



Derby and Derbyshire SABs Safeguarding Adults Policy and Procedures

"Derby Safeguarding Adults Board and Derbyshire Safeguarding Adults Board are committed to promoting equality. The SABs aspire to remove the barriers of institutional discrimination and oppression in safeguarding adults practice across the city and county.

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding adults is everybody's business. Everybody is different and diversity will be celebrated and respected. Everybody will be treated fairly, with accessible information, advice and support to help stay safe and maintain control of their lives."

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1. What to do if you or someone you know is being abused, neglected or exploited in Derbyshire and Derby City

- 1.1. In an emergency stay safe and contact the Police, telephone **999**.
- 1.2. If the person is not in any danger now but there has been a crime, contact the police, tel: **101**.
- 1.3. If you are deaf, hard of hearing, have a hearing loss, or are speech impaired, the [Relay UK](#) service lets you alert police, ambulance, fire or coastguard services by either calling via a relay assistant or texting a message to 999 using the emergencySMS service.
- 1.4. If you are worried about yourself or someone else being abused or neglected in **Derbyshire**, please contact **Call Derbyshire, tel: 01629 533190**. You can phone Call Derbyshire anonymously without revealing your name.
 - 1.4.1. If you prefer to use British Sign Language (BSL) can contact **Derbyshire County Council** using a [SignLive video interpreter](#). This service is available on Monday to Friday from 8am to 6pm. It is free to contact us from your home.
 - 1.4.2. You can find out more information on the **Derbyshire Safeguarding Adults Board** website www.derbyshiresab.org.uk.
- 1.5. If you are worried about yourself or someone else being abused or neglected in **Derby City**, please contact the **Safeguarding Adults Team on 01332 642855**. You can phone the Safeguarding Adults Team anonymously without revealing your name.
 - 1.5.1. If you have hearing difficulties, you can contact **Derby City Council** using [SignVideo Web Access](#). This is an online sign language interpreting service that is available Monday to Friday from 9am to 5pm.
 - 1.5.2. If you prefer to call **Derby City Council** on their Minicom number, you can contact do so on **01332 640666**.
 - 1.5.3. You can find out more information on the **Derby Safeguarding Adults Board** website www.derbysab.org.uk.

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1.5.4. You can contact **Careline** (Derby's out of hours emergency social care service) on **01332 786968**. If you prefer to call them on their Minicom number, you can do so on **01332 785642**. You can also send an SMS text message to **07890 034081** (for deaf people only).

2. Foreword

- 2.1. This policy and the accompanying procedures are multi-agency and have been agreed by all partners of both Safeguarding Adult Boards.
- 2.2. They outline the responsibilities of all professionals, volunteers and agencies working together in Derbyshire and Derby to protect those adults most at risk from harm and abuse.
- 2.3. They have been revised to ensure compliance with the Care Act, 2014 and recognise that adults with care and support needs and their carers must be at the heart of what we do.
- 2.4. We are both personally committed to ensuring that adults in Derbyshire and Derby have a right to live in safety, free from abuse and neglect. This joint policy and procedures will enable us all to achieve this aim.
- 2.5. Please remember: "Adult Safeguarding is everyone's responsibility".

Allan Breeton

Derby Safeguarding Adults Board

Andy Searle

Derbyshire Safeguarding Adults Board

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3. Safeguarding policy

3.1. Introduction

- 3.1.1. This document is the revised and agreed joint policy of the Derbyshire and Derby Safeguarding Adults Boards and it replaces the previous policy which was last issued in June 2017.
- 3.1.2. This policy has been written in line with the Care Act 2014 and its updated Care and Support Statutory Guidance ([Chapter 14](#)).
- 3.1.3. This policy will be formally reviewed every two years and will continue to be amended as necessary to reflect changes to statute and statutory guidance, learning from safeguarding adult reviews, recent cases, published research, peer reviews and case law.
- 3.1.4. The purpose of the safeguarding policy and procedure is to make explicit the responsibilities of all professionals, volunteers and agencies to protect adults who may be vulnerable to abuse and neglect.
- 3.1.5. This policy and procedures document aims to raise awareness of safeguarding adults within the community and to meet the expectations that citizens of Derby City and Derbyshire are aware of the responsibilities and duties of partner agencies to protect adults with care and support needs.
- 3.1.6. This policy represents a commitment by the organisations within the Derbyshire and Derby Safeguarding Adults Boards to work together to prevent and respond to abuse and neglect wherever it occurs.
- 3.1.7. The safeguarding policy and procedures take precedence over any internal policies and procedures within all agencies whether statutory, independent or voluntary. However, it is recognised that there may be occasions where other processes may need to run concurrently.
- 3.1.8. Agencies' own policy and procedures should be consistent with this Policy and Procedures and reflect the requirements of the Care Act (2014).

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- 3.1.9. Derbyshire Safeguarding Adults Board and Derby Safeguarding Adults Board will be referred to as the SABs. The SABs have agreed this policy and procedures. Strategies for the prevention of abuse or neglect are a core responsibility of the SABs who will decide how they operate but they **must** ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act, 2014.
- 3.1.10. The SABs are required to assure themselves that local safeguarding arrangements are in place and partners act to help and protect adults with care and support needs in Derby and Derbyshire who meet the criteria. The SABs have developed clear policy and processes which have been agreed with other interested parties.
- 3.1.11. Agencies that have membership of the SABs must comply with this Policy, Procedures, Statutory Guidance and local Practice Guidance and be clear on their roles and Adults Safeguarding responsibilities.

3.2. Board membership and partnerships

- 3.2.1. Strong Partnerships are those whose work is based on an agreed Policy and Strategy with common definitions and a good understanding of each other's roles and responsibilities.
- 3.2.2. Some partner agencies may not be SAB members but will still play an important part in the safeguarding of adults. For example, General Practitioners, Department for Work and Pensions, Trading Standards, advocacy groups and housing associations. These underpin Partnership working in response to instances of abuse and neglect, wherever they occur.

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3.2.3. Derbyshire Safeguarding Adults Board membership

Independent Chair

Vice Chair

- Age UK Derby and Derbyshire
- Care Quality Commission
- Chesterfield Royal Hospital NHS Foundation Trust
- Cloverleaf Advocacy
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire Constabulary
- Derbyshire County Council Adult Social Care and Health
- Derbyshire Fire and Rescue Service
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Safeguarding Adults Board Service Manager
- Derbyshire Voluntary Action
- DHU Health Care Community Interest Company
- Diocese of Derby
- East Midlands Ambulance Service
- Healthwatch Derbyshire
- HMP (YOI) Foston Hall
- HMP Sudbury
- Housing/Environmental Health (District Councils)
- National Probation Service Derbyshire
- NHS Derby and Derbyshire Integrated Care Board (previously known as NHS Derby and Derbyshire Clinical Commissioning Group)
- Office of the Police and Crime Commissioner
- University Hospitals of Derby and Burton NHS Foundation Trust

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3.2.4. Derby Safeguarding Adults Board membership

Independent Chair

Vice Chair

- Care Quality Commission
- City and Neighbourhood Partnership
- Department of Work and Pensions
- Derby City Council
- Derby Homes
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire Constabulary
- Derbyshire Fire and Rescue Service
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Police and Crime Commissioner
- DHU Health Care Community Interest Company
- Diocese of Derbyshire County Council
- East Midlands Ambulance Service
- Healthwatch Derby
- National Probation Service Midlands
- NHS Derby and Derbyshire Integrated Care Board (previously known as NHS Derby and Derbyshire Clinical Commissioning Group)
- NHS England
- Public Health
- University Hospitals of Derby and Burton NHS Foundation Trust
- University of Derby

3.3. The Safeguarding Adults Boards (SABs)

3.3.1. Derby and Derbyshire have well established SABs, with a good range of partner organisation engagement.

3.3.2. From 1st April 2015 the local authority, local Integrated Care Boards (ICBs) [previously known as Clinical Commissioning Groups], and the Chief Officer of Police are required by law to be members of the SAB. The SAB must involve all relevant organisations and individuals to ensure that it has the involvement of all partners necessary to effectively carry out its duties.

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- 3.3.3. Local authorities and their relevant partners **must** collaborate and work together as set out in the co-operation duties in the Care Act 2014 and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.
- 3.3.4. Local authorities **must** co-operate with each of its relevant partners, in order to protect the adult. In their turn, each relevant partner **must** also co-operate with the local authority.
- 3.3.5. The lead agency with responsibility for co-ordinating adult safeguarding arrangements is the local authority, but all the members of the SAB will designate a lead officer.
- 3.3.6. Non-Board member agencies should also consider the benefits of appointing a lead for adult safeguarding.
- 3.3.7. In order to meet its three core duties, the SABs will:
- 3.3.7.1. Publish a strategic plan for each financial year that sets how it will meet its **main** objectives and what the members will do to achieve this, and will consult the local Healthwatch and involve the local community
 - 3.3.7.2. Publish an annual report which **must** clearly state what the SAB and its members have done to carry out and deliver the objectives and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action
 - 3.3.7.3. Conduct any Safeguarding Adults Review in accordance with Section 44 of the Act

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3.4. Principles of safeguarding adults

- 3.4.1. 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.
- 3.4.2. The **six principles** that underpin adult safeguarding apply to all sectors and settings including care and support services, social work, healthcare, welfare, housing providers and police. The principles should inform the ways in which professionals and other staff work with people at risk of abuse or neglect.
- 3.4.3. These principles can also help Safeguarding Adults Boards (SAB's) and organisations more widely, by using them to examine and improve their local arrangements.
- 3.4.4. Six key principles underpin all adult safeguarding work:
- 3.4.4.1. **Empowerment** – People being supported and encouraged to make their own decisions and have informed consent
 - 3.4.4.2. **Prevention** – It is better to take action before harm occurs
 - 3.4.4.3. **Proportionality** – The least intrusive response appropriate to the risk presented
 - 3.4.4.4. **Protection** – Support and representation for those in greatest need
 - 3.4.4.5. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
 - 3.4.4.6. **Accountability** – Accountability and transparency in delivering safeguarding

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3.4.5. The SABs member organisations will adhere to the following guiding principles:

- 3.4.5.1. To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- 3.4.5.2. To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- 3.4.5.3. To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible. The SABs will seek the views of Adults who have been through safeguarding enquiries to gain assurance of the embedding of an outcome-focussed approach to safeguarding and to inform future developments of strategy, policy and procedures.
- 3.4.5.4. To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.
- 3.4.5.5. Early sharing of information is the key to providing effective help where there are emerging concerns. Fears of sharing information must not stand in the way of promoting and protecting the well-being of adults at risk of abuse and neglect.

3.5. Safeguarding adults criteria

3.5.1. The adult experiencing, or at risk of abuse or neglect will be referred to as the adult throughout this document.

3.5.2. Section 42 of the Care Act 2014 defines the statutory safeguarding adults criteria.

3.5.3. The safeguarding duties apply to an adult who:

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

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- 3.5.4. Duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support.
- 3.5.5. Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older adults, disabled adults or adults with a long-term illness, adults with mental ill health and carers. Care and support includes assessment of the adult’s needs, provision of services and the allocation of funds to enable an adult to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.
- 3.5.6. Local Authority (LA) statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting. This is other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. While Prisons and Probation are responsible for Safeguarding within their services, the SABs will seek assurances around how safeguarding is enacted and supported in any premises within their area.
- 3.5.7. Where someone is over 18 but still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Adult safeguarding services should involve the LA’s children’s safeguarding colleagues. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support, or be receiving any service from the LA, for the safeguarding duties to apply.
- 3.5.8. When dealing with safeguarding concerns, it is important that all practitioners should “Think Family” and consider the other members within the household and wider networks who may be at risk of or experiencing abuse. Referrals should be made to all appropriate agencies, such as Children’s Social Care Services, where appropriate.

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3.5.9. Safeguarding means protecting an adult's right to live in safety free from abuse and/or 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, feeling and beliefs in deciding on any action. This must recognise that adults sometime have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

3.6. Making Safeguarding Personal (MSP)

3.6.1. Making Safeguarding Personal (MSP) is a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

3.6.2. Professionals will aim to work with the adult to establish what being safe means to them, and how it can be best achieved, taking into consideration their views, wishes and consent.

3.6.3. In accordance with Care Act 2014, Derbyshire County and Derby City Council will:

3.6.3.1. Make enquiries or ensure others do so, if it believes an adult is, or at risk of abuse or neglect

3.6.3.2. Arrange where appropriate for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry, or a Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them ([see Chapter 7 of the statutory guidance](#) on Advocacy, and the local Procedures and practice Guidance.)

3.6.3.3. Co-operate with each of its relevant partners ([section 6 The Care Act](#))

3.6.4. This policy and procedure, and practice guidance can be located on the [Derby Safeguarding Adults Board](#) website at and [Derbyshire Safeguarding Adults](#) website.

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3.7. Equality and diversity

3.7.1. This Policy and Procedure document recognises the diversity of our community. Individuals and organisations need to be responsive to needs of different groups and individuals and have due regard to issues relating to:

- Gender
- Religion
- Sexual orientation
- Racial origin, culture and linguistic background
- Disability
- Age
- Gender identification
- Pregnancy and maternity
- Marriage and civil partnership

3.7.2. This also includes making any reasonable adjustments.

3.7.3. Within safeguarding procedures actual or potential effects of decisions should be considered in relation to the equality issues above and any subsequent outcomes for the adults at risk. [The Equality and Human Rights Commission](#) has more details about the Equality Act and Public Sector Equality Duty.

3.8. Legal status of this policy and procedure

3.8.1. Staff will have regard to and are bound to operate within the Care Act (2014) and will have due regard to any other relevant legislation, statutory guidance and regulations.

3.8.2. Other procedures or guidance may apply such as the 'Safeguarding Children' procedures, Domestic Abuse Protocol, MARAC, and Forced Marriage. A further source of information and advice can be found in the [SCIE Safeguarding Adults Guidance](#).

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3.9. Definition of abuse

3.9.1. Abuse is a violation of an individual's human or civil rights, by any other person or persons. Professionals should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. The following types of abuse and neglect are identified within the Care Act 2014, but should not be considered exhaustive:

3.9.1.1. **Physical abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate physical sanctions.

3.9.1.2. **Domestic abuse** – An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, female genital mutilation (FGM) and forced marriage.

3.9.1.3. **Sexual abuse** – including 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.

3.9.1.4. **Sexual exploitation** – involves exploitative situations and relationships where people receive 'something' (e.g., accommodation, alcohol, affection, money) as a result of performing, or others performing on them, sexual activities.

3.9.1.5. **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, radicalisation or unreasonable and unjustified withdrawal of services or supportive networks.

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- 3.9.1.6. **Financial or material abuse** – including theft, fraud, internet and postal scamming, 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.
- 3.9.1.7. **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- 3.9.1.8. **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, pregnancy and maternity, marriage or civil partnership, or religion.
- 3.9.1.9. **Organisational abuse** – including 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.
- 3.9.1.10. **Neglect and acts of omission** – including 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.
- 3.9.1.11. **Self-neglect** – this covers a wide range of behaviour 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. 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.

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3.10. Roles and responsibilities

- 3.10.1. It is the responsibility of all staff and Volunteers who work with adults, to act on any suspicion or evidence of abuse or neglect and pass on their concerns to a responsible person or agency.
- 3.10.2. Practitioners should, wherever practicable, seek the consent of the adult before acting. A lack of consent, however, will not prevent safeguarding action being taken, especially in cases where others are or may be at risk if nothing is done, or where it is in the public interest to act because a criminal offence has occurred. The safeguarding procedures must be followed in **all** cases.
- 3.10.3. In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role must understand their own role and responsibility and have access to practical and legal guidance advice and support.

3.10.4. [Front-line staff](#)

- 3.10.4.1. All operational front-line staff within all Derbyshire and Derby City partner organisations are responsible for identifying and responding to allegations of abuse and neglect and substandard practice. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to a suspicion or allegation. This includes GPs. It is employers' and commissioners' duty to set these out clearly and reinforce regularly.
- 3.10.4.2. It is not for front-line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns. Each agency should have effective and well-publicised ways of escalating concerns when immediate Line Managers do not act in response to a concern being raised.
- 3.10.4.3. Concerns about abuse or neglect must be reported whatever the source of harm is.

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3.10.4.4. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring the immediate safety and well-being of the adult. Where the source of abuse or neglect is a member of staff, it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

3.10.5. [Line Managers](#)

3.10.5.1. Line Managers in all organisations have a central role in ensuring high standards of practice in safeguarding, and in ensuring practitioners are properly equipped and supported.

3.10.5.2. Managers need to develop good working relationships with their counterparts in other agencies to improve cooperation locally and swiftly address any differences or difficulties that arise between front line staff or managers. They should have access to legal advice.

3.10.5.3. Each organisation should have in place named professionals who are a source of additional advice and support for complex and contentious cases, for example, Safeguarding Managers, Principal Social Workers or named health leads, who is able to act as the lead in management of complex cases.

3.10.6. [Senior Managers](#)

3.10.6.1. Each agency will identify a senior manager to take a lead role in the organisational and in inter-agency arrangements, including the SAB. For the Board to be an effective decision-making body providing leadership and accountability, members need to be sufficiently senior and have the authority to commit resources and make strategic decisions. To achieve effective working relationships, based on trust and transparency, the SAB members will need to understand the contexts and restraints within which their counterparts work.

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3.10.7. Chief Officers

3.10.7.1. As Chief Officer for the leading adult safeguarding agency, the Director of Adult Social Services (DASS) has a particularly important leadership and challenge role to play in adult safeguarding. Responsible for promoting prevention, early intervention and partnership working is a key part of a DASS's role and critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires a DASS to promote a culture that is person-centred, supports choice and control and aims to tackle inequalities.

3.10.7.2. However, all officers, including the Chief Officer of the local authority, NHS and Police chief officers should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect. The Chief Officers must sign off their organisation's contributions to the Strategic Plan and Annual Reports.

3.10.8. Local Authority member Level

3.10.8.1. Local authority members within Derbyshire and Derby need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local authority members need to understand prevention, proportionate interventions, and the dangers of risk adverse practice and the importance of upholding human rights. Elected members should always be aware of the work of the SAB. Managers must ensure that members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community.

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3.10.8.2. In addition, LA health scrutiny functions, such as the Council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships can play a valuable assurance role in local safeguarding measures and ensure that Derbyshire and Derby SABs are accountable to local communities.

3.10.9. [Commissioners](#)

3.10.9.1. Commissioners from the LA, OPCC, NHS England and Integrated Care Boards (ICBs) all have vital roles in the promotion of adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

3.10.10. [Providers of services](#)

3.10.10.1. All local service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the SABs in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority. Providers need to share information with relevant partners such as the local authority even where they are taking action themselves.

3.10.11. [Voluntary organisations](#)

3.10.11.1. All voluntary organisations within Derbyshire and Derby City that work with adults are expected to have safeguarding procedures in place and named lead officers.

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3.10.12. Regulated professionals

3.10.12.1. Staff within Derbyshire and Derby City who are governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.

3.10.13. Safer recruitment and Disclosure and Barring Service (DBS)

3.10.13.1. The Disclosure and Barring Service helps employers make safer recruitment decisions each year by processing and issuing DBS checks for England, Wales, the Channel Islands and the Isle of Man.

3.10.13.2. Any organisation where people are engaging in 'regulated activities' must have robust and transparent recruitment procedures in place to make sure that adults with care and support needs are safeguarded.

3.10.13.3. Those working in specified activities will be classed as engaging in regulated activity; this is anyone who is supporting, working with or caring with adults with care and support needs.

3.10.13.4. For more information on the Disclosure and Barring Services please visit www.gov.uk.

3.11. Allegations against People in Position of Trust

3.11.1. In line with the amendments to the statutory Safeguarding Guidance, published in March 2016, the SABs have developed a framework and process for how allegations against people working with adults with care and support needs, are notified and responded to. These individuals are known as People in Position of Trust (PiPoT).

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- 3.11.2. Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one's interests to unnecessarily prolong enquiries. However, some complex issues may take time to resolve.
- 3.11.3. Partner agencies should have clear policies for dealing with allegations against people working with adults with care and support needs, whether they work in a paid or unpaid capacity. Such policies should have a clear distinction between an allegation, a concern about quality of care or practice, or a complaint.
- 3.11.4. Where such concerns are raised about people working with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and if necessary, to take action to safeguard these adults
- 3.11.5. For further information for Derbyshire Safeguarding Adults Board PIPOT process please visit: <https://www.derbyshiresab.org.uk>.

3.12. Public disclosure, Speaking Up (formerly Whistleblowing)

- 3.12.1. Whistleblowing is taken seriously in Derbyshire and Derby City and agencies will need to refer to their own policies. If you have serious concerns and these are not addressed or taken seriously by your manager, do not be put off acting.
- 3.12.2. Whistle-blowers can obtain information and advice from the [Speak Up NHS Helpline](#), which is contactable on 08000 724725.
- 3.12.3. The new publication, "Raising Concerns at Work: Whistleblowing Guidance for workers and employers in Health and Social Care" is available to download at basw.co.uk.

3.13. Confidentiality and information sharing

- 3.13.1. Sharing of information will be based on the welfare of the adult, or of other potentially affected adults. This should be consistent with the principles set out in the [Caldicott Review](#) published 2013 ensuring that:

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- 3.13.1.1. Information will only be shared on a 'need to know' basis when it is in the interests of the adult
 - 3.13.1.2. Confidentiality must not be confused with secrecy
 - 3.13.1.3. Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement
 - 3.13.1.4. It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- 3.13.2. Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing. Examples of this may include:
- If the person lacks capacity to make the decision
 - For the prevention and investigation of the crime
 - To prevent serious harm, distress or threat to life
 - If there is a risk to others
 - If there is a risk to children
 - If the person is under duress, coercion or undue influence
 - If staff are implicated
 - Domestic Abuse which meets the MARAC threshold (or professional judgement)
 - If there is a court order or other legal authority in place instructing you to do so
 - Where the alleged source of risk has care and support needs and may be at risk
- 3.13.3. This list is not exhaustive and wherever possible, the appropriate Caldicott Guardian should be involved.
- 3.13.4. Where information is not shared because the adult declines to consent and there is no lawful authority to breach this, practitioners must seek to establish why this is and ensure that the adult is given information on how to access support in case they decide to seek support in the future.

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- 3.13.5. Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and the constraints of the legal framework.
- 3.13.6. Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.
- 3.13.7. In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the General Data Protection Regulations under the Data Protection Act 2018 where this applies. The Home Office and the Information Commissioner's Office have issued general guidance on the preparation and use of information sharing protocols. Guidance on information sharing and adult safeguarding is also available from [SCIE](#).
- 3.13.8. Local safeguarding adult's information sharing agreements can be located on the Derby Safeguarding Adult's Board website at www.derbysab.org.uk and Safer Derbyshire website at www.derbyshiresab.org.uk.
- 3.13.9. A SAB may request a person to supply information to it or to another person. The person who receives the request must provide the information provided to the SAB if:
- The request is made in order to enable or assist the SAB to do its job.
 - The request is made of a person who is likely to have relevant information and then either:
 - The information requested relates to the person to whom the request is made and their functions or activities, or
 - The information requested has already been supplied to another person subject to a SAB request for information.

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3.14. Safeguarding Adults Reviews

- 3.14.1. The SAB is required to arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk.
- 3.14.2. A SAR may also be conducted when a person has not died but it is known or suspected that they have experienced serious abuse/neglect, sustained a potentially life-threatening injury, serious sexual abuse or serious/permanent impairment of health or development.
- 3.14.3. SABs are also free to arrange for a non-statutory review, for example a multi-agency learning review or a single agency review, in any other situation involving an adult in its area with needs for care and support, where important learning points may be apparent. The SAR Panel will consider all such situations on a case-by-case basis.
- 3.14.4. All relevant organisations should contribute to a Review and support with implementing and disseminating the lessons learnt.
- 3.14.5. Both a SAR and a non-statutory review aim to bring together and analyse the findings from individual agencies involved, in order to highlight good practice and make recommendations for future practice where this is necessary.
- 3.14.6. For further information on Derby and Derbyshire Safeguarding Adults Boards Safeguarding Adults Review Process and how to make a referral, please visit:
 - Derby Safeguarding Adults Board website: www.derbysab.org.uk
 - Derbyshire Safeguarding Adults Board website: www.derbyshiresab.org.uk

3.15. Learning and development

- 3.15.1. It is the responsibility of each agency to ensure employees are appropriately trained.
- 3.15.2. The SABs and partner agencies will promote multi-agency training, will consider any specialist training that may be required and will also consider joint commissioning of appropriate training with other agencies, such as the Community Safety Partnership.

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3.15.3. The joint Learning and Development sub-group of the SABs works to develop and promote multi-agency training to support implementation and application of these policy and procedures.

3.16. Governance and assurance

3.16.1. The SABs will hold partners to account to ensure the effectiveness of its arrangements. This will be done by:

- Analysing data
- Completing self-audit and peer reviews
- Consultation with customers, their family, advocates, carers and/or representatives
- Completion of equality impact assessments as required
- Development of mechanisms for reviewing implementation of policy and training
- Evidencing that SAB members challenge one another and hold SABs to account
- Formulating arrangements for dealing with complaints, grievances, professional and administrative malpractice in relation to safeguarding adults.

3.16.2. A role of the Quality Assurance and Performance Improvement sub-groups of the SABs will be to monitor the above and report back to the SABs.

3.16.3. If you wish to highlight concerns about decisions made, actions taken or proposed actions, where these cause concerns about safeguarding practice, in the first instance you should discuss this with your line manager. If the concerns require escalation to the Derby or Derbyshire Safeguarding Adults Boards, your Line Manager can inform the relevant agency representative of the Safeguarding Adults Boards.

4. Safeguarding Procedures

4.1. Statement of purpose

4.1.1. These procedures aim to promote wellbeing and safety, prevent harm and facilitate effective responses to concerns raised about abuse and neglect.

