



**Manchester Local
Care Organisation**

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**MANCHESTER
CITY COUNCIL**

Directorate	Manchester City Council - Adult Social Care
Document title	Safeguarding Adults Policy and Procedures Part 1 – Safeguarding Policy
Summary	<p>This document forms part 1/3 of safeguarding adults policy and procedures.</p> <p>It contains information that staff must adhere to when undertaking safeguarding activity.</p> <p>This should be read alongside the Manchester Safeguarding Partnership (MSP) safeguarding policy and procedures</p>
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1. Policy Statement

1.1. The information contained in this policy forms part 1 of the safeguarding adults policy and procedures. It provides information and guidance to support staff with all safeguarding activity. It aims to embed a consistent and standardized approach to safeguarding work citywide.

1.2 The introduction of the Care Act 2014 put adult safeguarding on a statutory footing for the first time, embracing the principle that the 'person knows best'. It lays the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, empowering persons to maximise and maintain their independence; alongside promoting autonomy, choice and control within their lives.

1.3 Manchester City Council is committed to embedding the principles of the Care Act by ensuring that persons who use our services are provided with a high quality of care and support, and a personalised response throughout each stage of the safeguarding journey.

1.4 For staff, this legislation provides clearer guidance and supports pathways to working in an integrated way. Safeguarding adults requires practitioners to work collaboratively with persons to achieve the outcomes that they want; where practicably possible.

1.5 The policy set out here is designed to explain simply and clearly how Manchester City Council, partner agencies and persons must work together to protect people at risk. The policy is based on a series of workshops which were held to explore what our collective vision is for safeguarding adults across Manchester City Council. The Manchester Safeguarding partnership: Multi agency policy and procedures, has also been used as a benchmark during the creation of this document.

1.6 Our policy begins with the foundation of communicating and learning from each other, including what currently works well and where we must improve.

1.7 How to use this document

This policy is purposely divided into 3 sections:

- Part 1 – Safeguarding policy
- Part 2 – Safeguarding practice guidance and procedures
- Part 3 – Safeguarding supporting appendices, including references to supporting policies and guidance alongside practice templates.

The sections are designed to be used together, however can be utilised or dispersed as stand-alone documents.

We have also aimed to provide hyperlinks to external documents/pages, where possible. **Please note:** We cannot assure that all hyperlinks to external resources will

remain live, from time to time owners of the external sites may change their links which may result in the link being broken or inactive.

This document is designed to be read in conjunction with:

1. [Care act 2014: Statutory guidance](#)
2. [Manchester Safeguarding Partnership: Multi-agency policy and procedures](#)

1.8 This policy supports the Local Authorities “Our Manchester” strategy and priorities in contributing to the development of a highly skilled city and world class and home-grown talent.

2. Scope

2.1 This policy relates to adult social care staff working within Manchester City Council. Staff who are deployed to Manchester Local Care Organisation (MLCO) or Greater Manchester Mental Health Trust (GMMH) will be expected to comply with their respective organizations policies and procedures.

2.2 Manchester City Council (MCC) believes that safeguarding is everybody’s business, with persons, communities, statutory partners, voluntary agencies and those alike; all playing pivotal roles in preventing, identifying and reporting neglect and abuse. Statutory agencies will continue working together, alongside the voluntary and private sector to both promote safer communities in order to prevent harm and abuse from occurring.

2.3 Safeguards against poor practice, abuse, neglect and exploitation need to be an integral part in the delivery of care and support, as well as within regulation, commissioning and contract monitoring arrangements. This should be achieved through partnership working with local organisations and individuals.

2.4 Any person at risk of abuse, neglect or exploitation should be able to get in touch with public organisations for appropriate interventions and to know that they will get a consistent response and that agencies will work together as needed.

2.5 As a member of the Manchester Safeguarding Partnership (MSP), this policy will reflect the core vision and principles of the MSP multi agency safeguarding policy and procedures.

“Our vision: Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the city has a role to play.”

Manchester Safeguarding partnership

2.6 Who does this policy and procedure not apply to?

This policy does not apply to adults in custodial settings i.e. prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these safeguarding arrangements. Manchester Safeguarding Partnership does however have a duty to assist prison governors on adult safeguarding matters.

However, Manchester City Council is required to assess for care and support needs of prisoners which take account of their wellbeing. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contributes towards safeguarding offenders.

Furthermore, where an adult has passed away, but an enquiry into the concerns raised is still required due to potential risk to others; this can be supported via the completion of a serious incident review¹. In addition, a referral for [a Safeguarding Adults Review](#) should also be considered.

3. Introduction

3.1 Living a life that is free from harm and abuse is a fundamental human right of every person. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the concerns. In addition, the person at risk, at the centre of any safeguarding concern, must stay as much in control of decision making as possible. The rights of the individual to be central throughout the process is a critical element in the drive to ensure personalised care and support.

3.2 The [Care Act 2014](#) puts adult safeguarding on a legal footing, within a clear framework for how local authorities and other parts of the system should protect adults who are risk of abuse or neglect.

3.3 The key safeguarding duties for Manchester City Council which must be followed, as directed by the Care Act 2014 are²:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens.

¹ Manchester City Council: Serious incident review policy

² SCIE: social care institute for excellence; Care act 2014

- **Make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- **Establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy. Within Manchester, this is known as the [Manchester Safeguarding Partnership](#).
- **Conduct Safeguarding Adults Reviews** when someone with care and support needs dies from neglect or abuse or there is a “near miss” and there are concerns that the local authority or its partners could have done more to protect them.
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
[Voiceability Advocacy Service](#)

3.4 In addition to the above, this policy aims for each adult to:

- Maintain choice and control within their life, where practicably possible.
- Always promote and support their safety and wellbeing to improve quality of life; with the aim of living longer and better.
- Ensure that dignity and respect is always maintained.

and enforces the expectation that:

- the needs and interests of persons at risk are always respected and considered; and their voice is heard throughout, which includes their desired outcomes being at the heart of safeguarding practice.
- agencies work together as partners to support persons at risk to live safely in their communities, to access mainstream and specialist services to keep themselves safe from abuse, neglect and exploitation, and to ensure access to criminal justice, victim support services and any therapeutic services needed to support the person to recover from the abuse.
- all organisations promote the wellbeing of all persons
- the interests and human rights of all persons are always respected and upheld.
- a proportionate, timely, professional and ethical response is made to any adult who may be experiencing abuse;
- all decisions and actions taken are compliant with legislation, policy and local guidance.
- Safeguarding practice must always focus on the adult and not the processes.

4. Principles

4.1 'Wellbeing' principle

The [Care Act 2014](#) introduces a duty to promote wellbeing when carrying out any care and support functions in respect of an individual, this includes safeguarding intervention.

This is sometimes referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support. It applies to all adults and their carers.

“Wellbeing” is a broad concept, and is comprised of 9 different areas, as reflected in the corresponding diagram >

It is key that all aspects of wellbeing are considered during any safeguarding intervention. Additionally, there is no hierarchy concerning the areas of wellbeing, all are equally important

Wellbeing applies to several different areas of life, not only to one or two. Therefore, taking a holistic approach to ensure that you have a clear understanding of the person's views is vital to identifying and defining wellbeing for each individual.



4.2, The [Care Act 2014](#) details 6 safeguarding principles, which underpin all safeguarding practice. These are:

1. **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent.

In practice this means:

- Safeguarding adults is central to ensuring persons receive a positive experience of the services offered by the local authority.
- There are clear and accessible systems for a person's voice/views to be heard and influence change.
- Manchester City Council gives individuals relevant information and support to recognise and report abuse or neglect and the options available to them to ensure their own safety.
- Manchester City Council ensures that the public are clear about the roles, responsibilities, and ways to contact the local authority if they are concerned about a vulnerable adult.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"

2. **Prevention** – It is better to take action before harm occurs.

In practice this means:

- Organisations raise public awareness about safeguarding adults and how to avoid, identify and report it.
- Robust procedures are followed to ensure that all staff and volunteers are safely recruited so that unsuitable people are prevented from working with adults at risk.
- There is a system of leadership and accountability that monitors safeguarding systems.
- All staff are clear about roles and responsibilities in respect of job requirements in relation to safeguarding adults at risk.
- All staff have access to an appropriate "[whistleblowing policy](#)" that enables concerns to be raised without fear of retribution.
- Lead responsibility for safeguarding adults is delegated to an appropriate member of staff.
- Safeguarding Adults is integrated into all the organisation's contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse of adults at risk
- The organisation has performance management systems that record and indicate the effectiveness and potential for interventions to prevent harm, neglect and abuse

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

- The organisation has safeguarding adults procedures in place that staff understand and implement.

3. Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

In practice this means:

- The adult at risk is at the centre of all responses to allegations or disclosures of harm and all activity is based on their preferred outcomes or best interests.
- The organisation has an approach of positive risk taking and defensible decision making in which the adult at risk is fully involved

"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

4. Protection – Support and representation for those in greatest need.

"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

In practice this means:

- The organisation has effective processes to enable it to identify and respond to concerns or emerging risks relating to adults at risk
- The organisation has processes for quality assuring decisions relating to concerns, alerts and referrals
- The organisation can demonstrate that consideration of mental capacity is part of the safeguarding adults process and where people lack capacity decisions are always made in their best interests
- Safeguarding Awareness training is delivered to all staff and opportunities are available to develop enhanced skills for those with specific role/responsibilities.

- 5. Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

In practice this means:

- Information is shared between organisations in a way that reflects its personal and sensitive nature. There are local information sharing agreements in place and staff understand and use them.
- The organisation's representatives with Manchester Safeguarding Partnership are senior level, strategic officers and are accountable for Safeguarding activity and for updating and sharing policy, procedures and information throughout the organisation.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

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

In practice this means:

"I understand the role of everyone involved in my life."

- The roles, responsibilities and lines of accountability of the organisation are clear so that staff understand what is expected of them and others
- The organisation recognises and acts upon its responsibilities to the Board and partner agencies for safeguarding arrangements

5. Making Safeguarding Personal

"Making Safeguarding Personal means it should be person-led and outcomes focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety."

(DH, 2018: s14.15)

5.1 The [Local Government Association](#) (LGA) states that safeguarding practice must follow the principles of [Making Safeguarding Personal \(MSP\)](#): it should be person-led and outcome-focused.

Safeguarding practice should engage the person and/or their representative in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

People cannot make decisions about their lives unless they know what the options are and what the implications of those options may be. They also need the chance to consider the options carefully. They can feel disempowered by the safeguarding intervention unless they know what is happening and the choices they have. Therefore 'Making Safeguarding Personal' needs to be applied at every stage of safeguarding adults.

5.2 Further information regarding the application of making safeguarding personal in practice, can be found using the hyperlinks below:

[Making Safeguarding Personal - Manchester APPP portal](#)

[Making Safeguarding Personal - Local Government Association](#)

6. Strength Based Practice

6.1 The [strengths based practice framework and handbook](#) was published in 2019 and Manchester City Council chose to adopt this practice across our social care workforce. A strengths-based approach explores, in a collaborative way the entire individual's abilities and their circumstances rather than making the deficit the focus of the intervention³. This approach also supports and promotes the application of making safeguarding personal, making it an integral component of safeguarding practice; especially where achieving persons desired outcomes is concerned.

⁴ *'Excellent social work is about emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live. I whole heartedly believe in taking a strengths and asset based approach to supporting individuals and empower people to live the lives they want.'*

Lyn Romeo, Chief social worker

³ Department of health and social care - Strengths based approach: practice framework and practice handbook

⁴ Department of health and social care - Strengths based approach: practice framework and practice handbook

Strengths-based approach/practice is...

- An approach 'how to carry out interventions'
- Holistic and multidisciplinary
- Collaborative
- Proportionate
- Appropriate to the individual circumstances = flexible
- Aligned with risk enablement and positive risk taking
- A focus on 'what matters to you' and what is strong'
- Identifying personal, family and community strengths and support the individual in linking with them
- Supporting community development
- Applicable to any intervention, setting, type or level of need and profession.

Strengths-based approach/practice is NOT...

- An outcome.
- About reduction of packages
- About signposting and providing less support
- About not helping
- A focus on 'what is the matter with you' and 'what is wrong'
- About shifting responsibilities to carers and family/friends
- One size fits all (no scripts)
- About avoiding talking about the problem or issues

7. Core Legislative Frameworks

7.1 This document references numerous pieces of legislation, local and national policies and internal processes throughout. However, the foundations of safeguarding practice are built upon a small number of core pieces of legislation:

7.2 The Care Act 2014

The [Care Act 2014](#) sets out a clear legal framework for how local authorities and other statutory agencies should ensure the safety of adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made; to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the police. Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs) as per defined criteria, publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care. The following Legislation and Guidance has been repealed and replaced by the Care Act 2014:

1. National Assistance Act 1948
2. Chronically Sick and Disabled Persons Act 1970
3. NHS and Community Care Act 1990
4. Choice of Accommodation Directions 1992
5. Delayed Discharges Regulations 2003
6. NHS Continuing Healthcare (Responsibilities) Directions 2009
7. Charging for Residential Accommodation Guidance (CRAG) 2014
8. Transforming Adult Social Care (LAC(2009)1)
9. Fair Access to Care Services (FACS) guidance on eligibility
10. No Secrets 2000: guidance to protect vulnerable adults from abuse (Department of Health).

7.3 Mental Capacity Act (Including DoLS) 2005

[The Mental Capacity Act 2005](#), covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live, what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this. In addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards, to protect their rights and ensure that the care or treatment they receive is in their best interests.

7.4 Human Rights Act 1998

[The Human Rights Act 1998](#) applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must comply with the Act – and individual's human rights – when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act (2014) extends the scope of the Human Rights Act (1998). This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the local authority (including Direct Payment situations (LGA, 2014)). It does not incorporate entirely private arrangements concerning care and support. Although the Act does not apply to private individuals or companies (except where they are performing public functions), sometimes a public authority has a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows a child is being abused by its parents has a duty to protect the child from inhuman or degrading treatment. The Human Rights act covers everyone in the United Kingdom, regardless of personship or immigration status. Anyone who is in the UK for any reason is protected by the provisions in the Human Rights Act.

7.5 Advocacy and support

[The Care Act 2014](#) places responsibility on Manchester City Council to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review, where the adult has

‘substantial difficulty’ in being involved in the process and where there is no other appropriate individual to help them.

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act 2005 and an Independent Advocate introduced under the Care Act 2014.

Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

8. Corporate Safeguarding Standards

8.1 Manchester City Council always aims to deliver a robust and effective service to persons, which includes safeguarding persons at risk of harm. Therefore, we have devised corporate safeguarding standards, with the aim of embedding the golden thread of best practice throughout our workforce.

8.2 These are the minimum standards that Manchester City Council expect of our business and those involved in safeguarding adults.

Manchester City Council aim to:

- Guarantee robust and effective service delivery that makes safeguarding everybody’s business.
- Ensure that our safeguarding policy and procedures are compliant with the Manchester Safeguarding Partnership; multi agency safeguarding policy and procedures.
- For all staff to receive safeguarding training, that is relevant to their role during their induction period and are fully aware of the referral processes for raising safeguarding concerns for adults at risk of abuse or neglect.
- For all staff to understand their roles and responsibilities, and those of other professionals and organisations in relation to the safeguarding of adults at risk.
- Provide refresher safeguarding training every 3 years.
- Deliver regular supervision to all staff who encounter persons to ensure access to advice and support is readily available which enables them to manage the complexity of safeguarding practice as well as to hold practitioners and services accountable for their work.
- Ensure that safeguarding quality assurance systems and processes are in place which supports the assessment of performance and practice.
- Be a learning organisation: to learn from the outcomes of performance analysis, which includes recommendations from safeguarding adult review, domestic homicide reviews and those alike with the view of continually improving safeguarding practice.

- Implement procedures to support the workforce to retrieve advice on complex issues together with escalation processes.
- Personalise safeguarding, with the aim of empowering persons and ensuring that safeguarding intervention meets the requirements of law plus national and local guidance.
- Promote the rights, risk enablement, strengths and wellbeing of persons, their families and communities.
- Start by understanding what matters most to the person and acknowledge that they are the expert in their own lives.
- Deliver safeguarding practice which is proportionate, balanced, inclusive and an appropriate process and not use safeguarding intervention as a substitute to other, more appropriate arrangements.

8.3 For those practitioners who may be required to lead safeguarding enquiries, in conjunction with the corporate safeguarding standard; safeguarding procedures must be followed. The safeguarding procedures for safeguarding enquiry leads can be found within part 2 of the adult safeguarding policy and procedures.

9. What is safeguarding?

9.1 Safeguarding is defined as ‘protecting an adult’s right to live in safety, free from abuse and neglect.’⁵ Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults.

9.2 The aim of adult safeguarding is to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults, especially those with care and support needs.
- Support adults to keep safe in a way that they can make choices and have control over their lives.
- Promote an approach that is all about improving life for the persons concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide accessible information and support to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse or neglect.
- Support the recovery from the abuse or neglect.

9.3 Safeguarding is not a substitute for:

⁵ Care and Support statutory guidance, chapter 14

- providers' responsibilities to provide safe and high-quality care and support.
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
- the core duties of the police to prevent and detect crime and protect life and property.

10. Who do adult safeguarding duties apply to?

10.1 In the context of the [Care Act 2014, specifically section 42](#); statutory adult safeguarding duties apply to **any** adult who:

1. Has care and support needs, and

2. Is experiencing, or is at risk of, abuse or neglect, and

3. Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

10.2 Within the scope of this definition criteria are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;

There is no legal definition of care and support needs, each case needs to be considered on its own set of circumstances.

Safeguarding duties apply regardless of whether a person's care and support needs unmet being met, by the local authority or anyone else.

11. Roles and responsibilities

Note: Definition of Host authority – Host authority is the local authority where the person is, at the time the abuse or neglect occurred.

11.1 If Manchester City Council is the host authority (i.e. the area where the abuse or neglect occurred), we are the enquiry lead, therefore we are responsible for coordinating safeguarding enquiries.

Specific responsibilities include:

- Ensuring that the enquiry is undertaken.
- Ensuring the enquiry meets required standards.
- Ensuring that any actions arising from the enquiry are completed.

11.2 At the point where a safeguarding enquiry is allocated, a qualified social worker will be appointed as the safeguarding enquiry lead officer. Their overall role is to have responsibility for coordinating responses, decision making, and to ensure that enquiry actions are undertaken in accordance with Care Act duties and statutory guidance.

11.3 In order to address the safeguarding concern(s) and ongoing risks, an enquiry may require actions to be undertaken by a number of different individuals, practitioners and organisations. It is important that this is coordinated as effectively as possible, whilst maintaining a focus on the adult and the outcomes they want to achieve.

11.4 As the host authority, Manchester City Council is the responsible lead agency for the section 42 enquiry, but within this process we may require the cooperation of partner agencies/professionals to make enquiries on our behalf; which will contribute to the completion of the safeguarding enquiry.

11.5 The specific circumstances of the safeguarding concern will often determine who is the right person or agency to carry out an enquiry such as holding a discussion with the person or retrieving a specific piece of information. The enquiry lead will decide who is the most relevant person or agency to carry out an enquiry; with the police always leading criminal investigations. Finally, Local Authority will decide when a case can be closed and if the Section 42 duty is satisfied.

12. When a safeguarding concern does not lead to a Section 42 enquiry

12.1 Where the criteria for a statutory section 42 enquiry is not met, other types of action, or provision of advice/information, could be:

- Referral for a care and support needs assessment under Section 9 or Section 10 of the Care Act 2014.
- Referral or signposting to other agencies or support services, such as the Police, GP, and voluntary services.
- Information about how to make a formal complaint, for example, about substandard care or treatment
- Information sharing with regulatory agencies and commissioners to address service quality concerns
- Service Provider to undertake appropriate internal investigation, disciplinary process
- Decision by the local authority to undertake a discretionary safeguarding enquiry

12.2 Discretionary safeguarding enquiries

If a person does not meet the criteria as outlined in Section 42 of the Care Act, Manchester City Council is not required by law to carry out a safeguarding enquiry. However, in certain circumstances we may do so at our own discretion, if there is evidence which leads us to believe it is proportionate to do so; and it will promote the adult's wellbeing and/or support a preventative approach. This is known as a discretionary enquiry or a non-statutory enquiry.

For example, a situation where discretionary powers may be used to undertake a safeguarding enquiry, is a concern regarding a person which does not trigger a response under Section 42, but the significant level of risk present warrants a response such as a significant threat to wellbeing, safety or life.

12.3 Inter-authority safeguarding arrangements/enquiries

When a safeguarding concern is raised for a person who is temporarily in a local authority area where they are not ordinarily resident or for a person who has been placed in residential or nursing care in another local authority area, the host authority will take the lead in terms of responding to the safeguarding concern, using their local safeguarding adult procedures.

The placing authority (in this instance, Manchester City Council) should be involved in, and contribute to, any enquiry undertaken. In certain situations, discussions will need to take place between the host and placing authorities as to who is best placed to take the lead in responding to the concern and coordinate any enquiry.

Where a safeguarding enquiry is being undertaken by Manchester City Council and the person moves to reside in another local authority then Manchester City Council will

ensure contact is made with the new local authority to pass on any information as required and agree roles and responsibilities in concluding the enquiry.

12.4 Children, young people and transitional safeguarding

Where a concern of abuse relates to a person under 18 years, child protection procedures will apply.

If the person is 17 years of age and about to become 18, discussion should be held between Children's Services Adult services regarding which service and procedures would be most appropriate to take forward the enquiry if one is required.

Strong joint working arrangements between Children's Services and Adult Social Care need to be put in place to ensure that the medical, psychosocial, and holistic needs of children leaving care are addressed as they transition to adulthood.

The care needs of the young person should be at the forefront of any support planning and require a coordinated multi-agency approach. Assessment of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, well-being, and choice.

12.5 Carers and safeguarding

Carers are often a key part of a safeguarding concern and response because:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

The focus of the Care Act 2014 is on wellbeing, and this includes carers. A carers assessment may be an appropriate response to a safeguarding concern as it may prevent harm and abuse by identifying support needs for the carer.

If a carer reports abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken.

If a carer experiences harm, whether intentional or not, from the adult they are supporting, it is essential to identify what support is needed to reduce future risks and protect both the carer and the adult from harm.

If a carer unintentionally harms or neglects the adult they support, consideration should be given to assessing what support can be provided that removes or mitigates the risk of harm. For example, the provision of training, information, advocacy and or support to minimise any risk and maximise support .

If a carer intentionally neglects or harms the adult they support, the situation should be managed in the same way as any other person alleged to have caused harm. This may involve a criminal investigation. Other key considerations in relation to safeguarding and carers should include:

- involving carers in safeguarding enquiries relating to the adult they care for, as appropriate;
- whether or not joint assessment is appropriate in each individual circumstance;
- the risk factors that may increase the likelihood of abuse or neglect occurring; and
- whether a change in circumstance changes the risk of abuse or neglect occurring.

12.6 Whistleblowing

Whistleblowing is the term used when a worker passes on information concerning wrongdoing.

Government guidance calls it “making a disclosure” or “blowing the whistle”. The wrongdoing will typically (although not necessarily) be something witnessed at work.

Manchester City Council does have a '[whistleblowing policy](#)' which states that as an employer it will be responsive to concerns raised by staff about another person's practice or behaviour. It is important that all professionals have the confidence to come forward to speak or act if they are unhappy with anything and that they will be supported by the organisation to do this.

Whistleblowing occurs when a person raises a concern about dangerous, illegal activity or any wrongdoing within their organisation, e.g:

- potentially vital information about health and safety risks
- possible fraud
- harm of children or adults
- concern worried about someone's behaviour.

It is essential these issues are addressed immediately, so, 'blowing the whistle' as early as possible is important in order to prevent further harm.⁶

12.7 Notifying the coroner

⁶ Manchester safeguarding partnership: Whistleblowing – advice for practitioners

The Coroner' should be notified when there are safeguarding concerns about the circumstances of the death of an adult with care and support needs, which can include:

- Where there may have been failings by one or more organisation which may have resulted in the death of the individual and the actions taken require further exploration/explanation.
- The death may have been due to natural causes but there are concerns that the individual suffered abuse, neglect or acts of omission which may have expedited the death.
- The death was violent or unnatural
- The adult was subject of a DoLS Authorisation or detained under the Mental Health Act
- Deaths that fall outside the requirement to hold an inquest, but follow-up enquiries/actions are identified by the Coroner or his or her officers.

13. Information and advice

13.1 Information and advice is critical to preventing or delaying the need for services in relation to safeguarding and can be the first step to responding to a concern.

As a member of the Manchester Safeguarding Partnership, Manchester City Council aims to ensure that we provide a service that can signpost adults to receive the right kind of help by the right organisation.

This includes information and advice about safeguarding and should include:

- How to raise concerns about the safety or wellbeing of an adult, specifically those who have care and support needs.
- Awareness of different types of abuse and neglect.
- How people can keep safe, and how to support people to keep safe.
- The safeguarding adults process.

13.2 Furthermore, advice needs to be tailored to the person seeking it, with services recognising that people may need different mediums through which to communicate. Advice and information should, where possible, be provided in the manner preferred by the person and in a way to help them understand the information being conveyed. This approach should encompass the [Equality Act 2010](#).

‘Reasonable adjustments’ should be made to ensure that disabled people have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or with communication support.

13.3 Manchester City Council may encounter a number of direct opportunities to provide, or signpost persons to information and advice, in particular for safeguarding, which include:

- At the first point of contact;
- During or following –
 - an adult safeguarding enquiry.
 - safeguarding planning.
 - risk assessment, management and/or risk review
- Through complaints and service feedback.

14. Confidentiality and Information Sharing

14.1 A duty of confidence arises when sensitive personal information is obtained and/or recorded in circumstances where it is reasonable for the subject of the information to expect that the information will be held in confidence.

14.2 Adults at risk provide sensitive information and have a right to expect that the information about themselves that they directly provide, and information obtained from others will be treated respectfully and that their privacy will be maintained.

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

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

14.4 Whether information is shared with or without the adult at risk’s consent, the information sharing process must abide by the principles of the General Data Protection Regulation (GDPR). The GDPR should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared

appropriately. In those instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person's best interest.

15. Co-operation and Information Sharing

15.1 Manchester City Council and partner organisations should co-operate in order to deliver effective safeguarding, both at a strategic level and in individual cases, where they may need to ask one another to take specific action in that case.

15.2 This co-operation and information sharing for safeguarding purposes is supported by all data protection legislation where there is a lawful basis, such as the Care Act, for sharing personal data and compliance with the Caldicott Principles will help to ensure that information sharing is justified and proportionate.

15.3 [Section 6, the Care Act 2014](#) describes a general duty to co-operate between the Local Authority and other organisations providing care and support. This includes a duty on the Local Authority itself to ensure co-operation between its adult care and support, housing, public health and children's services.

15.4 Local authorities and their relevant partners must respond to requests to cooperate under their general public law duties to act reasonably. If an organisation is refusing to share information, the matter can be escalated via the arranged escalation processes, to locally resolve the issue.

15.5 Alternatively, the organisation conducting the safeguarding enquiry can also consider escalating the issue to the local safeguarding board (Manchester Safeguarding Partnership) for consideration of enacting [Section 45, Care Act 2014](#) powers which puts an obligation on organisations to comply with a request for information in order for the safeguarding board to perform its duties.

15.6 The Care Act 2014 sets out five aims of co-operation between partners which are relevant to care and support, although it should be noted that the purposes of cooperation are not limited to these matters.

The five aims include:

- Promoting the wellbeing of adults needing care and support and of carers;
- Improving the quality of care and support for adults and support for carers (including the outcomes from such provision);
- Smoothing the transition from children's to adults' services;
- Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect and
- Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

Organisations that refuse to comply with requests for co-operation or information should provide written reasons for the refusal.

16. Timescales

16.1 Timescales around safeguarding activity are stated within part 2 of the adult safeguarding policy and procedures.

17. Version control, communication and cascading

17.1 It is important that version control is managed and maintained by those writing or reviewing policy documents to ensure that adult social care staff are consistently using the most up to date version of policy.

17.2 Any amendment to the original policy should be recorded in the version control table on the front page. It should state the version of the document being amended, provide a description of the change, by who and on what date, with the revised version being made explicit on the original front-page table.

17.3 Once a new policy has been completed and signed off by DMT or a review of policy has been finalized, this should be communicated effectively to all adult social care staff. The Policy Assurance Group will forward a copy to the Business Improvement Team who will ensure it is included in the prospective adult social care broadcast.

Business Improvement Team - cfmessage@manchester.gov.uk

18. Storage and access to policy

18.1 All adult social care policies will be stored on the Adult Policy Procedure and Practice Portal (APPP) which can be accessed here
<https://www.manchesterappp.co.uk/>

APPP will maintain a spreadsheet on behalf of MCC (Manchester City Council) adult social care that will list local active policies and the dates in which they are due for review.

18.2 The Policy Assurance Group (PAG) will be notified by our partners at APPP when a particular policy is due for review, who will contact the owner of the policy to prompt review.