



Haringey Safeguarding Adults Board
Local Procedures:
Safeguarding Adults at Risk

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13.1 Introduction

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.” (Care Act 2014, Statutory Guidance, paragraph 14.7)

The Care Act 2014 creates a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe from abuse or neglect.

The provisions of the Care Act are intended to promote and secure wellbeing. Under the definition of wellbeing (see [Care Act Guidance Chapter 1, Para 1.5](#)), it is made clear that protection from abuse and neglect is a fundamental part of that. Identification and management of risk is an essential part of the assessment process; the risk to an adult of abuse or neglect should be considered at this point.

This procedure references and should be read in conjunction with:

1. [Section 42-47 Care Act 2014](#)
2. Care Act 2014, [Statutory Guidance, Chapter 14](#).
3. [London Multi-Agency Adult Safeguarding Policy & Procedures](#)
4. [Making Safeguarding Personal](#)

13.2 Who should read this procedure

1. All councillors, chief executives and senior managers have a key leadership role to play in safeguarding adults at risk of abuse and harm.
2. All social care practitioners and their managers
3. All staff and managers of Haringey’s Safeguarding Adults Partnership organisations including the Voluntary and Community Sector.

13.3 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.

Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action (*Care Act, 2014 - Sections 42 – 46*)

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.

13.4 Who is an adult at risk?

In the context of the legislation, specific adult safeguarding duties apply to an 'Adult at Risk' who:

- is a person aged 18 years or older, and;
- 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.

Outside of scope of this definition:

- 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.

13.5 Who carries out abuse and neglect?

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; and
- volunteers and strangers.

The person responsible for abuse is known to the adult and is in a position of trust and power.

13.6 Where does abuse and neglect happen?

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.

13.7 The Safeguarding Principles

The following six safeguarding principles, as set out in the [Care Act Statutory Guidance Chapter 14](#), apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services,

social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults.

PRINCIPLES	OUTCOME	WHAT THIS MEANS TO THE PERSON AT RISK
Principle 1: Empowerment	People being supported and encouraged to make their own decisions and informed consent.	<i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."</i>
Principle 2: Prevention	It is better to take action before harm occurs.	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i>
Principle 3: Proportionality	The least intrusive response appropriate to the risk presented.	<i>"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."</i>
Principle 4: Protection	Support and representation for those in greatest need.	<i>"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."</i>
Principle 5: Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	<i>"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."</i>
Principle 6: Accountability	Accountability and transparency in delivering safeguarding.	<i>"I understand the role of everyone involved in my life and so do they."</i>

The six principles form the basis of the [Haringey Safeguarding Adult's Board's Strategic Plan \(SAB\) 2015-2018](#) that sets out both partnership and community specific actions to prevent and respond to abuse.

13.7.1 Prevention

The provisions of the Care Act 2014 are intended to promote adult's wellbeing. Under the definition of wellbeing (see [Chapter 1, Para 1.5](#)), it is made clear that protection from abuse and neglect is a fundamental part of that.

Any risk of abuse or neglect should be identified during the risk assessment stage of the assessment process. Agencies should stress the need for preventing abuse and neglect wherever possible. When it comes to spotting signs of abuse and neglect, workers across a wide range of organisations must be vigilant about adult safeguarding. Findings from Serious Case Reviews show that if staff had acted upon their concerns or sought more information, then the death or serious incident may have been prevented.

Prevention of abuse has been an important part of the work of Haringey's SAB and is an essential part of the [SAB's Strategic Plan](#). The SAB has recognised the need to empower and offer choice to people and at the same time equip them with information and tools to protect themselves.

[The Adult Safeguarding Prevention Strategy 2014-2017](#) and delivery plan sets out how we will go about preventing abuse amongst all adults at risk in Haringey. The strategy aims to ensure that all adults within Haringey have easy access to appropriate preventative information and advice and where needed, and interventions to enable them to live a life free from violence and abuse in any setting.

Training, of adults at risk and staff, is a key part of the Prevention Strategy. We have a staff programme of regular safeguarding adults training that includes online training. See the [free safeguarding e-learning course](#). There is a wide range of awareness information to keep our wider workforce, partners and service providers aware of adult safeguarding issues. Safeguarding referral data is used to identify adults most at risk and to target prevention work such as awareness and support information.

The Haringey High Risk Panel (HRP) provides a multi-agency way of supporting work on complex and high risk cases, including but not limited to hoarding, fire risk, and self-neglect. The HRP supports agencies in their work to reduce and manage risks for those people identified as being of particular concern and aims to prevent safeguarding concerns from escalating.

