

Where the person(s) is also an adult who has care and support needs, organisations should consider what support and actions may help them to not abuse others. For example, enquires may indicate that the abuse or neglect was caused because the adult's own needs were not being met and therefore a review of their needs should be undertaken.

Where the PATCH is a carer, consideration should be made as to whether they are themselves in need of carer and support.

Where the PATCH is a known perpetrator of domestic abuse, consideration should be made to refer to the Choices Pathway.

For more information on the Domestic abuse Choices Pathway contact the Safer Communities Hub on 0151 443 4608/443 2492

## **2.8 Allegations about a Person(s) in Positions of Trust (PiPoT)**

The statutory guidance to the Care Act 2014 requires Safeguarding Adults Boards to establish a framework and process to respond to allegations against anyone who **'works, either paid or unpaid, with adults who have care and support needs**. When a person's conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the Local Authority Designated Officer (LADO). For more information click this [link](#).

The PiPoT may work in any health or social care setting or in the adult's home and may perform any role within the setting.

A PiPoT is at risk of allegations being made against them at any time and we need to ensure clear and safe working practices are in place. An allegation against a PiPoT must be taken seriously and dealt with fairly in a way that protects both the adult and the PiPoT.

A PiPoT referral should be made if the PiPoT is alleged to have behaved in one or more of the following ways to an adult with care and support needs:

1. may have, or has caused harm to the adult
2. committed a criminal offence against or related to the adult
3. poses a risk of harm to the adult.

For More information and referral guidance for PiPoT: [North West PiPoT Policy](#)

### **3. Safeguarding concerns**

Where abuse or neglect is suspected, identified, or disclosed a safeguarding concern should be reported to the local authority Multi-agency Safeguarding Hub (MASH).

#### **Types of abuse:**

- Physical abuse
- Sexual abuse
- Financial or material abuse
- Emotional and psychological abuse
- Organisational abuse
- Domestic abuse,
- Discriminatory abuse
- Neglect or acts of omission
- Modern Slavery
- Self-Neglect

Concerns about adults at risk of being drawn into extremist activity will also trigger a safeguarding response. A safeguarding concern should be reported to the MASH using the Knowsley Safeguarding Adults '[Report a Concern](#)' Form, or ring 0151 443 2600.

For more information about types of abuse click this [link](#):

