

## STAGES OF THE SAFEGUARDING PROCESS

### Isle of Wight Council local process

Safeguarding process	Comments and Timescales
<b>Stage 1 – Alert and referral</b>	
<p>A concern is raised that a person in need of care and support is at risk of, or has been abused</p> <ul style="list-style-type: none"> <li>• Concern raised with the LA Safeguarding team via email, phone, fax or letter</li> <li>• Concern received by the Safeguarding Team Duty Worker who will record the details on Paris Referral tab</li> </ul>	<p>Concerns also come into First Response.</p>
<p>Raising a concern when the adult does not want any action</p>	<p>If the adult has capacity and does not consent to a referral and there are no public or vital interest considerations*, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The adult will need to be informed that a concern will still need to be raised and as a minimum a record must be made of the concern, as well as the adult's decisions with reasons. A record should also be made of what information the person at risk was given.</p> <p>* Public or Vital Interests include situations where:</p> <ul style="list-style-type: none"> <li>• There is a high risk to the health and safety of the adult</li> <li>• Other people or children could be at risk from the person causing harm ,</li> <li>• It is necessary to prevent crime</li> </ul>
<b>Stage 2 – Information gathering</b>	
<p>2a. Screening Safeguarding Team Duty worker screens the concern and decides if further information is required at this stage</p>	<p>This should take place on the <b>same day</b> as the Concern is received</p> <p>Cross checks made with other agencies Discuss with Police if a crime is suspected</p>
<p>2b – Initial contact Safeguarding Team Duty worker to ascertain</p>	<p>Duty worker needs to go back to the person raising the alert to ascertain these details if</p>

<p>whether adult at risk is aware of the referral and what outcomes they wish to see from the safeguarding process</p> <p>Where a provider is involved ascertain what actions the service has taken or could take to ensure the safety of the adult at risk in accordance with their wishes/best interest</p>	<p>not already established. This should take place on the <b>same working day</b> that the referral is received</p> <p>Where risks to the adult at risk are high and abuse is continuing it may be necessary for a <b>same day</b> visit to implement a protection plan with the adult at risk</p>
<p>2c – Decision making Decisions need to be made on whether based on the evidence gathered the concern meets the requirement for a S42 Enquiry. Decision making needs to be recorded on Paris</p> <p>If decision made to proceed, most appropriate and proportionate way needs to be considered. Consideration also needs to be given to which agency should lead on the Enquiry. A worker needs to be appointed to co-ordinate the Enquiry.(this could be a worker from a community team including CMHT). Consider the advocacy duty.</p> <p>Where another agency is caused to make the Enquiry the appointed worker will discuss and agree the terms of reference with the agency and agree timescales.</p> <p>If there is no requirement for a S42 Enquiry, <b>exit the process</b> and feedback to the person raising the alert and to the adult at risk/their representatives including any alternative advice, information, signposting, action</p>	<p>Decision making process takes place on the <b>next working day</b> from the concern being received. This will take place at a daily strategy discussion meeting. Where risks to the adult at risk are high and abuse is continuing it may be necessary for a <b>same day</b> visit to implement a protection plan with the adult at risk</p> <p>Work is allocated by the Consultant Practitioner/Group Manager. Information needs to be sent to the Enquiry Agency on the same day as the decision is made</p> <p>It may be necessary to signpost at this stage to other agencies</p> <p>If the views or wishes of the adult at risk have not been established where it is proportionate to do so it may be necessary to <b>pause the process</b> at this stage to allow this to happen. This may require referral for advocacy.</p> <p>For adults who have been assessed as lacking capacity to make decisions within the Enquiry then all decisions must reflect best interest (involvement of family, friends, IMCA).</p>
<p><b>Stage 3 – Safeguarding Planning meeting</b></p>	<p>A formal safeguarding meeting may not be required in all cases. The rationale for a meeting would be if there is likely to be a large scale enquiry where a number of adults may be abused; where the concerns are serious and careful planning needed to consider a most proportionate way forward; where information sharing is easier with a face to face meeting</p> <p>If a formal meeting is not necessary then a safeguarding Enquiry plan may need to be</p>