A list of useful contacts can be found on the Safeguarding Adults Board page at: www.haringey.gov.uk/social-care-and-health/safeguarding-adults

The work of the [Community Safety Partnership](#) also supports the safeguarding prevention agenda. The Violence against Women and Girls work stream provides an opportunity for joined up working to prevent violence against females, especially domestic violence.

[Haringey Prevent](#) is another initiative between the council, the police and other partners aimed at combating extremism and creating a safe and secure borough.

13.7.2 Empowerment and Making Safeguarding Personal

The first priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive.

Making safeguarding personal is about engaging with people about the outcomes they want from the beginning of the safeguarding process, and then ascertaining the extent to which those outcomes were realised. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety. The aim is to ensure that adults are considered full partners in safeguarding and are empowered to have control over it, rather than being process led.

Adults should be included in decision making in the following areas:

- Whether to investigate the safeguarding concern and about what happens next if a decision is made not to investigate and there is no public interest concerns (e.g. because there is a risk that others may be seriously harmed).
- Type of enquiry, if there are no public interest issues. Ensure that:
 - The enquiry reflects the outcomes that the adult wishes to achieve
 - The adult (or their representative or Independent Advocate) is included as far as possible throughout the process
 - That if in the progress of the enquiry the adult alters their view of their desired outcomes, this is reflected in the enquiry and that the Enquiry's Commissioner is informed of this
- The adult (or their representative or Independent Advocate) is informed of the outcome of the enquiry.
- Making a safeguarding plan which looks at risk.
- Who and what information to give to people, i.e. family members, staff, etc (if there is no public interest)
- How to keep people informed of the progress of any enquiry
- Refusal of a capacity assessment relating to the safeguarding adults procedures

Adults at risk may sometimes not be party to certain decisions or information, but we still have a duty to work with them to achieve their outcomes and share information where appropriate. These include:

- Decisions relating to staff or other adults at risk
- Recommendations relating to the need for a Serious Incident (SI), management investigations or Safeguarding Adults Review
- Referrals to the Disclosure and Barring Service
- An alert or concern where there is a public interest issue
- Decision to send alerts to the police where there is a public interest

It is important, however, to ensure that the adult at risk is able to have their views listened to and recorded.

Safeguarding plans must empower the adult, as far as possible, to make choices and to develop their own capability to respond to them; safeguarding should help adult at risks to build their resilience in the future.

Consent

Wherever possible, practitioners should seek the consent of the adult, before undertaking a safeguarding enquiry. There may be circumstances where consent cannot be obtained because the adult lacks the capacity to give it, however it is still in the best interest of the adult to undertake the enquiry.

If there is a risk to others or it is the public interest to take action (e.g. because a criminal offence has occurred) action must still be taken regardless of whether the adult has capacity to give consent.

If a decision such as this has to be made, we must communicate this decision to the adult and try to navigate the outcomes they require while also meeting the duty to protect others.

Vital interest

If the person does not want any action taken, this does not preclude the sharing of information with other relevant colleagues, to ensure the adult at risk is not being unduly influenced or intimidated and is aware of all options available to them. The Haringey Information Sharing Protocol can be found [here](#).

13.8 The Types of Abuse and Neglect

Abuse may consist of a single or repeated act. It may be physical, verbal or psychological, or an act of neglect or an omission to act. Defining abuse can be complex but it can involve an intentional, reckless, deliberate or dishonest act by the perpetrator. Where anyone encounters abuse and are uncertain about the next steps, contact the police for advice.

The [Care Act Statutory Guidance Chapter 14](#) sets out the different types of abuse and neglect and the different circumstances in which they may take place. For more detail and local guidance see [Guidance 1: Types of Abuse and Neglect](#).

13.9 Criminal Offences and Safeguarding

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, the police should be involved as early as possible.

For guidance on sending safeguarding referrals to the Police see [Guidance 3: Sending safeguarding referrals to the Police](#).

13.10 Haringey's Safeguarding Adults Board (SAB) and Strategic Plan

The Act requires local authorities to set up a SAB in their area, giving these boards a clear basis in law for the first time. The Haringey SAB has overall responsibility for co-ordinating safeguarding adult matters and ensuring that partner agencies carry out safeguarding adults work. Health agencies, the Police, the Fire Service, service user groups and the probation service are all represented on the SAB.

The purpose of the Safeguarding Adults Board is to:

- assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014;
- assure itself that safeguarding practice is person-centred and outcome focused;
- prevent abuse and neglect where possible;
- ensure timely and proportionate responses when abuse or neglect have occurred; and
- assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area

The SAB gives direction, support, guidance and quality assurance to safeguarding adults' policies, procedures and practice in Haringey. It is a multi-agency board established to promote, inform and support safeguarding adults work.