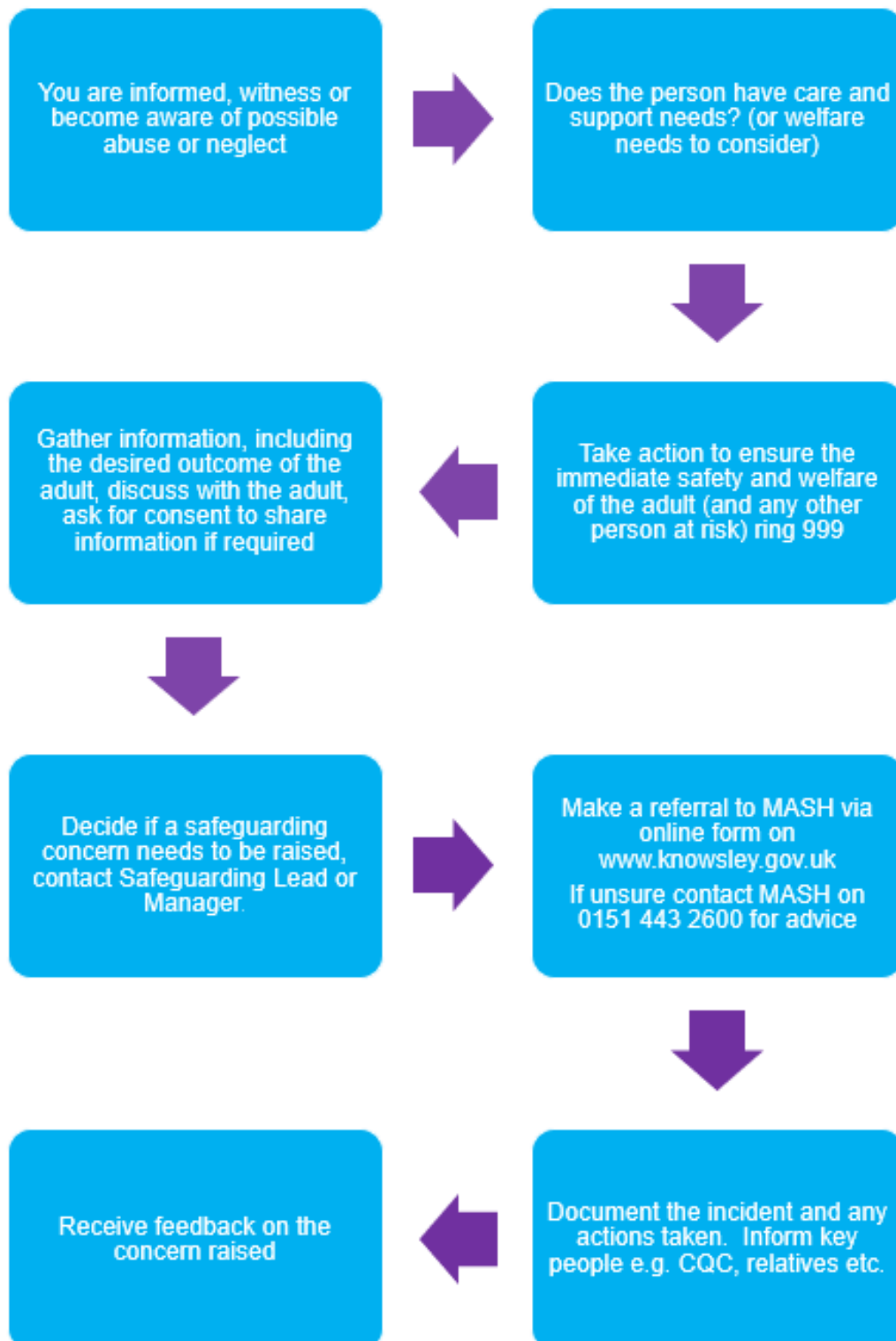
#### **3.1 Who can report a safeguarding concern?**

Anyone who has concerns that someone who has, or may have care and support needs is experiencing, or is at risk of abuse and neglect, can raise their concerns with the local authority.

This means that the adult who may be experiencing abuse or neglect can raise their concerns themselves, but so can their friends, family members, unpaid carers, other members of the public, paid carers, professionals, and organisations.

If a person is unsure if their concern meets the threshold for making a referral to Safeguarding, the individual can call the Knowsley Multi-Agency Safeguarding Hub (MASH) on 0151 443 2600 for advice.

### 3.2 What to do if you suspect abuse or neglect

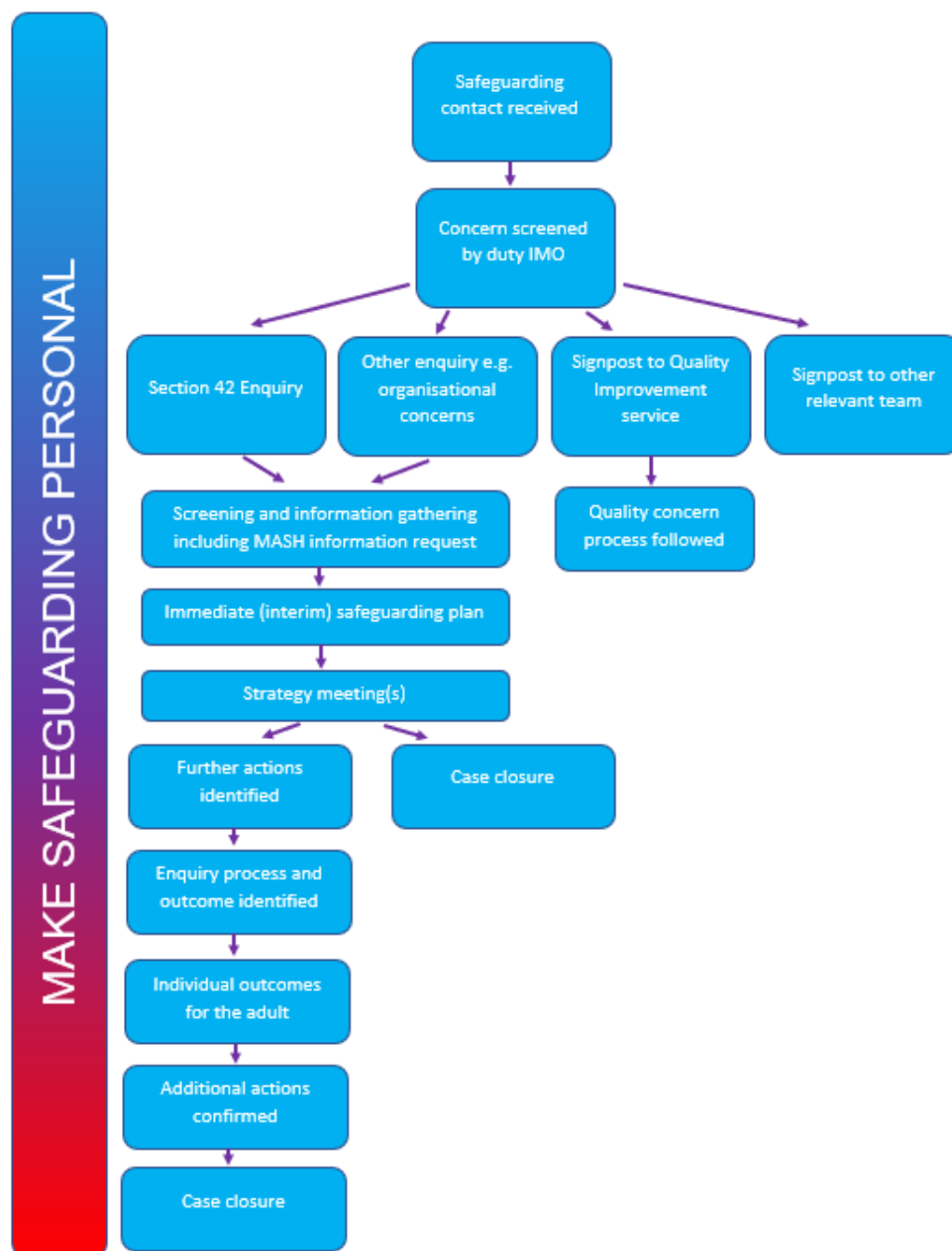


### 3.3 What will happen when a safeguarding concern is raised?

Local authority staff will triage the safeguarding concern, to determine how best to support the adults and address any immediate risks. In some circumstances this may include a referral to the Police or an out of hours visit by social workers/Police. The local authority will always take account of the adult's wishes and what they want to happen, as far as this is known.

If the information received and/or identified through checks, appears to indicate the adult affected meets the criteria below then the local authority has a duty to make enquiries **or** cause others to do so. These enquiries may range from a conversation with the adult or if they have substantial difficulty understanding the enquiry their representative or advocate, to a more formal multi-agency plan or course of action.

**Figure 1: what happens when a concern is raised**



### **3.4 Considerations**

When Knowsley Council MASH staff receive a safeguarding concern, they will take account of the information they already have, do not have, or requires, to determine the most appropriate response to the safeguarding concern. The type and nature of the alleged abuse/neglect will inform and influence decision making regarding the most appropriate action to take including:

- Making contact with the adult at risk of abuse or neglect
- Any immediate risk to the adult or others
- The adult's wishes
- The adult's capacity, representation, and advocacy issues
- Any risks and protective factors for the adult
- Any risks and protective factors for others
- Previous safeguarding concerns
- Any overarching concerns about a provider
- What other agencies might need to be involved

When the Information Management Officer (IMO) has confirmed that the contact is a safeguarding concern, partner agencies will be asked to share information about the person, in line with the MASH Information-sharing agreement.

