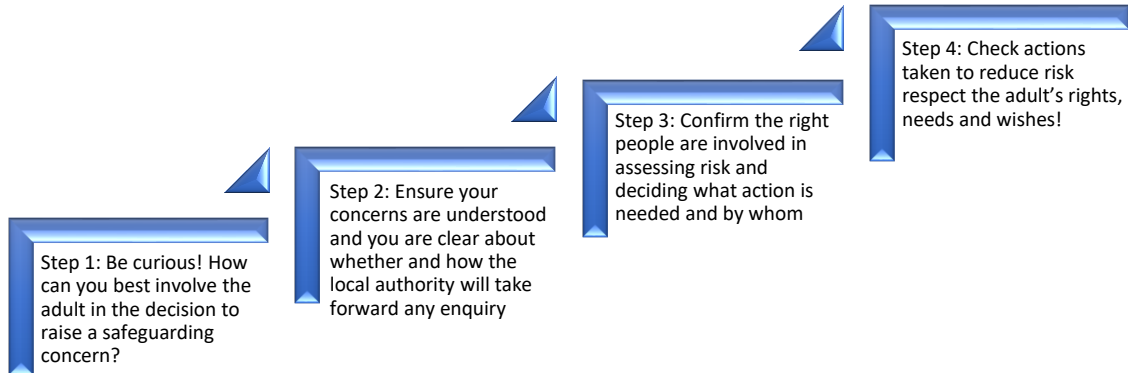




## Making Safeguarding Personal: Steps to Success



### Step one: Professional Curiosity and Involving the adult at risk

Professional curiosity is an emerging theme in the Safeguarding Adult Reviews (SARs) and other reviews completed in Barnet. It has long been recognised as an important concept in Children's Services but is equally relevant to work with adults.

#### Key Points

- Show compassion, listen so that how you support the person respects their wishes and values.
- Be courageous and ask difficult questions, making sure that you provide a safe space for adults at risk to disclose concerns. Consider asking for help from trusted persons already involved within SAB partners (e.g.GPs, housing officers)
- Think the unthinkable; believe the unbelievable
- Consider how you can articulate 'intuition' into an evidenced, professional view and discuss 'gut feelings' with other practitioners.

**Three main questions** to ask yourself and the adult at risk at the outset are:

1. What difference is wanted or desired to make the adult safer?
2. How will you work with the adult to enable that to happen?
3. How will you know that a difference has been made?

NB: only if it is unsafe to involve the adult would you not want to do this, but please do not think this prohibits you from raising a concern or seeking advice either from your organisation's designated safeguarding lead or the local authority's **point of first contact:**

**020 8359 5000 text (SMS) 07506 693707**

**email** socialcaresdirect@barnet.Gov.Uk

### Step 2: Ensure safeguarding concerns are understood and both the adult at risk and you are clear about whether and how a safeguarding enquiry will be taken forward.

Check if the adult at risk has understood the information about risks they face and how these impact on their immediate and longer-term wellbeing. Be clear about what the risks are, how likely those risks are to impact on the person's wellbeing and safety, and whether any statutory assessment duties are relevant. Supporting a person prepare for a conversation will enable their better

involvement in a safeguarding process. Section 1(3) of the Mental Capacity Act 2005 requires we all consider how to maximise the person's involvement, because this is proven to result in the best outcome and, in the words of Lord Justice Jackson '*the freedom to choose for oneself is a part of what it means to be a human being.*' (*Heart of England v JB* [2014], pg1)

*Case Study: Mr X has Schizophrenia and long history of heavy substance misuse. Following a previous accident he delayed seeking medical treatment, resulting in a limb amputation. There are current concerns that infection and poor skin viability in and around injection sites has resulted in an ulcer which, left untreated, may result in sepsis and require a subsequent limb amputation. Previously his mental health was managed through regular depot injections, but a lack of muscle tissue to safely absorb this meant this treatment was no longer safe and discontinued by his responsible clinician. He is described as being 'at best sporadic in his engagement with services'. He is known to mental health services, district nursing and specialist substance misuse services. A thorough MCA assessment was conducted and shared with the group which detailed his primary conditions and identified low mood/ depression. The conclusion was that he was unable to retain the information regarding the seriousness of his condition, in addition the assessor believed he lacked executive capacity to consistently commit to treatment. These findings were reviewed by senior managers via the multi-agency risk panel and the lead practitioner- a mental health social worker had accessed legal advice. The s42 enquiry resulted in multi-agency protection plan in line with s4 Mental Capacity Act i.e. in his best interests. Whilst it was accepted there was a foreseeable risk of serious harm, he has already refused residential based care and treatment and staff recognised that he would resist any attempts to compel him to undergo treatment if this meant abstinence with a risk that he would abscond and therefore be at greater risk. The plan was agreed to continue to monitor his health, offer district nursing outside of hours so as to maximise likelihood of his compliance. This plan was drawn up with his involvement as well as the involvement of support workers within his accommodation, substance misuse services, district nursing and GP. This was fully explained and written down. Arrangements are also in place to appoint an advocate. The plan is reviewed on a fortnightly basis. Staff are able to access legal advice and know to do so if the situation becomes urgent and requires application to Court.*