The Haringey Safeguarding Adults Board roles and responsibilities are set out in the SAB Terms of Reference. The Haringey SAB's Terms of Reference, Haringey's Adults Safeguarding Statement of Principles and more information on the SAB can be found [here](#).

Three multi-agency sub-groups have been established, that sit under the SAB. These are the:

- [Mental Capacity Act and Deprivation of Liberty Safeguards subgroup](#) - a steering group, which oversees the ongoing implementation and operation of the Mental Capacity Act (MCA) 2005, including the Deprivation of Liberty Safeguards (DoLS).
- [Prevention, Training and Development subgroup](#) oversees the delivery of the Haringey Safeguarding Adults Prevention Strategy 2014-2017, and development and coordination of multi-agency safeguarding adults training provision.
- [Quality Assurance subgroup](#) - to support the SAB to fulfil its remit of ensuring local safeguarding arrangements are effective and deliver the outcomes that people want. A multi agency Quality Assurance Framework (Add link) has been developed as a mechanism by which the Board will hold local agencies to account.

13.11 The role of Adult Social Services

Adult Social Services is the responsible lead agency for providing care services for people in need, including those at risk of abuse. Haringey Adult Services MUST:

- Investigate allegations of abuse
- Liaise with advocacy services
- Complete needs assessments for vulnerable people and their carers.
- Contribute to Strategy Meetings and Case Conferences as per these procedures as lead agency, where appropriate.

13.12 Information Sharing Protocol

The effective and timely sharing of information is essential to deliver high quality services focussed on the needs of the individual. In Haringey, we encourage a culture where information is shared with confidence as part of routine service delivery. Sharing information is vital to prevent and detect crime and to ensure that our residents are protected from suffering harm from abuse or neglect.

The absence of a protocol should not prevent sharing information. If you need to share information outside of the terms of this protocol or with agencies that are not party to this protocol you should follow the guidance as outlined in Haringey's *Simple Guide to Sharing Information*, see a Practitioners Guide.

The guiding rule is: if you need to share information in order to protect someone from harm or criminal activity, you must do so.

The procedure for sharing information for safeguarding purposes in Haringey can be found in the Haringey [Safeguarding Adults Multi Agency Information Sharing Protocol & Agreement and Practitioners Guide](#).

13.13 Equality, Diversity and Advocacy

Issues of communication, disability, faith, culture and gender must be considered at each stage of the safeguarding process. These issues must be positively addressed to enable the adult at risk to participate within the process by, for example:

- All adults at risk should be encouraged to utilise the support of an advocate, either paid or from their own support networks. Consider advocates aligned to adults race, gender or other characteristic where requested. For more information on the use of advocates see [Local Guidance 2: Advocacy](#).
- Adults at risk may be represented by Independent Mental Capacity Advocates or Welfare Deputies.
- All adults given information that suits their communication needs.
- Use of a translator, speech and language therapist or other person that is able to understand the communication methods of the adult at risk. This may be a family member, trusted friend, volunteer or paid professional.
- Culturally sensitive approaches i.e. gender specific interviews.
- Use of peer support networks.
- Adults at risk who are involved in the criminal justice system may benefit from a Police Intermediary. Referral for this service is via the Police.

The Safeguarding Adult's Partnership is committed to working in accordance with [The Equalities Act 2010](#) and the equalities policies of all partner organisations. See Haringey Council's [Equal Opportunities Policy](#).

13.14 Section 42 Enquiries and Safeguarding Adults Reviews

The Safeguarding Procedures for Haringey are set out in the Haringey [Section 42 Enquiries Framework](#), the [Safeguarding Adults Review Procedure](#) and the [Pan-London Safeguarding Policy and Procedures](#).

13.14.1 Safeguarding Enquiries

Safeguarding enquiries are the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The Local Authority is the lead agency for making enquiries, but may require others to undertake them, for example, a professional who already knows the adult such as a social worker, a housing support worker, a GP or other health worker such as a community nurse. The organisations and attendees required for Section 42 Enquiry will depend on the circumstances of that particular enquiry and will be decided on a case by case basis. The adult safeguarding procedures do not have definitive timescales but indicative timescales can be found in the [Pan-London Safeguarding Policy and Procedures](#) at section 4.3.11.

There are two types of enquires:

1) Section 42 Enquiries:

A Section 42 enquiry occurs where an adult meets **ALL** of the section 42, the Care Act 2014, criteria. The criteria are:

- (a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs)
- (b) The adult is experiencing, or is at risk of, abuse or neglect
- (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) Non Statutory Safeguarding Enquires

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.

13.14.2 Reporting a Inter-Agency Safeguarding Adults Concern

Report alleged or suspected abuse to the **Integrated Access Team**:

By email: iat@haringey.gov.uk

By telephone: 020 8489 1400: 24hrs service/7days a week

By FAX: 020 8489 4900

By SMS: text IAT to 80818

Where a criminal act may have been committed the police must be notified immediately. The person raising the safeguarding concern should **call 999** immediately.

See [Guidance 3: Sending safeguarding concerns to the Police.](#)

13.14.3 Safeguarding Adults reviews (SAR)

Haringey's Safeguarding Adults Board has lead responsibility for conducting a Safeguarding Adults Review and the Chair of the Board will appoint the Chair of the Safeguarding Adults Review Panel in each instance and the Panel members. The organisations and attendees required for the SAR will depend on the circumstances of that particular enquiry and will be decided on a case by case basis.

The Board should **consider** a SAR when;

- An adult at risk with care and support needs dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death;

- An adult has sustained a potentially life threatening injury through abuse, neglect or sustained serious and permanent impairment of health or development through abuse or neglect;
- Where procedures may have failed and the case gives rise to serious concerns about the way in which local professionals and/or services work 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; and
- Where circumstances give rise to serious public concern or adverse media interest in relation to an adult/adults at risk.

13.15 Escalation and Allegations against those in positions of trust

Where during an enquiry that an organisation has been caused to undertake, information comes to light that a person in a position of trust may have behaved in a way that has harmed or may have harmed an adult with care and support needs, then appropriate action must be taken in line with [Haringey's Inter-Agency Safeguarding Adults Board Escalation Protocol](#).

Whilst there is generally good working relationships between agencies in Haringey and professional difference can be a driving force in developing practice, occasionally disagreements may arise which require timely resolution so as not to delay decision making. Disagreements can arise in a number of areas, but are most likely to arise around thresholds, roles and responsibilities, the need for action and communication.

Resolution should be sought within the shortest timescale possible to ensure the adult at risk or child is protected. Disagreements should be resolved at the lowest possible stage. If an adult at risk or any child is thought to be at risk of immediate harm, appropriate action should be taken to safeguard and discretion should be used as to which stage of the process is initiated, consult with your line manager or safeguarding lead wherever possible.

If disagreements cannot be resolved, then appropriate action must be taken in line with [Haringey's Inter-Agency Safeguarding Adults Board Escalation Protocol](#).

13.16 Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

Staff must always work in line with the [Mental Capacity Act 2005](#) (MCA) and DoLS case law.

For more information, see Haringey Council's [Mental Capacity and DoLS Procedure Guidance](#) and [Guidance 4: Mental Capacity and DoLS](#).

13.17 Carers

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, a [Section 42 Enquiry](#), should always be considered.

13.18 Transitions of Young People including Young Carers

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 (Mental Capacity Act applies once a person turns 16).

There should be robust joint working arrangements between children's and adults' services. Duties in both Acts are on the local authority, not children's or adult's services. Both Acts also have a focus on personalised, outcome-based approaches, and a new focus on carers as families transition rather than just the young person.

A key provision of the Care Act is the duty to carry out a transition assessment for these three groups of people in order to help them plan if they are likely to have needs once they (or the child they care for) turn 18:

- young people, under 18, with care and support needs who are approaching transition to adulthood
- young carers, under 18, who are themselves preparing for adulthood

- adult carers of a young person who is preparing for adulthood.

In addition, the Act gives local authorities powers to ensure continuity so that where a young person is receiving children's services those services will not stop abruptly when the person turns 18, but must continue until adult services have a plan in place (more on slide 20). The ability to continue children's services beyond 18, and to join up various assessments across both Acts, should mean a more flexible framework where transition can be a personalised evolution from 14-25.

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.

The Transitions Policy and the Young Carers Protocol are currently being reviewed and will be posted on the [SAB webpage](#) when finalised.

13.19 Working with Care and Support Providers

13.19.1 Managing the Market

The Safeguarding Adult's Partnership takes quality assurance and safeguarding seriously and recognises that quality and safeguarding is everyone's business. The impact of poor quality care can have on safeguarding is recognised, as is the need for a differentiated approach to quality and safeguarding concerns. The Council, in managing the market, will ensure a continued focus on quality of provision to ensure that people's quality of life is maintained and the wider outcomes they seek are achieved.

Haringey Council's Market Position Statement can be found [here](#).

13.19.2 Establishment Concerns

An Establishment Concerns process is where concerns are managed with respect to a number of adults at risk in one establishment, or where there are serious concerns about poor quality of care from a provider. It should be noted that an establishment concerns process supplements, but does not replace, individual safeguarding adults investigations. There should be an individual safeguarding investigation for each separate adult victim in relation to the serious concern.

The joint Health and Social Care [Establishment Concerns Procedure and Guidance](#) have been developed as a means for managing large scale safeguarding investigations of Care Providers in Haringey.

13.19.3 Provider Failure

Sections [19](#) and [48 to 57](#) of the Care Act 2014 places a duty on local authorities to meet an adult's care and support needs and a carer's support needs when a registered care provider becomes unable to carry on a regulated activity because of business failure. The procedure in Haringey to meet this duty is set out in [Managing Provider Failure and Other Service Interruptions Procedure](#).

More information on issues of quality and safety, positive practice, safeguarding concerns and managing large scale enquiries see Chapter 5. Working with Care and Support Providers, [Pan-London Safeguarding Policy and Procedures](#).

13.19.4 Suspension of Placements

Where there are serious abuse or neglect allegations that impact on care home residents' safety, quality of care, health and well-being, a possible response is to suspend further placements on the home until significant improvements had been made. For further guidance see the [Establishment Concerns Procedure and Guidance](#).

13.19.5 The Duty of Candour

The [duty of candour](#) requires all health and adult social care providers registered with Care Quality Commission (CQC) to be open with people when things go wrong. The duty of candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. The duty requires providers to offer an apology and state what further action the provider intends to take in this situation.

All health and adult social care providers registered with CQC will have to meet the fundamental standards. These are the basic requirements that providers should always meet, and the standard of care and service that patients or care-users should expect. They will be legal requirements and CQC will be able to take enforcement action, including prosecution, when they find breaches.

Appendix 1: Safeguarding Adults Glossary and Acronyms

Adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect.

Adult safeguarding lead is the title given to the member of staff in an organization who is given the lead for Safeguarding Adults.

Advocacy taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.

Appropriate Adult is a specific role prescribed under the Police & Criminal Evidence Act 1984. The role of an appropriate adult is confined to instances where a police officer has any suspicion, or is told in good faith, that a person of any age may be mentally disordered or otherwise mentally vulnerable, in the absence of clear evidence to dispel that suspicion, the person shall be treated as a adult at risk and supported by an 'Appropriate Adult'.

Best Interest - the Mental Capacity Act 2005 (MCA) 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. This is one of the principles of the MCA.

Appropriate individual within this document an 'appropriate individual' is a person who supports an adult at risk typically but not exclusively in an advocacy role, and is separate to an Appropriate Adult as described above.

Care setting is where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.

Carer throughout these policy and procedures refers to Family/Friend Carers as distinct from paid carers who are referred throughout as Support Workers. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who *'spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'*.

Commissioning is the cyclical activity, to assess the needs of local populations for care and support services, determining what element of this, needs to be arranged by the

respective organisations, then designing, delivering, monitoring and evaluating those services.

Community Safety Units (CSU) operate in every area in London with dedicated staff who receive special training in community relations, including local cultural issues. The CSUs will investigate the following incidents: domestic violence, homophobia, transphobia and racism, criminal offences where a person has been targeted because of their perceived 'race', faith, sexual orientation or disability.

Concern is the term used to describe when there is or might be an incident of abuse or neglect and it replaces the previously use of term 'alert'.

Contracting is the means by which a process is made legally binding. Contract management is the process that then ensures that services continue to be delivered to the agreed quality standards.

Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The DBS aims to prevent unsuitable people from undertaking certain paid or voluntary work with adults at risk. It will do this by barring those where the information shows they pose a risk of harm to children, young people or adults at risk. This section should be read in conjunction with the [DBS referral guidance](#).

Enquiry establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral'

Enquiry Lead is the agency who leads the enquiry described above.

Enquiry Officer is the member of staff who undertakes and co-ordinates the actions under Section 42 (The Care Act 2014) enquiries.

Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.

Independent Domestic Violence Advisor - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advisor (IDVA). IDVA's provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

IMCA (independent mental capacity advocate) established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Independent Mental Health Advocate - under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

Independent Sexual Violence Advocate (ISVA) - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

LGBT (lesbian, gay, bisexual and transgender) is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

Making Safeguarding Personal is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them.

Natural justice refers to the principles and procedures that govern the adjudication of an issue, which should be unbiased, without prejudice, and there is equal right to being heard.

Organisational abuse 'is the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.' (Care and Support Statutory Guidance, 2014)

Person/organisation alleged to have caused harm is the person/organisation suspected to be the source of risk to an adult at risk.

Position of trust refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

Procurement is the specific function to buy or acquire services which commissioners have duties to arrange to meet people's needs, to agreed quality standards, providing value for money to the public purse.

Public interest is a decision about what is in the public interest, needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Registered Intermediaries (RI) play an important role in improving understanding of the justice process for people who have communication difficulties. They help people to understand the questions that are put to them and to have their answers understood, enabling them to achieve best evidence for the police and the courts.

Regulated Provider is an individual, organisation or partnership that carries on activities that are specified in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding Adult Manager is the person who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are raised to the Local Authority.

Sexual Assault Referral Centres (The Havens) Havens are sexual assault referral centres (SARCs) in London for people who have been raped or sexually assaulted within the past 12 months. If the assault took place more than 12 months ago, the Haven can provide information and signpost people to other organisations.

If a person has reported the rape or assault to the police, first they will organise the visit to the Haven. The Haven also takes self-referrals from people who do not wish to report to the police. Referrals are also accepted from professionals in London such as GPs, sexual health clinics and A&E departments. This service is available 24 hours a day, seven days a week. Adults are only offered appointments through consent and direct initial contact following referrals. Havens also offer follow-up medical and counselling care, including full health screening for sexually transmitted infections, a pregnancy test and emergency contraception.

Victim Support is a national charity, which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional and practical support. Help can be accessed either directly from local branches or through the Victim Support helpline.

Vital interest a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

No 1- TYPES OF ABUSE

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures. It outlines the types of abuse or neglect as set out by The Care Act 2014, examples of these types of abuse and neglect and links to relevant local procedures and protocols. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

The Care Act Guidance, Chapter 14: Safeguarding, Section 14.17 sets out the following categories of abuse and neglect. For more information see [The Care Act Guidance, Chapter 14: Safeguarding](#) and the [London Multi-agency Safeguarding Policy and Procedures](#) p.26.

Type of abuse or neglect	Includes...
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
Domestic violence/abuse	<p>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 psychological, physical, sexual, financial, emotional abuse; so called 'honour based violence, Female Genital Mutilation and forced marriage.</p> <p>A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both. The offence criminalising coercive or controlling behaviour was commenced on 29 December 2015. See Care Act Guidance paragraph 14.21 to 14.23 Read the accompanying statutory guidance for further information.</p>
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. See sexual exploitation .
Psychological abuse	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.
Financial or material abuse	Theft, fraud, internet scamming, postal scams, doorstep crime, 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. There has been a significant increase in internet, postal and doorstep scams and crime. See Care Act Guidance paragraph 14.24 to 14.32 to find a useful case study. Also see the report on The Financial Abuse of Older People .

<p>Modern slavery</p>	<p>Slavery, human trafficking, forced labour and domestic servitude. Adults who are enslaved are not always subject to human trafficking.</p> <p>Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment</p> <p>If the police, local authorities, the National Crime Agency and the Gangmasters Licensing Authority have reasonable grounds to believe that a person may be a victim of slavery or human trafficking, it has a duty to notify the Home Office under the Modern Slavery Act 2015. This can be done by completing a form at: https://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery.</p> <p>Modern slavery: how the UK is leading the fight for further information.</p>
<p>Discriminatory abuse</p>	<p>Forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion. See Hate Crime. See also Discrimination: your rights</p>
<p>Organisational abuse</p>	<p>Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p> <p>See Safeguarding Joint Establishment Concerns Procedure and Guidance.</p>
<p>Neglect and acts of omission</p>	<p>Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, 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>
<p>Self-neglect</p>	<p>A wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. Section 42 enquiries are primarily aimed at those suffering abuse or neglect from a third party. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. See SCIE self –neglect guidance.</p>

Below you can find more detail on specific examples of the types of abuse and neglect as set out in the Care Act Guidance. These include:

Restraint- 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. 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 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. See Haringey Council [Mental Capacity Act & Deprivation of Liberty Safeguards Staff Procedure and Guidance](#) 2016.

Female genital mutilation (FGM) - Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. [The Female Genital Mutilation Act \(2003\)](#) makes it illegal to practice 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.

Forced marriage- A marriage in which one or both of the parties are married without their consent or against their will. 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. See Guidance 3: Sending Safeguarding Concerns to the Police.

Honour-based violence- is violence 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. 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, it should be referred to the police. See Guidance 3: Sending Safeguarding Concerns to the Police.

Human trafficking- Is where organised crime groups run a business supplying people and services to a customer, 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. This problem has a global reach covering a wide number of countries.

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.

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. Those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

Hoarding: Compulsive hoarding (more accurately described as 'hoarding disorder') is characterised by the excessive acquisition of, and inability or unwillingness to discard large quantities of objects that cover the living areas of the home. 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 also include newly purchased

items, food, refuse or animals. Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members. See [The Haringey Borough Multi-agency Hoarding Protocol 2015/16](#).

Mate Crime- A 'mate crime' 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 should be reported to the police who will make a decision about whether or not a criminal offence has been committed. In recent years there has 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. Mate Crime can fit under a number of the types of abuse, depending on the particular case.

Radicalisation: The aim of radicalisation is to attract people to the perpetrators reasoning inspire new recruits, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. 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. A vulnerability assessment to decide whether individuals need support to safeguard them from the risk of being targeted by terrorists and radicalisers can be found [here](#). Radicalisation can fit under a number of the types of abuse, depending on the particular case. See [Haringey Prevent](#).

No. 2- INDEPENDENT ADVOCACY

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice guidance for independent advocacy.

[The Care Act Guidance](#), paragraph 7.4 states

“The role of the independent advocate is to support and represent the person and to facilitate their involvement in the key processes and interactions with the local authority and other organisations as required for the safeguarding enquiry or SAR.”

When you need to arrange an independent advocate?

The Care Act 2014 requires that if a person:

- is taking part in (i.e. the subject of) a safeguarding enquiry or a safeguarding adult review;
- has [substantial difficulty](#) in being fully involved in the assessment; and
- there is no [appropriate person](#) to support them and represent the person’s wishes who is not paid or professionally engaged in providing care or treatment to the person or their carer;

then the Council must provide an independent advocate to help the person take part.

The social work practitioner must arrange for an independent advocate to support and represent an adult who is the subject of a safeguarding enquiry or a safeguarding adult review.

If a safeguarding enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible.

Mental Capacity Act 2005 and Advocacy (See Guidance 4: Mental Capacity Act and DoLS (add link))

If the person at risk lacks capacity to consent to one or more of the protective measures being considered (or interim measures put in place), an IMCA should be instructed if one of the following applies:

- 1) Where there is a serious risk of:
 - death
 - serious physical injury or illness
 - serious deterioration in physical or mental health
 - serious emotional distress.
- 2) Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person’s best interests at heart.
- 3) Where there is a conflict of views between the decision-makers regarding the best interests of the person.
- 4) Where there is a risk of financial abuse which could have a serious impact on the person at risk’s welfare. For example, where the loss of money would mean that they would be unable to afford to live in their current accommodation, or to pay for valued opportunities.

Note There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act 2005, and an Independent Advocate introduced under the Care Act 2014. Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

To arrange an independent advocate or IMCA in Haringey

You must call or email the provider in Haringey, Voiceability:

For Care Advocacy

Telephone: 0300 222 5948

Email: careadvocacy@voiceability.org

For IMCAs

Telephone: 0300 222 5948

Email address: imca@voiceability.org

Where an individual approaches Voiceability directly, without first having been assessed by the Council, Voiceability will make a full referral to Haringey Council to enable an assessment of eligibility to be made.

What will happen after the referral?

- Within two working days of the referral being made, Voiceability will contact the referee to assess their needs, determine if the referrals meet the criteria, and if appropriate allocate an independent advocate.
- People will be able to meet with their advocate offered either at the service provider's office (see above) or in their own home or place of residence, which will include one to one, face to face contact and a telephone service.
- Support will be provided for 3 months and every case will be reviewed on an ongoing basis. Should casework with a person be assessed as needing to extend beyond 3 months, this will be discussed and resolved with the referrer and any changes reflected in the Support Plan.
- A clear exit strategy for individuals in receipt of an advocacy service should be included in the Support Plan.

For more information, please see the 'Support for you' section on the [Voiceability website](#).

No. 3- SENDING SAFEGUARDING CONCERNS TO THE POLICE

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice guidance for sending safeguarding concerns to the Police.

The Care Act Statutory Guidance, Section 14.70 states:

‘Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual abuse or rape, psychological abuse or hate crime, willful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.’

EMERGENCY ACTIONS

In all situations when a crime has been or is about to be committed, the person raising the concern should call 999 or the local police. In all emergency situations, the person raising the concern should call 999 immediately.

The police should be called when:

- **There is a danger to life** or a risk of injury being caused imminently. Examples include serious road accidents, assaults, domestic violence, modern slavery or serious disorders.
- **A crime is in progress.** Examples include assault, burglary, and theft or if an offender is still on scene, or has just left the scene.
- **Police attendance is required immediately** such as to prevent a breach of peace, someone acting suspiciously or someone who is about to commit an offence.

If there is any doubt about whether there is an emergency, call 999 and seek Police advice.

FORWARDING ALERTS TO THE POLICE- for Health and Adult Social Care Teams

All safeguarding concerns should be considered as to whether they are a crime and require actions by the Police. If it is clear that a crime has been committed, there is a public interest, or in alleged domestic violence, they should be sent immediately to the Police. If there is uncertainty as to whether police involvement is required it is best practice to ring the Police non-emergency number, 101.

Consent

The consent to involve the police should be obtained, where practicable, from the adult at risk, where a crime has been committed. The individual involved must be supported to achieve the outcomes they want to achieve. If the adult does not want any action to be taken, information can still be shared with relevant professional colleagues if it is in the best interest of the adult, to support risk assessment and ensure the individual is not being unduly influenced, coerced or intimidated and is aware of all the options. It is good practice to inform the adult at risk that this action is being taken unless doing so would increase the risk of harm.

Where a person is deemed to not have capacity to consent to police involvement, a mental capacity assessment and best interest decision should be made about involving the police. (See Guidance, Mental Capacity Assessments)

The Safeguarding Enquiry (See London Adult Safeguarding Policy & Procedures 'Stage 2: Enquiry' and Haringey's Multi-agency Section 42 Enquiry Framework and Guidance)

Where a crime is suspected and referred to the police, then the police must lead the criminal investigations, with the local authority's support where appropriate. A criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing.

The Safeguarding Team should aim to undertake initial conversation with the adult at risk on the same day as the concern is received. This could include discussions around police involvement and requesting and sharing relevant information. Information is requested and received by the Police in Haringey based on three timescales:

Red (4 working hours) **Amber (24 working hours)** **Green (3 working days)**

A safeguarding planning meeting should be completed within 5 working days. At this meeting, the possible level of police involvement in any subsequent enquiries should be agreed with the adult.

In those cases where no police involvement is needed the Alert form will remain on Mosaic.

Background Checks

When supporting investigations, the Police can run a background check on the person alleged to have caused harm. All requests for background checks on individuals must be compliant with the Data Protection Act 1998 or in conjunction with a recognised Information Sharing Agreement and should be sent to the investigating officer.

Information which must be included in this request for background information is the name of the individual a check is being requested on, their date of birth, their last known address and valid reason for why the check is being requested.

A list of useful contacts for victim support can be found on the [Safeguarding Adults Board page](#).

No. 4- MENTAL CAPACITY ACT AND DEPRIVATION OF LIBERTY SAFEGUARDS

This local practice guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures and reflects the local practice guidance for the implementation of the [Mental Capacity Act 2005 \(MCA\)](#) and the Deprivation of liberty Safeguard (DoLS).

The MCA provides a statutory framework for people who lack capacity to make decisions or take actions for themselves, and others may have to make those decisions on their behalf. When they do this, they should not deprive the person who lacks capacity of their liberty, unless it is essential to do so in the person's best interests and for their own safety.

Haringey Council has a [Mental Capacity and DoLS Procedure Guidance](#) that outlines the internal procedures to implement the Mental Capacity Act and DoLS. This guidance needs to be considered in conjunction with the [MCA Code of Practice](#), the Deprivation of Liberty Safeguards (DoLS) Code of Practice, and the [ADASS Guidance](#). It is important that the MCA and the main Code of Practice are adhered to whenever capacity and best interests' issues, and the DoLS are being considered. The DoLS are in addition to, and do not replace other safeguards in the Act.

See pg 48. [London Multi-Agency Safeguarding Adults Policy and Procedure](#) for a case study on mental capacity, adult safeguarding and the interface with deprivation of liberty safeguards.

This local practice guidance is relevant to professionals who work with adults who may lack capacity to make particular decisions, and is in a situation where the possibility that there may be deprivation of liberty arises.

For more information the Haringey Council DoLS Coordinator can be contacted on:

Email: adult.protection@haringey.gov.uk

Tel: 020 8489 6931

Fax: 020 8489 2323

Independent Mental Capacity Advocate (IMCA) Services

An IMCA is a role created by the MCA. A local council or NHS body has a duty to involve an IMCA when a vulnerable person who lacks mental capacity needs to make a decision. The IMCA will help support the person to make the decision, will represent their views and will act in the person's best interests.

IMCA Services in Haringey are provided through Voiceability. Referral Forms are accessible from the [Voiceability Website](#) or from [ADASS endorsed forms](#).

Referrals should be sent to:

Email: imca@voiceability.org.uk

Tel: 0300 330 5499

Fax: 0208 330 662

Workflow of the Haringey DoLS Process and associated Email and Council Client Database Processes (Mosaic)