	developed with the adult at risk/their representative and partner agencies which reflection actions, outcomes, timescales.
<p>3a – Pre-planning meeting activities</p> <ul style="list-style-type: none"> <li>• The Enquiry Officer should produce a chronology of key events to inform decision making.</li> <li>• Consideration needs to be given as to how the adult at risk and family/advocate can be included in the meeting</li> <li>• Consideration needs to be given as to whether a capacity assessment is required</li> <li>• Consideration needs to be given as to who will chair the meeting.</li> <li>• Chair needs to ensure appropriate people are invited and Agenda is prepared</li> </ul>	
3b – Planning Meeting	<p>This should take place within <b>7 days</b> of the initial contact</p> <p>If all necessary actions have been taken to resolve the risks and safeguard the adult and evaluated the outcomes with the adult/their representative the <b>process can be exited</b> at this stage</p>
<b>Stage 4 – Safeguarding enquiry</b>	
<p>4a – Safeguarding enquiry</p> <p>This will reflect a wide range of activities and may be undertaken by a variety of partner agencies. It is important to involve the adult at risk/advocate/family in the enquiry</p>	<p>Enquiries should take place within <b>28 days</b> of the planning meeting/strategy discussion although there may be exceptions for example if enquiries are being carried out by Police, OPG or other agencies. Also enquiry needs to take place at the pace that suits the adult at risk</p>
<p>4b – Checking and review of Safeguarding activity</p> <p>The Consultant Practitioner/Group Manager/Chair should review the information within 2 weeks of receiving the report. Feedback needs to be given to the adult/family/advocate</p> <p>A decision will need to be made as to whether or not a safeguarding review meeting is required</p>	<p>Within 2 weeks of receiving report.</p> <p>If actions have been taken to resolve the risks and safeguard the adult and evaluate the outcomes then <b>Exit the process</b> and feedback to all concerned</p>
<b>Stage 5 – Review meeting</b>	
	<p>This should be held 2 weeks after the checking and review period.</p> <p>If actions have been taken to resolve the risks and safeguard the adult, evaluate the outcomes. <b>Exit the process</b> and feedback to all concerned</p>
It may be necessary following this meeting to hold another review meeting to monitor the case and protection plan	
<b>Stage 6 – Safeguarding Protection</b>	

<b>(Support) Plan</b>	
One outcome of the enquiry <b>may</b> be the formulation of an agreed protection plan for the adult. The monitoring and implementation of this plan is the responsibility of all the relevant agencies to implement	Monitoring can continue over a period of 6 weeks from the review meeting If actions have been taken to resolve the risks and safeguard the adult, evaluate the outcomes. <b>Exit the process</b> and feedback to all concerned
<b>Stage 7 – Final Review</b>	
7a – Evaluation with the Adult at risk if the safeguarding process has made a difference and whether outcomes have been met	At any time during the process once actions taken to resolve risks and safeguard the adult
7b – Final Closure The safeguarding enquiry cannot be closed until all actions have been completed and risk has been managed Consultant Practitioner/Group Manager/Chair should audit the case and sign off closure	Ensure all interested parties have been advised of this.

## Roles and Responsibilities in Safeguarding Adults

<b>Safeguarding Adults Board</b>	<ul style="list-style-type: none"> <li>• Hold partners to account</li> <li>• Monitor outcomes and effectiveness</li> <li>• Use data and intelligence to identify risk and act on it</li> <li>• Co-ordinate activity</li> </ul>
<b>Social Care and Health Providers</b>	<ul style="list-style-type: none"> <li>• Show leadership and regularly monitor activity</li> <li>• Meet the required service quality standards</li> <li>• Train staff in safeguarding processes and ensure they are effectively implemented</li> <li>• Investigate and respond effectively to incidents, complaints and whistleblowers</li> <li>• Take disciplinary action against staff who have abused or neglected people in their care</li> </ul>
<b>Social Care and Health Commissioners</b>	<ul style="list-style-type: none"> <li>• Build safeguarding into commissioning strategies and service contracts</li> <li>• Review and monitor services regularly</li> <li>• Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place</li> </ul>
<b>Social Workers/Care managers</b>	<ul style="list-style-type: none"> <li>• Identify and respond to concerns</li> <li>• Identify with people (or their representatives or Best Interest Assessors if they lack capacity) the outcomes they want</li> <li>• Build managing safeguarding risks and benefits into care planning with people</li> <li>• Review care plans</li> <li>• Lead and support enquiries into abuse or neglect</li> </ul>
<b>Clinicians</b>	<ul style="list-style-type: none"> <li>• Apply clinical governance standards for conduct, care &amp; treatment &amp; information sharing</li> <li>• Report incidents of abuse, neglect or undignified treatment</li> <li>• Follow up referrals</li> <li>• Consult patients and take responsibility for ongoing patient care</li> </ul>

	<ul style="list-style-type: none"> <li>• Lead and support enquiries into abuse or neglect where there is need for clinical input</li> </ul>
<b>Specialist Safeguarding Staff</b>	<ul style="list-style-type: none"> <li>• Be champions for safeguarding in the organisation</li> <li>• Provide specialist advice and co-ordination</li> <li>• Respond to concerns</li> <li>• Make enquiries</li> <li>• Work with the person subject to abuse</li> <li>• Co-ordinate who will do what – eg criminal or disciplinary investigations</li> </ul>
<b>Police</b>	<ul style="list-style-type: none"> <li>• Investigate possible crimes</li> <li>• Conduct joint investigations with partners</li> <li>• Gather best evidence to maximise the prospects for prosecuting offenders</li> <li>• Achieve, with partners, the best protection and support for the person suffering abuse or neglect – including victim support</li> </ul>
<b>Care Quality Commission</b>	<ul style="list-style-type: none"> <li>• Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high quality care</li> <li>• Intervene and take regulatory action on breaches</li> <li>• Publish findings including performance ratings</li> </ul>
<b>Professional Regulators</b>	<ul style="list-style-type: none"> <li>• Set the culture and professional standards</li> <li>• Apply the Fit to Practise test</li> <li>• Take action where professionals have abused or neglected people in their care</li> </ul>