Please consider whether the person can execute any decision. If you have previous experience of the adult agreeing that an action is necessary to stay safe but was then unable to act on advice in a real situation, please share this when raising your concern as it could be evidence of inability or lack of 'executive decision-making functions'. Analysis of Safeguarding Adults Reviews frequently notes that '*faced with unwise decisions practitioners sometimes relied on an assumption the individual was making a 'lifestyle choice' rather than exploring whether the adult had difficulties carrying out decisions even when they had stated the intention to do so. It was easy to overestimate comprehension and overall cognitive ability, particularly in the presence of verbal skills.*' (Preston-Shoot et al (2020), pg116).

It can be very hard to tackle hostility, raise concerns or challenge the adult at risk or their support network. Similarly, giving information that will not be well received are recognised as hard things to do. Never be concerned about asking the obvious question and share concerns with colleagues and managers. A 'fresh pair of eyes' looking at a case can help practitioners and organisations to maintain a clear focus on good practice and risk assessment and develop a critical mindset. The following are some tips on how to have difficult conversations.

- Plan in advance to ensure there will be time to cover the essential elements of the conversation. Having evidence to back up what you say.
- Keeping the agenda focused on the topics you need to discuss. Be clear and unambiguous.

- Have courage and focus on the needs of the adult at risk.
- Being non-confrontational and non-blaming, by sticking to the facts.
- Showing compassion– being real and honest.
- Demonstrating congruence ie making sure tone, body language and content of speech are consistent.
- Acknowledging ‘gut feelings’, sharing these with other professionals, and be curious- understanding the elements and indicators of behavioural change can help you to uncover ‘evidence’ that might justify statutory powers to investigate concerns under s42 Care Act or under the wider partner agencies’ legal powers.
- Maintain healthy scepticism- understand the complexities of [disguised compliance](#).
- Applying professional judgement and ensure decision-making is justifiable and transparent.

### Step 3: Confirm the right people are involved in assessing risk and deciding what action is needed and by whom

Anyone working or volunteering with children or adults with care and support needs are expected to recognise and respond effectively to the risk of abuse, neglect or exploitation. We know how important it is to share a common language around risk so that where there is concern, this is understood in a multi-agency context, rather than by each agency according to their own perspective. If you are unsure of who has what role or if your concerns trigger safeguarding responsibilities, review the [London Multi-agency safeguarding policy](#) (appendix 4 may be particularly helpful) and seek advice from your line manager, designated safeguarding lead or the local authority.

Remember, the duty to safeguard an adult at risk is not a ‘gateway’ to a social care assessment process. These are separate **duties** requiring the local authority to carry out either function if, given what they know or could reasonably be expected to know, an adult has an appearance of need for care and support (s9 Care Act) and/or is at risk of abuse and neglect and unable to protect themselves (s42 Care Act). Within Barnet there a number of ways agencies [Multi- Agency Hub](#) work together to reduce risk of abuse or neglect and, whilst the local authority will usually decide how best to undertake an enquiry, we have a commitment across the BSAB partnership to parity of esteem, meaning that your voice should be respected. We appreciate the importance of the person raising the concern and the adult at risk understanding who will lead on any actions to reduce or remove risk of harm, so if you are not sure how your concern is being addressed, ask for feedback.

**Advocacy:** It is a statutory duty<sup>1</sup> to consider whether an adult at risk may benefit from an advocate to support their involvement in the safeguarding, treatment or care planning processes.

**Consultation** with an adult’s support network is also crucial, particularly where they have caring responsibilities. Often this is underpinned by statutory obligations (e.g., s9(5) Care Act 2014). Learning reviews also stress the importance of understanding the family dynamics and highlight how it can be counterproductive to ignore relationships that, whilst potentially abusive, remain important to the adult at risk.

*Case Study: A local pharmacist raised concerns that 70yr old woman may not be receiving necessary medication for diabetes and high blood pressure. A s42 safeguarding enquiry (conducted via telephone to reduce delay) agreed her GP was the most appropriate person to*

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<sup>1</sup> There are three separate statutory duties to appoint advocates under s130A Mental Health Act 1983, s35 Mental Capacity Act 2005 and s67-68 Care Act 2014. They arise in different circumstances and have slightly different criteria, but should be considered when a person has substantial difficulty in being involved in a safeguarding process and doesn’t have a ‘suitable person’ willing or able to support them.