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- 4.1.2. An explanation of wellbeing can be found in Chapter One of the Care and Support Statutory Guidance under the Care Act (2014). The guidance also identifies that “the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life.”
- 4.1.3. All safeguarding processes must follow the principles set out in the Safeguarding Statutory Guidance and Derbyshire and Derby Safeguarding Adults Policy.
- 4.1.4. The principles are empowerment, prevention, proportionality, protection, partnership and accountability.

4.2. Who is covered by these procedures?

- 4.2.1. The Local Authority **must** make enquiries or cause others to do so, if they reasonably suspect an adult who has needs for care and support is or is at risk of being abused or neglected and as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it. **This is known as the statutory criteria for safeguarding.**
- 4.2.2. The local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of who pays for any care and support, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and the National Offender Management Service (NOMS) respectively have responsibility.
- 4.2.3. Local authorities may choose to undertake safeguarding enquiries for adults 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 adult’s wellbeing and support a preventative agenda. This will be considered on a case-by-case basis.
- 4.2.4. [Residents of Derby City and Derbyshire Councils](#)
 - 4.2.4.1. These procedures are to be used when there is a concern, allegation or disclosure of abuse for any adult in need of care and support who is a resident of the Derby City Council and Derbyshire County Council constituency areas.

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4.2.4.2. These procedures are to be used when there is a concern, allegation or disclosure of abuse for any adult in need of care and support who is a resident of the Derby City Council and Derbyshire County Council constituency areas.

4.2.5. [Adults placed out of Derby or Derbyshire but remain the statutory responsibility of Derby or Derbyshire](#)

4.2.5.1. Any adult placed in a residential or nursing home or any other form of care provision out of Derby or Derbyshire for whom the local authority or Integrated Care Board (ICB) maintains a contractual responsibility and who therefore remains the responsibility of the local authority or Integrated Care Board (ICB).

4.2.5.2. In these cases, the “host authority” has the responsibility to manage and co-ordinate the safeguarding enquiries and actions. Discussion will take place with the placing authority to agree who will complete tasks and investigations in the process.

4.2.5.3. [See ADASS out of County Guidelines](#)

4.2.6. [Adults placed in Derby or Derbyshire by other local authorities or Integrated Care Boards \(ICBs\)](#)

4.2.6.1. In cases of suspected abuse involving adults who have been placed in residential or day care within Derby or Derbyshire by other authorities, Derby or Derbyshire will take the co-ordinating role. The placing authority will be immediately informed of the incident and roles and responsibilities regarding the enquiries and subsequent actions agreed.

4.2.6.2. Whatever the role of the “placing authority”, they must be kept informed at all times of progress. Where the “placing authority” has their own safeguarding procedures, there must be agreement about which procedures are being followed.

4.2.7. [Adults in hospitals situated in Derby or Derbyshire](#)

4.2.7.1. Derby City Council and Derbyshire County will have responsibility for coordinating safeguarding enquiries and actions if the alleged abuse or neglect has taken place in an acute hospital setting within Derby or Derbyshire. In the event that the alleged abuse happened in the place where the adult is ordinarily resident, the case will be referred to the local area/authority where the person is resident to co-ordinate the investigation.

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4.2.8. Adults who are homeless

4.2.8.1. Derby City Council and Derbyshire County Council will make enquiries and take action regarding an alleged incident of abuse or neglect regarding adults who are homeless within Derby or Derbyshire.

4.2.9. Adults who have died and where abuse or neglect may have contributed to their death

4.2.9.1. A Coroner has a duty to investigate a death (sections 1(1) and 1(2) Coroners and Justice Act 2009) where the body of the deceased lies within the Coroner's area and the Coroner has reason to suspect that:

- The cause of death is unknown, or
- The deceased died a violent or unnatural death, or
- The deceased died in custody or otherwise in state detention.

4.2.9.2. The decision to commence an investigation is a judicial decision made by the Coroner. It is for the Coroner to decide whether the safeguarding issue has caused or more than minimally contributed to the death. No other person can make that decision. Consequently, the Coroner should be notified of all deaths where safeguarding issues exist. It should be agreed who will inform the coroner.

4.2.9.3. In order to decide whether an investigation and or inquest is necessary, a Coroner must, from the start, have detailed information regarding the safeguarding issues. As part of the investigation or inquest the Coroner must receive a copy of the full and unredacted report of any safeguarding investigation that has taken place.

4.2.9.4. Where abuse or neglect may be a contributory cause of death (the deceased died in a violent or unnatural death) the deceased person will be the subject of a safeguarding referral under these procedures in order to assess and address any risks to other adults. HM Coroner for Derby and Derbyshire will be informed where a death occurs in these circumstances.

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4.2.9.5. In Derbyshire and Derby, HM Coroner has agreed to alert the local authority of a death which raises concerns of abuse or neglect.

4.2.9.6. Considerations should be made as to whether a Safeguarding Adults Review is required.

4.2.10. [Who is not covered by these procedures?](#)

4.2.10.1. Former residents of Derby or Derbyshire who have made their own arrangements to enter residential or nursing homes outside Derby or Derbyshire are not included under these procedures. These adults are deemed ordinarily resident in the area in which they are currently living, and reference should be made to the local social services department or regulatory authority.

4.2.10.2. Those adults who do not meet the statutory safeguarding criteria would not be covered under these procedures; however, this does not prevent appropriate advice, information and signposting being provided. Signposting could include referral to voluntary and third sector organisations or preventative services, for example.

4.3. Safeguarding responses

4.3.1. Please refer to the over-arching safeguarding workflow chart at Appendix One. Each local authority will publish its own workflow charts which show how the overarching workflow is being implemented. In Derbyshire a [Multiagency Adult Risk Management \(MARM\) process](#) will continue to operate. However, in Derby City any case which would have met the MARM criteria will be managed through the safeguarding adults procedures.

4.3.2. Safeguarding responses should be swift and personalised and should involve the adult in the enquiries and decision making from the start. Central to this is having a genuine conversation with the adult to understand how we can help them to achieve the outcomes most important to them. The adult should experience the safeguarding process as empowering and supportive. This should encourage proportionate responses and improve outcomes for the adult concerned.

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- 4.3.3. No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are experiencing or likely to experience abuse or neglect then they should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed. Information should be shared with the Police for the purpose of the prevention and detection of crime under the Crime and Disorder Act (1998).

4.4. Raising an alert

- 4.4.1. An alert is a concern or allegation which has been reported by a member of staff to their lead/manager within their agency.

4.4.2. Involving the adult

- 4.4.2.1. When an adult reports an allegation, it is important that we make safeguarding personal.
- 4.4.2.2. Where a concern has been identified, **the person with concerns should speak to the adult** to ascertain their views and wishes, and to explain that a safeguarding referral will be made.
- 4.4.2.3. This will involve explaining to the adult that the concern/allegation will be shared with the local authority and other organisations such as the police.
- 4.4.2.4. The decision to carry out a safeguarding enquiry does not depend on the adult's eligibility to access or receive services.
- 4.4.2.5. It is important that the views of the adult are gathered at this time, if possible. There may be times where it is not appropriate to speak to the adult, for example where to do so would increase the risk to the adult or to the concerned persons own safety, or where the adult is not well enough to give their views. In such cases, it may be necessary to speak to the person's advocate/representative or where an adult does not have anyone to advocate for them, to advise the local authority that an advocate is required.

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- 4.4.2.6. In cases where an adult states that they do not want any further action to be taken in respect of the concerns/allegations, it is important to explore this further with the adult to understand what this means. It could be that with a quality conversation, the adult can be reassured and supported to understand how Safeguarding can help. In cases where consent is not obtained, there are legal powers which can be used to override consent and make a referral to Safeguarding.
- 4.4.2.7. The person with concerns should discuss this with their line manager or agency safeguarding lead, as soon as is practicably possible. This must be done on the same working day or within 24 hours.
- 4.4.2.8. This discussion will involve consideration of whether the concerns meet the statutory criteria for the local authority to make safeguarding enquiries. If the concerns do meet these criteria, a referral should be made to the local authority within that day. If the line manager or agency safeguarding lead is not available, the person with concerns should make a safeguarding referral directly to the local authority.
- 4.4.2.9. It is the responsibility of the person with concerns to take action to ensure the immediate safety of the adult. For example, if there is a criminal offence or the adult is injured, contact should be made with the relevant emergency services. Staff should have the authority to appropriately contact 999, without fear of reprisals from their agency or organisation. In any case, where a professional encounters abuse and is uncertain about the next steps, contact should be made with line management, or their agency safeguarding lead as soon as possible for advice.
- 4.4.2.10. It is important to record the concerns or disclosure by the adult. If the person with concerns has witnessed anything, there should be a record made of what they have observed, when, where and who was involved. Records should be completed on the same day, be factual, accurate and include the views and wishes of the adult's preferred outcomes.

4.5. Making referrals

- 4.5.1. A referral is the formal notification by an individual or agency that the statutory safeguarding criteria are met for an adult who needs care and support.

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- 4.5.2. Where a concern is urgent, it is important that a referral is made by telephone call in the first instance.
- 4.5.3. [Referrals to Derby City Council](#) can be made by telephone, via the Multi-agency Safeguarding Hub (MASH) on 01332 642855 or minicom on 01332 640666 during the hours of 09:00 and 17:00, Monday to Friday. Outside of these hours calls should be made to Careline on 01332 786968. The referral process will be finalised by the completion of the [safeguarding adults referral form](#). This form can be completed electronically as an [e-form](#). If you have a secure email address that uses the Criminal Justice Secure Mail system (such as those ending with @gov.uk, @gsi.gov.uk, @gsx.gov.uk, @nhs.net, and @pnn.police.uk) you can send your referral form by email securely to AdultsMASH@Derby.gov.uk.
- 4.5.4. [Referrals to Derbyshire County Council](#) can be made by telephone via Call Derbyshire on 01629 533190 or minicom on 01629 533240 during the hours of 08:00 and 20:00, Monday to Friday. Outside of these hours calls should be made to 01629 532600 minicom 01629 533240. You can also submit a referral in writing via the [safeguarding adults referral form](#).
- 4.5.5. Both verbal and written referrals need to be as comprehensive as possible and all relevant factual information should be provided. **All questions on the referral form should be completed in as much detail as possible, with particular attention to the following key points:**
- Is the adult safe?
 - Are the statutory safeguarding criteria met?
 - Views and wishes of the individual
 - Details of the alleged abuse/concerns/disclosure/risk of abuse or neglect
 - Details of any friends, family or advocacy who may be able to assist the adult
 - Information about any communication needs in respect of the adult
 - Indication of concerns about the adult's capacity to understand the safeguarding process
- 4.5.6. The Derbyshire SAB [decision making guidance](#) can be used to assist professionals' decision-making in relation to completing adult safeguarding referrals

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- 4.5.7. When a provider agency (such as a care home, domiciliary care agency) makes a safeguarding referral in relation to abuse of adults who use their service, the provider must also notify the Care Quality Commission.

4.6. Initial enquiries

- 4.6.1. On receipt of the safeguarding referral Adult Care will look to establish whether the statutory safeguarding criteria are met. That is:
- Whether the adult needs care and support, **and**
 - Is at risk of, or experiencing abuse or neglect, **and**
 - Is unable to protect themselves because of those care and support needs.
- 4.6.2. An initial enquiry could be a conversation with the adult, and/or their representative/ advocate, or it may be a much more formal multi-agency plan or course of action.
- 4.6.3. Enquiries will be made with the adult and will be multi-agency. Checks will be made with a variety of other agencies to see what involvement and contacts there have been which may have an impact on how the safeguarding will proceed. These checks will be done proportionately, relevant to the nature of the concerns and presenting level of risk.
- 4.6.4. The initial enquires will begin on the day of receipt of referral, to ascertain whether the criteria is met, and to check the immediate safety of the adult has been ensured. Contact will be made with the referring agency or person to gather all relevant information.
- 4.6.5. Where it is believed that a crime has been committed, the safeguarding referral may be information exchanged with the Police and/or Health colleagues to ensure that a holistic view of the circumstances for the adult is obtained. This information exchange will be focussed on sharing information relevant to the specific safeguarding concern, in a timely manner which is negotiated on a case-by-case basis.

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- 4.6.6. Any referrals that do not meet these criteria will be signposted, as per the workflow diagram at Appendix One. Promoting wellbeing is not always about local authorities meeting needs directly. It is just as important to provide the information the adult needs to take control of their care and support and chose the options that are right for them. This may be via referral through to appropriate sources of support, such as a care review, assessment of needs, information and advice, referral to a voluntary agency or referral to contract compliance. Further information on contract compliance is available at chapter 5 of the Care Act 2014 Guidance.
- 4.6.7. The adult will be advised of the outcome of the referral. Feedback will be provided to the referrer to confirm whether the statutory criteria has been met, and to clarify next steps. Additional feedback may be provided to the referrer at other points in the enquiry, especially where the referrer is part of a safety plan. It is however important to note that feedback can only be given as relevant and proportionate in line with the Data Protection Act (2018).
- 4.6.8. It is a duty under the Care Act 2014, that the local authority must have regard to the need to protect adults from abuse and neglect in any activity which the local authority undertakes, it should consider how to ensure that the adult is and remains protected from abuse and neglect. This is not confined only to safeguarding issues but is a general principle that should be applied in every case.

4.7. Representative

- 4.7.1. The duty to appoint an advocate does not apply if the local authority is satisfied that there is an appropriate person to represent the adult. The Representative should not be a professional or paid carer and the adult should consent to having a representative. Where the adult lacks capacity to consent a best interest decision should be made to agree whether the person can act as a representative for the adult. That person will be known as the adult's representative.
- 4.7.2. In circumstance where the alleged source of risk also has care and support needs, consideration must also be given to the provision of an advocate.

4.8. Advocate

- 4.8.1. The adult must always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse.

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- 4.8.2. The local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. An advocate should be treated as the voice of the adult.
- 4.8.3. To obtain more information on what is meant by "substantial difficulty," please refer to chapter 7.10-7.16 of the [Statutory Guidance](#) on Independent Advocacy.
- 4.8.4. A referral to advocacy should be made at the earliest opportunity. Eligibility will be decided by the contracted advocacy service.

4.9. Independent Mental Capacity Advocate (IMCA)

- 4.9.1. There is discretion as to whether an IMCA can be appointed for the adult safeguarding process. This would be to either support the adult or the alleged abuser where they lack capacity to engage in the safeguarding process. See paragraph 10.66 of the MCA Code of Practice for the criteria.

4.10. Making enquiries under Section 42

- 4.10.1. Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the statutory criteria is, or is at risk of, being abused or neglected. **All agencies involved with the adult will be required to actively participate in the safeguarding enquiry.** Where an adult is not involved with an agency, it may still be necessary for that agency to actively engage with safeguarding enquiries.
- 4.10.2. Local authorities and their relevant partners **must** collaborate and work together as set out in the co-operation duties in [Chapter 14](#) of the Care Act 2014 Guidance (updated). The Care Act 2014 provides an expressed duty for the local authority and partners to co-operate in carrying out safeguarding duties.
- 4.10.3. The purpose of the enquiry is to establish with the adult and/or their representatives, what, if any, action is required in relation to the situation; and to establish who should take such action to help, protect and empower the adult. Making Safeguarding Personal puts the adult at the centre of the process, and as such safeguarding should be framed by the adult's desired outcomes.

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4.10.4. The objectives of any enquiry into abuse or neglect are to:

- Ensure the safety and wellbeing of the adult
- Establish facts
- Ascertain the adult's views and wishes
- Seek the consent of the adult before taking action (however whether or not consent is established, action may need to be taken if others are, or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred)
- Establish details about whether there are any risks to other adults in need of care and support
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken regarding the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recovery

4.10.5. Work with the adult may frequently require the input of a Social Worker, particularly in the more complex situations, for example where abuse or neglect is suspected within a family or informal relationship. The dynamics of personal relationships can be difficult to judge, and for some the benefits of a relationship will outweigh the harm it may cause and in these cases the work would best be supported by a Social Worker. However, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores, and the Police should undertake enquiries relating to criminal offences.

4.10.6. Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person is to begin an enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. If the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome are unsatisfactory.

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- 4.10.7. If the local authority decides that another organisation should make the enquiries, for example a care provider or health services, then the local authority will be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.
- 4.10.8. There is an expectation that other agencies will respond to a request from the local authority to undertake enquiries in a timely manner. Where an agency fails to undertake enquiries when requested, this will be reported to the SAB.
- 4.10.9. Where the safeguarding concerns are related to poor-quality with service provision, including patient safety in the health sector, action may be taken through individual agency quality assurance mechanisms and contract monitoring arrangements. This will ensure an appropriate response to the concerns however there is also the option of escalation to the SABs where necessary.
- 4.10.10. The timescales for any further enquiries will be negotiated with the adult/their advocate or representative, the agencies concerned and the local authority, and will be proportionate to the presenting level of risk and concern.
- 4.10.11. The professional making enquiries must record the concerns, the adult's views and wishes, the adult's capacity to make specific decisions, information collected from other agencies, any immediate action that has been taken and the reasons for those actions.
- 4.10.12. The nature and timing of the intervention and who is best placed to lead will be determined by the circumstances. The primary focus must be how to safeguard the adult and improve their wellbeing. It may be helpful to look at the workflow diagram at Appendix One.
- 4.10.13. Feedback will be provided to the referring agency to acknowledge receipt of the referral, and to advise that action is being taken, within the confines of data protection.
- 4.10.14. It is important to note that even where other organisations have been tasked with undertaking s.42 enquiries, the overall responsibility for leading the safeguarding remains with the local authority.

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4.11. Referring to the Police

- 4.11.1. Where there are concerns that a crime has been committed, this information must be shared with the police who will lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance.
- 4.11.2. A criminal investigation by the police takes priority over all other enquiries, although a multi-agency plan 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 local authority has an on-going duty to promote the wellbeing of the adult in these circumstances. This may include the local authority taking immediate action to safeguard the adult in the interim.
- 4.11.3. If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. Information can be shared under s.115 of the Crime and Disorder Act 1998. Relevant authorities have the power (but not a legal duty) to share information if it is necessary for the purposes of any provision of the Crime and Disorder Act: the power does not override other legal conditions governing information sharing (Data Protection Act 2018 and the UK General Data Protection Regulation (which provides the legal framework for data processing and sharing), Human Rights Act 1998 and common law of confidentiality). This information sharing is especially important where there is concern that the alleged perpetrator may pose a risk to others.

Information Sharing for Community Safety Guidance and Practice Advice: [National support framework: delivering safer and confident communities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/national-support-framework-delivering-safer-and-confident-communities.pdf)

- 4.11.4. Information sharing with the police will enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

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4.12. Next steps

- 4.12.1. Once the enquiries have been undertaken, and the wishes of the adult have been obtained, it may be necessary to have a next steps meeting which will be chaired by Adult Care, in which the following things are considered and recorded:
- Immediate safety of the adult
 - View and wishes of the adult
 - Identify adult's strengths and protective factors (Making Safeguarding Personal)
 - Areas of concern
 - What do we not know (what are the grey areas, what do we need to know more about)
 - What support is missing (which agencies need to be involved, what networks of support are needed)
 - Identify actions and task them to relevant people
- 4.12.2. What happens as a result of an enquiry must reflect the adult's wishes, wherever possible, as stated by them or by their representative or advocate. If they lack capacity to make the decision about what happens, the formal decision-making process of the Mental Capacity Act should be followed, and any action taken must be in their best interests and must be proportionate to the level of concern.
- 4.12.3. The local authority must consider the information collated from the enquiry, and determine what further action is necessary.
- 4.12.4. It may be appropriate to exit the safeguarding procedures after these enquiries have been made, for example, where a community care assessment or review is identified as the most appropriate means of meeting the adults desired outcomes. A detailed rationale for this decision should be recorded.

4.13. Safety planning

- 4.13.1. The discussion with the adult about what outcomes they would like from the safeguarding will lead to the development of a safety plan. This plan will detail the outcomes desired by the adult and will look to identify how those outcomes can be met.

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- 4.13.2. This plan could be focussed on enabling the adult to achieve resolution or recovery, or fuller assessments by health or social care with the adult. Each adult will have their own unique support networks and personal assets which should be explored as part of any safety plan. This will entail joint discussion, decision taking and planning with the adult for their future safety and well-being.
- 4.13.3. The Safety Plan could be devised at any stage and should enable the adult to understand the range of options available and explore how the adult's outcomes could be realised. Every case will have a safety plan which will detail what action has been taken, whether it is signposting and provision of advice and information, or a more in-depth risk-based safety plan.
- 4.13.4. Action could take several courses: it could include disciplinary procedures, complaints or criminal investigations or work by contracts managers and the CQC to improve care standards. It could involve civil and criminal justice approaches, or approaches which may improve wellbeing such as a referral for therapeutic or family work, mediation and conflict resolution or building circles of support.
- 4.13.5. In formulating the safety plan the following factors need to be considered:
- The adult's wishes (Making Safeguarding Personal)
 - The adult's needs for care and support
 - The adult's risk of abuse or neglect
 - The adult's ability to protect themselves or the ability of their networks to increase the support they offer
 - The impact on the adult
 - The possible impact on important relationships
 - Potential of action and increasing risk to the adult
 - The risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect
 - The responsibility of the person or organisation that has caused the abuse or neglect
 - Research evidence to support any intervention
- 4.13.6. The adult is best placed to make decisions about their wellbeing, the outcomes that they want, and how to achieve those outcomes, and this may involve taking risks. There may need to be an assessment of the adult's capacity to make decisions about risks and weigh up the possible consequences of those risks.

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- 4.13.7. Not all risks are negative, and as such plans should look to support the adult to identify the benefits and harms that may arise from the actions taken, and any strengths or safety measures that are in place or can be put in place to support them.
- 4.13.8. If the adult has capacity to make decisions in this area of their life and declines assistance this can limit the intervention that organisations can make, but this does not mean that no action is taken. Instead, the focus is on working with the adult towards a plan to support harm reduction. Where others are at risk of harm, action will be taken.
- 4.13.9. Consideration must be given to whether the adult is experiencing undue influence, coercion or duress. If the adult is thought to be refusing intervention on these grounds, action must be taken. The extent of the influence and impact should be clearly documented. Consideration should be given to approaching the courts under Inherent Jurisdiction.
- 4.13.10. The Mental Capacity Act 2005 is clear that it is necessary to presume that an adult has capacity to make a decision. However, where it is suspected that capacity is somehow compromised, a decision specific capacity assessment will be needed. If the adult is found to lack capacity for a relevant decision, any safety planning decision must be made in the best interests of the adult in accordance with the MCA decision making processes.
- 4.13.11. In order to make sound decisions, the adult's emotional, physical, intellectual and mental capacity in relation to self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed
- 4.13.12. The safety plan will set out:
- What is the Adult worried about (Making Safeguarding Personal)?
 - What are professionals worried about and what are the risks?
 - What the adult wants to happen (Making Safeguarding Personal)
 - What steps are to be taken to assure the adult's safety in future
 - The provision of any support, treatment or therapy including on-going advocacy
 - Any modifications needed in the way services are provided (e.g., same gender care or placement, court appointment of a deputy)
 - How best to support the adult through any action they take to seek justice or redress

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- Any on-going risk management strategy as appropriate
- Any action to be taken in relation to the person or organisation that has caused the concern
- How the safety plan will be monitored and reviewed, and what the contingency plan is should the plan not work

4.13.13. Any actions will be the responsibility of the relevant agencies to implement and will be tasked with appropriate timescales for completion.

4.14. Reviews

4.14.1. While completing a safety plan, consideration should be given to whether the plan could be reviewed as part of an on-going process, such as Care Programme Approach (CPA), or a health or social care review, or whether a specific review date needs to be set. Where a parallel review process is being used, it is imperative that the safeguarding adult issues are highlighted to the reviewer. Reviews should be timely, based on the individual circumstances and complexity of risks.

4.14.2. Where a review date is set, this should be completed in the form of a further safety planning meeting. If the adult's outcomes have been met, and no further outcomes have been identified the safeguarding can be closed.

4.14.3. If additional actions are needed to support the adult to achieve their outcomes this should be identified and allocated to relevant agencies to support.

4.15. Closure of safeguarding

4.15.1. Should the adult's outcomes be met, or it is identified that other actions or processes may be more appropriate, safeguarding can be exited at any time.

4.15.2. The rationale and defensible decision for closure of safeguarding should be recorded on the local authority's recording system, and shared with all involved, including the adult and/or their advocate, other professionals and agencies as relevant.

4.15.3. The views of the adult and/or their representative should have been obtained throughout the safeguarding as part of making safeguarding personal.

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- 4.15.4. At the point of closing the safeguarding process, the adult and/or their representative should be asked for feedback about their experience and to establish to what extent their outcomes have been met. There are also four questions on local authorities systems which can also be used to gather feedback from the Adult/Representative on their experience throughout the safeguarding process. Wherever possible these should be completed for both Boards to reflect on what has worked well and to make improvements to the service.
- 4.15.5. Upon completion of the safeguarding, feedback should be provided to the referrer as relevant and proportionate.

4.16. Provisions of law

- 4.16.1. All agencies must act within the legislative framework of the Care Act 2014 which puts Adult Safeguarding on a statutory footing with specific legal obligations for Local Authorities, the Police and the Integrated Care Board (ICB), as well as Safeguarding Adults Board member agencies.
- 4.16.2. Section one of the Care Act 2014 includes protection from abuse and neglect as part of the definition of wellbeing and states that local authorities must promote wellbeing in carrying out all of their care and support functions. Wellbeing is one of the key principles at the heart of Safeguarding.
- 4.16.3. All safeguarding work should consider the Human Rights Act 1998, must have regard to wellbeing of the adults involved and should have a focus on outcomes. See the statutory [Care Act Guidance](#) for the list of legislation to be repealed, revoked or dis-applied by the Care Act 2014.

4.17. Recording

- 4.17.1. It is important that clear, factual records are maintained and where opinion is given, it should be identified as such. The adult, or their representative, should be consulted fully and their views recorded. Decision making should be clear and based on the facts available, with a rationale explaining why the specific decision has been made and what alternatives have been considered.
- 4.17.2. Each agency should have clear procedures in place for recording concerns and allegations, and all actions taken. Staff should understand what information should be recorded and in what format.

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- 4.17.3. When information is collected, professionals should be clear about the purpose of collecting and recoding of information and that information recorded is relevant, necessary and proportionate.
- 4.17.4. Each Local Authority has privacy notices available and further information can be obtained from relevant local authority website.
- 4.17.5. Information will be retained in accordance with the Council's record retention policy and in line with the Data Protection Act 2018.

4.18. Sources of information, advice and services for support and redress

- 4.18.1. See chapter 3 of the [Care Act Guidance](#) on Information and advice, which should be read in conjunction with chapter 14 of the Care Act Guidance on Safeguarding Adults.
- 4.18.2. Details of agencies and organisations which can offer information, advice and support can be found at Appendix 2.

4.19. Inter-agency communication, information sharing and decision-making

- 4.19.1. Inter-agency communication, information sharing and decision-making is key to successful adult safeguarding. Both SABs and their respective sub-groups are attended by partner agency representatives, to facilitate effective and timely partnership working.
- 4.19.2. Members of the SABs and sub-groups attend and contribute to the following groups, but these are not exclusive:
 - Multi-Agency Public Protection Arrangements (MAPPA)
 - Multi-Agency Risk Assessment Conference (MARAC)
 - Channel
 - Hate-Crime Forum
 - Modern Slavery Partnership
 - Domestic Abuse and Serious Sexual Violence Partnership Board (DASSVPB)
 - Community Safety Partnership
 - Derby and Derbyshire Safeguarding Children's Partnership

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- 4.19.3. In addition, there are information sharing meetings with the Care Quality Commission, the Integrated Care Boards (previously known as Clinical Commissioning Groups) and other strategic partners which are attended regularly. While this list is not exhaustive, it demonstrates that there is a commitment from partner agencies to engage within the Safeguarding agenda.
- 4.19.4. The strategic plans and terms of reference of both SABs are explicit in the expectation that partner agencies maintain effective inter-agency communication, information sharing and decision making at all levels.
- 4.19.5. There is a clear expectation that these principles are implemented in safeguarding practice, and that communication channels are kept open, information is shared appropriately and proportionately and there is joint decision making with the adult at the centre of all discussions and actions.
- 4.19.6. There is a shared responsibility across all agencies to promote effective inter-agency communication, information sharing and decision making not only with partner agencies but with the adult and their family/representatives as appropriate.
- 4.19.7. Section 45 of the Care Act 2014 specifies that information must be shared with the SAB when requested. The Care Act also prescribes that the local authority and relevant partners must co-operate with one another within the safeguarding agenda.
- 4.19.8. There is Multi-agency information sharing agreements in place for both Derby City and Derbyshire Safeguarding Adults Boards. These can be found within the links below:
- [Derby Safeguarding Adults Board ISA](#)
 - [Derbyshire Safeguarding Adults Board ISA](#)

4.20. Professional/agency disagreement resolution

- 4.20.1. Where there is a professional disagreement about the outcome or progress of a safeguarding case, all avenues to resolve the disagreement informally should be explored. Any disagreements need to be focussed on the safety and outcomes of the adult, and as such should aim for a timely resolution.
- 4.20.2. Where informal resolution has not been successful, the disagreement should be escalated to the agency safeguarding leads, who will liaise with the local authority safeguarding lead.

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- 4.20.3. Where it is not possible to resolve the disagreement, it will be escalated to senior managers within the local authority and partner agencies.
- 4.20.4. Areas of concern will be raised at the Quality Assurance/Performance Improvement Subgroup of the SABs for further discussion and learning, with a report to the SAB where strategic oversight or guidance is required.
- 4.20.5. Throughout this time, the safety of and the outcomes of the adult and other adults in need of care and support, is paramount.

4.21. Complaints

- 4.21.1. The professional disagreement resolution process does not preclude the use of formal complaints procedures to individual agencies, however where there are multiple complaints raised with more than one agency there may be a need to discuss a combined response to those complaints. This will be discussed and agreed at senior management level within relevant agencies.
- 4.21.2. Where an adult or their representative, has any comments, compliments or complaints about the handling or outcome of safeguarding procedures, further information can be found at the following web sites:
- For [Derbyshire County residents](#);
 - For [Derby City residents](#).

4.22. Closing statement

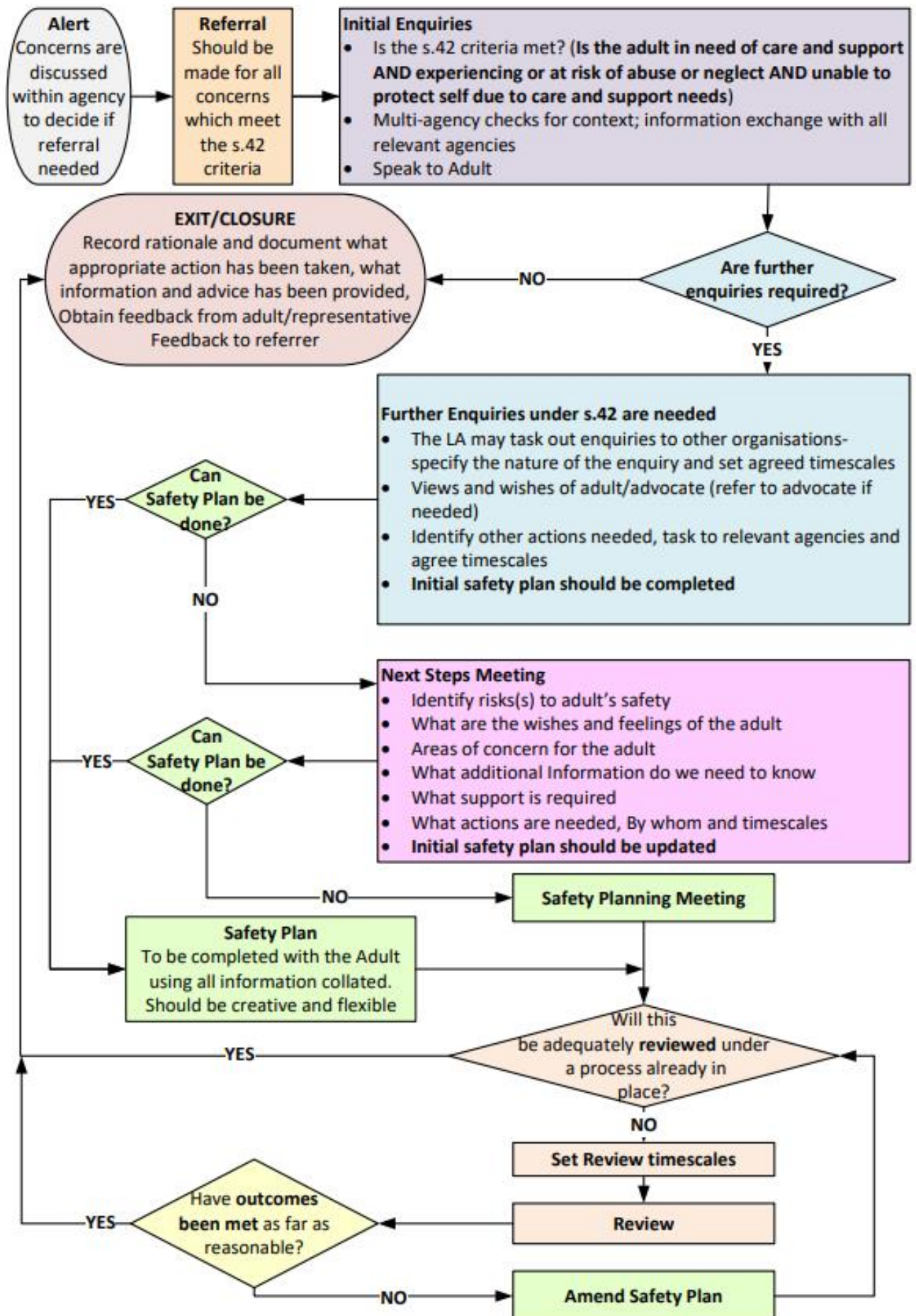
- 4.22.1. Any updates will be circulated to partner agencies and SAB members and the [Derby Safeguarding Adults Board](#) and the [Derbyshire Safeguarding Adults Board](#) websites will be updated accordingly.

This policy and procedures document has been authored by safeguarding adult representatives from Derby and Derbyshire Safeguarding Adults Boards.

Please do not print this document as it will be updated regularly

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5. Appendix 1: safeguarding flowchart



6. Appendix 2: sources of information, advice and services for support and redress

This list is for guidance only and is not exhaustive.

Agency	Phone	Email
Action on Elder Abuse	080 8808 8141	enquiries@elderabuse.org.uk
Age UK Derby and Derbyshire	01773 768240	administration@ageukdd.org.uk Secure email: Ageuk.DD@nhs.net
Autism information in Derbyshire		
Care Quality Commission (CQC)	03000 616 161	rachel.davis@cqc.org.uk
Carers in Derbyshire		
Chesterfield Royal Hospital NHS Foundation Trust	01246 512468	
Cloverleaf Advocacy	01924 454875	referrals@cloverleaf-advocacy.co.uk
Crimestoppers UK	0800 555 111	
Deaf Communication Support Service	01332 369920 (Communication Unlimited)	
Derby and Derbyshire Integrated Care Board	01332 868809	
Derby City Adult Care	01332 640777	
Derby City Adult Care Out of Hours	01332 786968	
Derby City Council	01332 293111	
Derby Homes	01332 888777	contactus@derbyhomes.org
Derbyshire Adult Social Care and Health	01629 533190	
Derbyshire Adult Social Care and Health Out of Hours	01629 532600	
Derbyshire Care Providers Association		https://www.dcpa.care/#ContactUs
Derbyshire Carer's Association	01773 833833	info@derbyshirecarers.co.uk
Derbyshire Community Health Services NHS Foundation Trust	01773 850000	DCHST.safeguardingservice@nhs.net
Derbyshire County Council	01629 533190	

Agency	Phone	Email
Derbyshire Dementia Support Service	01332 208845	derbyshire@alzheimers.org.uk
Derbyshire Domestic Abuse Support Line	08000 198 668	DerbyshireDAhelpline@actionorg.uk
Derbyshire Fire and Rescue Service	01332 291134	
Derbyshire Healthcare Foundation Trust	01332 623700 ext: 31537	Safeguarding Children's Service: dmh-tr.safeguardingchildrenunit@nhs.net Safeguarding Adult Service: dhcft.safeguardingadults@nhs.net
Derbyshire Home from Hospital Support Service	01283 219761	home@dhfh.org.uk
Derbyshire LGBT+	01332 207704	info@derbyshirelgbt.org.uk
Derbyshire Police	101	
Derbyshire Victim Service	Call 08006126505 or text 'COREDVS' to 82228	
DHA (Direct Help and Advice)	01332 297611/287850	Info@dhadvice.org
DHU Health Care Community Interest Company	0300 1000 404	enquiries@derbyshirehealthunited.nhs.uk
Diocese of Derby		
Disability Direct	01332 299449	info@disabilitydirect.com
East Midlands Ambulance Service	0115 8845144	communication@emas.nhs.uk
Emergency services	999	
Hard of Hearing Support Services Communication Unlimited (county and city) For the north of Derbyshire	In the north of Derbyshire contact: Deaf and Hearing Support Service on 01246 555934	For the north of Derbyshire: nfo@deafandhearingsupport.co.uk For the south of Derbyshire (excluding Derby City): info@hearinghelpuk.uk

Agency	Phone	Email
For the south of Derbyshire (excluding Derby City)	In the south of Derbyshire (excluding Derby City) contact Hearing Help on 01773 570976	
Healthwatch Derby		
Healthwatch Derbyshire	01773 880786	enquiries@healthwatchderbyshire.co.uk
Housing Related Support Derbyshire		
Independent Community Advocacy Service (Care Act and non-statutory)	01332 623732	
Independent Specialist Advocacy Service (IMHA; IMCA; DoLs; NHS complaints)	0300 012 4212	NHScomplaints@cloverleaf-advocacy.co.uk
LGBT+ Domestic Abuse	0800 999 5428	help@galop.org.uk
Living Well Autism	01332 301350	info@livingwellwithautism.org.uk
Mental Health Together	01773 880786	enquiries@healthwatchderbyshire.co.uk
National Domestic Violence Helpline (Refuge and Women's Aid)	0808 2000 247	
National Modern Slavery Helpline	08000 121 700	
National Probation Service	0121 248 6400	midlandsdivisionaloffice.generalenquiries@probation.gsi.gov.uk
One Advocacy Derby	01332 228748	referrals@oneadvocacyderby.org
Rape Crisis England and Wales	0808 802 9999	
Rethink	01773 734989	
Safer Derbyshire		
Salvation Army Human Trafficking Helpline	0300 303 8151	
Samaritans	116 123	jo@samaritans.org
Sane Line	0300 304 7000	

Agency	Phone	Email
Shelter	0808 800 4444	
Stockport NHS Foundation Trust	0161 419 4890 (8am-4pm)	adultsafeguarding@stockport.nhs.uk
Stop Hate	0800 138 1625	info@stophateuk.org
SV2	01773 746115	help@sv2.org.uk
The Silver Line	0800 4 70 80 90	
University Hospitals of Derby and Burton NHS Foundation Trust	01332 340 131	uhdb.safeguarding@nhs.net
Victim Support	08 08 16 89 111 (Supportline)	
Visual Impairment Rehabilitation Support, Information and Advice	01332 292262 (Sight Support Derbyshire)	enquiries@sightsupportderbyshire.org.uk

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7. Useful links

1. [Cybercrime](#)
2. [Discrimination – Your Right](#)
3. [Domestic Abuse](#)
4. [Financial Abuse](#)
5. [Financial Abuse of Older People](#)
6. [Hate Crime](#)
7. [Modern Day Slavery and Organised Crime](#)
8. [Modern Day Slavery – How the UK is leading the fight](#)
9. [Prevent Counter Terrorism](#)
10. [Prevent eLearning](#)
11. [Statutory guidance framework: controlling or coercive behaviour in an intimate or family relationship](#)

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We can give you this information in any other way, style or languages that will help you access it. Please contact us:

Derby Safeguarding Adults Board
The Council House
Corporation Street
Derby
DE1 2FS
Email: DSAB@derby.gov.uk

Derbyshire Safeguarding Adults Board
The Quad
Dock Walk
Chesterfield
S40 2GQ
Email: DerbyshireSAB@derbyshire.gov.uk

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Version	Date	Editor	Comments
1.0	2017 (April)		
2.0	2019 (June)		
3.0	2019 (October)		
4.0	2021 (May)		
5.0	2022 (January)		
5.1	2022 (May)	Paul Joyce	1. The membership lists for Derbyshire Safeguarding Adults Board in section 3.2.3 and Derby Safeguarding Adults Board in section 3.2.4 were updated.
5.2	2022 (July)	Paul Joyce	<ol style="list-style-type: none"> References to the NHS Derby and Derbyshire Clinical Commissioning Group were amended to NHS Derby and Derbyshire Integrated Care Board. In section 3.2.3 and appendix 2, references to Tameside and Glossop Clinical Commissioning Groups and Tameside and Glossop Integrated Care Foundation Trust were removed. Section 4.2.9: Adults who have died and where abuse or neglect may have contributed to their death was updated. The address for Derbyshire Safeguarding Adults Board was updated.
5.3	2023	Paul Joyce	1. In the flowchart in section 5 Appendix 1: safeguarding flowchart the “Further

Version	Date	Editor	Comments
	(June)		<p>Enquiries under s.42 are needed” box, bullet points 3 and 4 were combined to say, “Identify other actions needed, task to relevant agencies and agree timescales.”</p> <p>2. In the flowchart in section 5 Appendix 1: safeguarding flowchart the “Next Steps Meeting” box:</p> <ul style="list-style-type: none"> • Bullet point 1 was updated to read “Identify risks to adult’s safety” • Bullet point 4 was updated to read “What additional information do we need to know” • Bullet point 5 was updated to read “What support is required” • Bullet point 6 was updated to read “What actions are needed, by whom and timescales”.
5.4	2023 (September)	Sana Farah	<p>1. The link to the online safeguarding adults referral form for Derby City MASH Team has been updated to: https://www.derbysab.org.uk/resources-useful-links/resources/</p>
5.5	2024 (January)	Paul Joyce	<p>1. The address for Derbyshire Safeguarding Adults Board was updated.</p>
5.6	2024 (April)	Paul Joyce	<p>1. The postcode for the address for Derbyshire Safeguarding Adults Board was updated.</p> <p>2. Paragraph 1.3 was updated to reflect a change from NGT Relay Assistant to Relay UK.</p>
5.7	2024 (May)	Paul Joyce	<p>1. Details of Derbyshire’s new advocacy service provider, Cloverleaf Advocacy, from 1st May 2024 were updated on pages 8, 50 and 52.</p>
5.8	2024 (December)	Paul Joyce	<p>1. References and links to Derbyshire’s VARM process in item 4.3.1 were updated to reflect the name change to Multiagency Adult Risk Management (MARM)</p>