### **3.5 Adult Safeguarding and Sharing Information**

The challenges of working within the boundaries of confidentiality should not impede taking appropriate action. Whenever possible, informed consent to the sharing of information should be obtained. However:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

### **3.6 Caldicott principles**

The principles are intended to apply to all data collected for the provision of health and social care services where patients and service users can be identified and would

expect that it will be kept private. They are primarily intended to guide organisations and their staff, but it should be remembered that patients, service users and/or their representatives should be included as active partners in the use of confidential information.

### 3.7 General Data Protection Regulation (GDPR)

Whether information is shared with or without the adult at risk's consent, the information sharing process should fall within the parameters of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. GDPR and the Data Protection Act 2018 should not be a barrier to sharing information. They provide a framework to ensure that personal information about living persons is shared appropriately.

[Eight Caldicott Principles 08.12.20.pdf \(publishing.service.gov.uk\)](#)

[Guide to the UK General Data Protection Regulation \(UK GDPR\) | ICO](#)

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

## 4. Enquiries

Section 42 of the Care Act 2014, puts a duty on local authorities to make enquiries or cause others to do so, if there is reasonable cause to suspect the following about an adult in its area (whether an *ordinary resident* there):

- **Care and Support-** has needs for care and support (whether the authority is meeting any of those needs)
- **Abuse or neglect-** is experiencing, or is at risk of, abuse or neglect.
- **Inability to protect self-** as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

The purpose of an enquiry is to establish whether any action needs to be taken to stop or prevent abuse or neglect and if so, by whom.

A Safeguarding enquiry can be closed at any stage. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns. It is good practice where a care management assessment, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other pre-booked review is due to take place following a safeguarding enquiry, for a check to be made that there has been no reoccurrence of concerns.

The safeguarding process may be closed when other processes continue, for example a disciplinary investigation. All closures are subject to an evaluation of the outcomes of the adult at risk.

Local authorities may choose to undertake safeguarding enquiries for people where there is not a section 42 enquiry duty, if the local authority believes it is proportionate to do so and will enable the local authority to promote the person's wellbeing and support a preventative agenda as outlined in the Care Act 2014 – Welfare Principle.

### 4.1 Non-Statutory or Discretionary Enquiries

The local authority may also choose to undertake non-statutory safeguarding enquiries for people even if there is no Section 42 duty if the local authority believes it is a

proportionate response to do so and will enable the local authority to promote the person's welfare and the preventative agenda. For example, where an adult does not have care needs but has some support needs.

Other enquiries and actions may be an appropriate response to the risk that is presented and support the adult:

- [Section 9](#) of the Care Act (S9) assessment of an adult's need for care and support
- [Section 10](#) of the Care Act (S10) assessment of a carers need for support
- Social work services such as care management.
- Signpost for advice/resources
- Quality of care concern
- Domestic Abuse Pathway
- MAPPA, MARAM, MATAC Processes
- Complaint

Click here for more information on enquires:

<https://www.adass.org.uk/media/7326/adass-advice-note.pdf>

## 4.2 Assessing Risk

It is important when considering a safeguarding enquiry, to approach reports of incidents or allegations with an open mind. Whilst it is important to focus on the risk to the adult concerned, it is equally important to consider the potential risk to others.

Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people should be integral in all assessment and planning processes. Assessment of risk is dynamic and on-going and a flexible approach to changing circumstances is needed. The primary aim of a safeguarding adult's risk assessment is to assess current and potential risks and should encompass:

- The safety and protection of the Adult at Risk, Carers & their environment
- The views and wishes of the adult
- The person's ability to protect themselves
- The chronology and pattern of pertinent events
- Factors that contribute to the risk, for example, personal, environmental
- The risk of future harm from the same source
- Assessment of mental capacity with reference to the Mental Capacity Act (2005)
- Protective factors that may be effective in reducing the risk
- The balance of the right to Independence against the likelihood of significant harm arising from the situation
- Identification if the person causing the harm and establishing if the person causing the harm is also someone who needs care and support
- Deciding if domestic abuse is indicated and the need for a referral to the Domestic Abuse Pathway
- Identify if the person causing harm who may be referred to non-statutory multi-agency arrangements e.g., MAPPA, MARAM, MARAC

- Remember risk may increase if information is not shared
- Consideration of the involvement of others in the risk assessment, alongside the adult at risk's capacity to consent to the sharing of information
- Monitoring and review arrangements

#### 4.3 Dealing with historic allegations of abuse where the adult is no longer at risk

One of the criteria for undertaking statutory enquiries under the Care Act S42 duty is that the adult is 'experiencing or is at risk of, abuse or neglect'. Therefore, the duty to make enquiries under the Care Act relates to abuse or neglect, or a risk of abuse or neglect that is current. Concerns relating to historic abuse or neglect, where the person is no longer at risk, will **not** be subject to statutory enquiry under these procedures but further action under different processes may be needed.

The local Authority will take a view of the concerns and assess if needs to be a statutory enquiry or may use other processes.

#### 4.4 Cross Boarder Arrangements

The **host authority** is defined as "the local authority in the area where the alleged abuse occurred, and which therefore has the S.42 duty to make enquiries or cause them to be made whether or not the host authority is commissioning the care."

The **placing authority** is defined as "the local authority or NHS body that is responsible for commissioning the care and support services for an individual involved in a safeguarding adult's enquiry."

Click here for more information: [Cross Border Arrangements](#)

### 5. Making Safeguarding Personal

[Making Safeguarding Personal](#) (MSP) allows for a person-centred approach within adult safeguarding. Which means that adults are encouraged to make their own decisions and are provided with the information and support to empower them to do so. Working towards outcomes that a person wants whilst helping manage the risk of abuse or neglect.

### 6. Consent

Where you have identified that an adult is at risk of, or is experiencing, abuse and neglect you need to have a conversation with the adult about what they want to happen and to seek their consent to share information. The safety of the adult and the potential for increasing risk should always be considered when planning to speak to the person.

Any situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your line manager. Where there is a concern that seeking the adults,' views would increase risk or cause delay then the safeguarding concern can be submitted without this information.

Where an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not override a professional's responsibility to raise a



safeguarding concern and to share key information with relevant professionals e.g., where others are at risk, or a crime has been committed.

If there appears to be significant risk to the adult, and no one else, consideration will need to be given to whether their wishes should be overridden. The adult's wishes should not stop professionals from fulfilling their responsibilities in relation to duty of care regarding appropriate sharing of information. For example, anyone thought to be at significant risk from domestic abuse should be referred to the Domestic Abuse Choices Pathway, the domestic abuse pathway does not require consent. For more information on the Domestic abuse Choices Pathway contact the Safer Communities Hub on 0151 443 4608/443 2492

A consequence of not responding to a serious allegation because the adult refuses safeguarding services can be that it raises questions by the public as to the confidence, they can have in the way in which we deliver public services to them and may deter future situations of concern being reported. Any damage in public trust increases the possibility that other adults or the public will be placed avoidably at risk.

In these situations, the adult must always be:

- advised about what information will be shared, with whom and the reasons for this
- advised that their views and wishes will be respected as far as possible by the local authority or other agencies in relation to any response they may have a duty to make
- provided with information regarding what happens when a local authority is advised of a safeguarding concern
- calmly assured by the person who is to relay this information to the local authority that their wishes, views, and consent to share, or not as the case may be, will be carefully spelt out to the person taking the referral

## **6.1 Consent and Coercion:**

In some cases, the suspicion may be that the adult is unable to give informed and free consent due to threats, fear, intimidation, coercion, or control by another party. "*Coercive behaviour: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.*"

The impact of this coercion may be to make them decide on a course of action contrary to what they would, like to do, but they are unable or unwilling to disclose this.

This can be particularly relevant in circumstances where the adult seems to minimise the concerns or does not wish for the safeguarding enquiry to take place at all. We should avoid simply taking this wish 'at face value,' without account being taken of wider evidence to support this decision. It is applying professional curiosity in circumstances where there seems to be an incongruity between what the adult, or others, say about their situation and the objective evidence available.

In cases of domestic abuse, coercive behaviour and minimisation can be more common, and adults can be opposed to support for a number of reasons including fear,

embarrassment, or even a lack of understanding about coercion and the impact this is having upon them. In addition, they may not always understand what your professional boundaries are, and what your subsequent actions will be.

Taking the time to empathise with their position whilst being clear about what your role is will help both you and the adult.

- Listen to the client, try to understand taking care not to blame them.
- Tell them that they are not alone and that there are many people in the same situation.
- Acknowledge that it takes strength to trust someone enough to talk to them about experiencing abuse. Give them time to talk.
- Acknowledge that they are in an exceedingly difficult situation.
- Do not rule out “surveillance” as a technique of the perpetrator where coercion is identified.
- Make the point that nothing they can do or say can justify the abuser’s behaviour.
- Don’t tell them to leave an [intimate] relationship if they are not ready to do this.
- Ask if they have suffered physical harm [ to consider medical treatment].
- Be clear about what is going to happen next and why
- **Be ready to provide information on Knowsley’s Domestic Abuse Pathway for support to the client**
- **Ensure you make a professional referral into the pathway; and include all known risks**

[Statutory guidance framework: controlling or coercive behaviour in an intimate or family relationship - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship)

## 6.2 Feedback

All adult safeguarding concerns referred to the local authority should be assessed to decide if they meet the criteria for adult safeguarding. Keeping the person who reported the concern informed, is an essential requirement of the policies and procedures and is important to ensure the reputation of the Safeguarding process

Feedback provides assurance that action has been taken whether this is under adult safeguarding or not. Providing a clear rationale for the decision making, allows the reporting person/organisation to challenge the decision, should they disagree. Feedback to the wider community needs to consider confidentiality and requirements of GDPR.

Registered providers have a responsibility to report to the Care Quality Commission (CQC) without delay.

## 6.3 Duty of Candour

Anyone working in health and social care has a responsibility to support service users and promote their wellbeing, which also includes their family and loved ones. An essential element of high-quality care is honesty. Therefore, when something goes

wrong, health and social care workers must tell the service user, their advocate, carer, or family and apologise. This is also known as duty of candour and is a regulation under the Health and Social Care Act 2008 as well as a crucial part of care.

#### **6.4 Dispute Resolution and Escalation**

Professional disagreements should be resolved at the earliest opportunity, ensuring the safety and wellbeing of the adult is paramount. Challenges need to be responded in a respectful and timely manner and should be resolved through co-operation.

If operational staff are unable to resolve matters, more senior managers should be consulted. Multi-agency meetings may be helpful to discuss the disagreement. In exceptional circumstances the SAB may need to be consulted. When there are unresolved disputes with care providers, these should be raised with relevant managers leading on the concerns and commissioners.

<https://www.knowsley.gov.uk/knowsleycouncil/media/Knowsley-Media/KSAB-Escalation-Policy-2021.docx>

<https://secured.knowsley.gov.uk/haveyoursayform>

#### **6.5 Whistleblowing**

Whistleblowing is the process whereby an employee, or former employee or member of an organisation (especially a business or agency), raises a concern about malpractice, wrongdoing, risk, or illegal proceedings, which harms or creates a risk of harm to the people who use the service, employees, or the wider community.

Whistleblowing is not the same as making a complaint or raising a grievance. It is about situations where an employee has witnessed some form of malpractice in their workplace and needs to raise a concern.

It is good practice, and staff have a duty of care, to draw attention to bad/poor practice in the workplace. This includes practice that may cause harm, be abusive and/or neglectful. Failure to report amounts to collusion with the person alleged to have caused harm or the abuse.

It is the responsibility of all organisations to comply with the statutory duty of candour and promote a culture which values good practice and encourages whistleblowing. Each organisation should have its own policy/guidance about whistleblowing that is easily available for staff to read; staff must be made aware of these policies, employees can if they choose to report their concerns direct to Knowsley MASH. However, it is the responsibility of the staff member to seek to inform their employer first. Employers should treat this seriously and communicate with the member of staff to provide assurance thus allowing the employer the chance to resolve the concern.

For more information: [www.direct.gov.uk/Whistleblowing](http://www.direct.gov.uk/Whistleblowing)

There are a number of key partners and individuals that should always be notified of concerns and be involved as appropriate. (See appendix 1)

#### **6.6 Anonymous reporting**

To carry out a thorough enquiry it is important that the identity of the referrer is known so that information can be checked as the enquiry progresses. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. All staff in statutory organisations, and Managers in independent organisations, are expected to provide their contact details when raising a safeguarding concern. Workers in paid or unpaid positions in the independent sector should also provide their contact details. However, if the identity of the referrer has been withheld, the adult safeguarding process will proceed in the usual way.

### **6.7 Sharing Information with People alleged to have Caused Harm**

Sharing information should be provided in a way that will not exacerbate the situation and acknowledges GDPR, applies to people alleged to have caused harm as well as the adult at risk. The person alleged to have caused harm has a right to know what personal information relating to them is held.

If the matter is subject to police involvement, then the police should always be contacted in the first instance so that criminal investigations are not compromised.

### **6.8 Responding to Repeat Allegations**

All concerns need to be considered on their own merit. Repeat allegations which previously have been decided as unfounded, should be treated without prejudice. Where there are patterns of similar concerns being raised in a brief period of time, a risk assessment and risk management plan should be completed, and a local process agreed for responding to further concerns being raised of this nature. All organisations are responsible for recording and noting where such incidents occur, and they may be asked to contribute to the multi-agency response. Information should be shared and analysed to ensure that an appropriate response is taken.

For further information about quality concerns visit:

[Safeguarding Adults and Quality Improvement | Knowsley Council](#)

### **6.9 Mental Capacity**

The [Mental Capacity Act](#) (2005) provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

Things to be considered: Deprivation of Liberty Safeguards /LPS

[Liberty Protection Safeguards: what they are - GOV.UK \(www.gov.uk\)](#).

An Independent Mental Capacity Advocate (IMCA) was introduced under the Mental Capacity Act 2005 to advocate for individuals. An appointed IMCA may also take on the role of Independent Advocate under the Care Act 2014.

## **6.10 Advocacy**

Advocacy means giving a person support to have their voice heard; helping the person to understand their rights and express their views. The person supporting the adult could be a family member, a friend, or an independent advocate.

The Care Act 2014 requires that a Local Authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR where the adult has '**substantial difficulty**' in being involved in the process and where there is no other appropriate individual to help them.

## **7. Safeguarding Adults Board**

There are a number of partner organisations who work together to safeguard adults in Knowsley and are members of the Knowsley Safeguarding Adults Board.

### **7.1 Roles and Responsibilities**

The Knowsley SAB is a statutory multi-agency board that is committed to protecting an adult's right to live in safety, free from abuse and neglect.

It has overall responsibility for co-coordinating safeguarding adult matters and ensuring that partner agencies carry out safeguarding adult's work.

#### **The SAB has three core duties:**

1. It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve this.
2. It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
3. It must conduct any Safeguarding Adults Review (SAR) in line with Section 44 of the Care Act. A SAR is an in-depth review carried out where someone dies or is seriously injured as a result of neglect and abuse. Anyone can refer a case to be considered for a SAR. If you believe a case should be considered, you should discuss with your Safeguarding Lead or Manager before making a referral. Members of the Public should make a referral directly for consideration.

Further information is available at:

[www.knowsleysafeguardingadultsboard.co.uk](http://www.knowsleysafeguardingadultsboard.co.uk)

## 8. Appendix 1 – Types of Enquiries

| Type of Enquires  | Who might lead?  |
|---|--|
| A crime is suspected to have been or might be committed   | Police   |
| Quality and safety concerns arise about a service registered under the Health and Social Care Act 2008  | Care Quality Commission<br>Local Authority Contract & Commissioning Service<br>Local Clinical Commissioning Group – where there is a health funded contract              |
| Quality and safety concerns arise about an NHS Service or an Independent Hospital   | Care Quality Commission<br>Local Authority Contract & Commissioning Service<br>Local Clinical Contract and Commissioning Group – where there is a health funded contract |
| There are disciplinary issues   | Senior representative of the relevant agency   |
| There has been a sudden or suspicious death   | Local Coroner's Office   |
| There are concerns around a health/social care setting involving unsafe equipment or systems of work  | Health and Safety Executive (HSE)  |
| The Knowsley resident at risk is alleged to be abused in another authority, area, or an adult at risk in Knowsley who is funded by another Local Authority                  | Another Local Authority<br>Inter-Authority Safeguarding Arrangements   |
| Children are known to or have been found to be present  | Local Authority Children's Department  |
| There are concerns around the management of the adult's finance or benefits   | Appointee and Court Deputy Section<br>Department of Works and Pensions   |
| Report a concern about an attorney, deputy, or guardian, about e.g., misuse of money or decisions that are not in the best interests of the person they're responsible for. | Office of the Public Guardian  |

## 9. Appendix 2 - Useful Contacts

To raise a safeguarding concern, use the following contact numbers or online link for local authority:

| <b>LOCAL AUTHORITY</b>                    | <b>CONTACT NUMBER FOR SAFEGUARDING TEAM</b> |
|---|---|
| <a href="#">Blackburn with Darwen</a>     | 01254 585949                                |
| <a href="#">Blackpool</a>                 | 01253 477592                                |
| <a href="#">Bolton</a>                    | 01204 337000                                |
| <a href="#">Bury</a>                      | 0161 253 5151                               |
| <a href="#">Cheshire East</a>             | 0300 123 5010                               |
| <a href="#">Cheshire West and Chester</a> | 0300 123 7034                               |
| <a href="#">Cumbria</a>                   | 0300 303 3589                               |
| <a href="#">Halton</a>                    | 0151 907 8306                               |
| <a href="#">Knowsley</a>                  | 0151 443 2600                               |
| <a href="#">Lancashire</a>                | 0300 123 6720                               |
| <a href="#">Liverpool</a>                 | 0151 233 3800                               |
| <a href="#">Manchester</a>                | 0161 234 5001                               |
| <a href="#">Oldham</a>                    | 0161 770 7777                               |
| <a href="#">Rochdale</a>                  | 0300 303 8886                               |
| <a href="#">Salford</a>                   | 0161 631 4777                               |
| <a href="#">Sefton</a>                    | 0345 1400845                                |
| <a href="#">St Helens</a>                 | 01744 676767                                |
| <a href="#">Stockport</a>                 | 0161 217 6029                               |
| <a href="#">Tameside</a>                  | 0161 922 4888                               |
| <a href="#">Trafford</a>                  | 0161 912 5135                               |
| <a href="#">Warrington</a>                | 01925 443322                                |
| <a href="#">Wigan</a>                     | No phone number                             |
| <a href="#">Wirral</a>                    | 0151 514 2222                               |