*conduct an assessment of her mental capacity to understand the consequences of refusing necessary medication. Her family and carer (provided through a voluntary sector organisation) were consulted so that everyone understood the impact on her declining cognition on these decisions and the GP's advice on the risk than noncompliance with each medication would have on her health. The GP also provided guidance on how to administer necessary medication covertly, specifying any decisions to provide covert medication must be subject to regular assessments under the Mental Capacity Act.*

Safeguarding practitioners are responsible for triangulating information so may contact you to seek information. One of the ways this is done is to check whether any other concerns have been raised for that adult recently. In Barnet where 3 concerns have been raised within 6 months, even if they haven't individually identified that a safeguarding enquiry is required, further information will be gathered to consider whether that adult requires additional support to promote their wellbeing. Risk assessment tools can reduce uncertainty, as they can help to provide an objective picture or the risk to the adult. BSAB have protocols to support identification of safeguarding risks associated with poor pressure ulcer care, self-neglect (including hoarding, refusal of necessary medical treatment and malnutrition) and domestic abuse [here](#). But we also know that these tools are not a substitute for professional judgement. Results need to be collated with observations and other sources of information and information must be weighed up from a range of practitioners, particularly when there are differing accounts. Where there is disagreement, BSAB have an agreed a dispute resolution and escalation protocol to enable speedy resolution to better protect the adult at risk. [here](#)

#### **Step four: Check actions taken to reduce risk respect the adult's rights, needs and wishes!**

This is particularly important where an adult at risk seemingly has capacity but may lack capacity to execute actions that would keep them safer or may be subject to undue influence, intimidation or coercive control. Holistic care requires a person-centred approach and processes that promote the adult's participation and voice in decision making. Good interagency collaboration is reliant on the coordination of effort from all involved and clear leadership, so there is clarity on actions to be taken and accountability for decisions.

Practitioners involved in local Learning Reviews have identified numerous barriers to professionally curious, person centred approaches, such as poor supervision, complexity and pressure of work, changes of worker leading to repeatedly 'starting again' in casework, closing cases too quickly or fixed thinking/preconceived ideas and values. Barnet SAB is committed to working with experts by experience, practitioners from all sectors delivering services and safeguarding lead practitioners to address barriers so that adults in Barnet live free from abuse. We are developing practice guidance for complex safeguarding issues and materials too for Trustees and managers supervising frontline practice- these will be published on our website. The BSAB also has a yearly programme of community engagement and workforce development events to raise awareness of local and national safeguarding issues. Staff working across partnership agencies are encouraged to attend these events not least to enable development of professional relationships.

We regularly hear from those who have experienced abuse that, whilst they recognise the main aim was to protect them, they are frustrated little is done to pursue perpetrators. BSAB is working with the Community Safety Partnership to explore how to measure improvements to practice in this area and report this. But it is important to note that charging decisions and alternative resolution processes available to the police depend on the alleged perpetrator's capacity to understand they were doing wrong. Partner agencies should consider sharing any relevant information with the police that might demonstrate the person's understanding of their actions, e.g. safe manual

handling advice previously given, medical reports in respect of non-accidental injuries, evidence of financial abuse as this is the best way to ensure that another adult at risk doesn't suffer unnecessary abuse.

More info:

- Links to [safeguarding duties for charity and trustees](#)
- Links to ADASS briefings on Making safeguarding personal, including where there are specific safeguarding issues (e.g. homelessness and safeguarding, self-neglect)
- Barnet flowchart re referral pathway from social care direct (adult MASH carry out the screening process, via a duty system).
- Voluntary, community and faith sector safeguarding adults checklist
- Barnet Safeguarding Adults Board: <https://www.barnet.gov.uk/adult-social-care/keeping-safe/safeguarding-adults-board>

LGA and ADASS guidance on decision making re s42 enquiries

[https://www.local.gov.uk/sites/default/files/documents/25.130%20Making%20Decisions%20on%20the%20duty\\_06%20WEB.pdf](https://www.local.gov.uk/sites/default/files/documents/25.130%20Making%20Decisions%20on%20the%20duty_06%20WEB.pdf):

Care Act statutory guidance: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

MCA Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>:

<https://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-safeguarding-practice-questions/>:

SCIE guidance and <https://www.scie.org.uk/>

Care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/ on gaining access to an adult at risk

[http://www.cps.gov.uk/legal/p\\_to\\_r/prosecuting\\_crimes\\_against\\_older\\_people/#mental](http://www.cps.gov.uk/legal/p_to_r/prosecuting_crimes_against_older_people/#mental):

Guidance on prosecuting crimes against adults at risk

[https://www.cqc.org.uk/sites/default/files/20140416\\_safeguarding\\_adults\\_-\\_roles\\_and\\_responsibilities\\_-\\_revised\\_draf....pdf](https://www.cqc.org.uk/sites/default/files/20140416_safeguarding_adults_-_roles_and_responsibilities_-_revised_draf....pdf)

for roles and responsibilities in recognising and responding to safeguarding concerns

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/990426/dhsc\\_transitional\\_safeguarding\\_report\\_bridging\\_the\\_gap\\_web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990426/dhsc_transitional_safeguarding_report_bridging_the_gap_web.pdf):

Chief Social Worker for Adults guidance on Transitional Safeguarding: