

The Four Stage Approach - Stage One: Raising Adult Safeguarding Concerns

These chapters have been structured with a Four Stage Approach:



Stage 1 - Raising a Concern

Anyone can raise an adult safeguarding concern, should they suspect abuse or neglect, and those staff employed by health and social care organisations including the third sector, have a duty of care to report alleged abuse or neglect.

Safeguarding concerns may be received from a wide range of sources (for example: members of the public, family members, staff, statutory agencies, service providers, community and voluntary sector, health, police, or people receiving care and support services themselves). Each agency (including third sector organisations) should have its own clearly defined safeguarding policy which describes the internal process for raising a safeguarding concern and how to refer to the Adult Safeguarding Team, as all staff employed in providing care and support, either paid or as a volunteer have a duty of care to raise concerns. It is important to note that every organisation and community has a responsibility to promote the safety of adults.

1. What to do if you receive a disclosure or observe or witness abuse or neglect?

[Click here to view the raising a concern flowchart.](#)

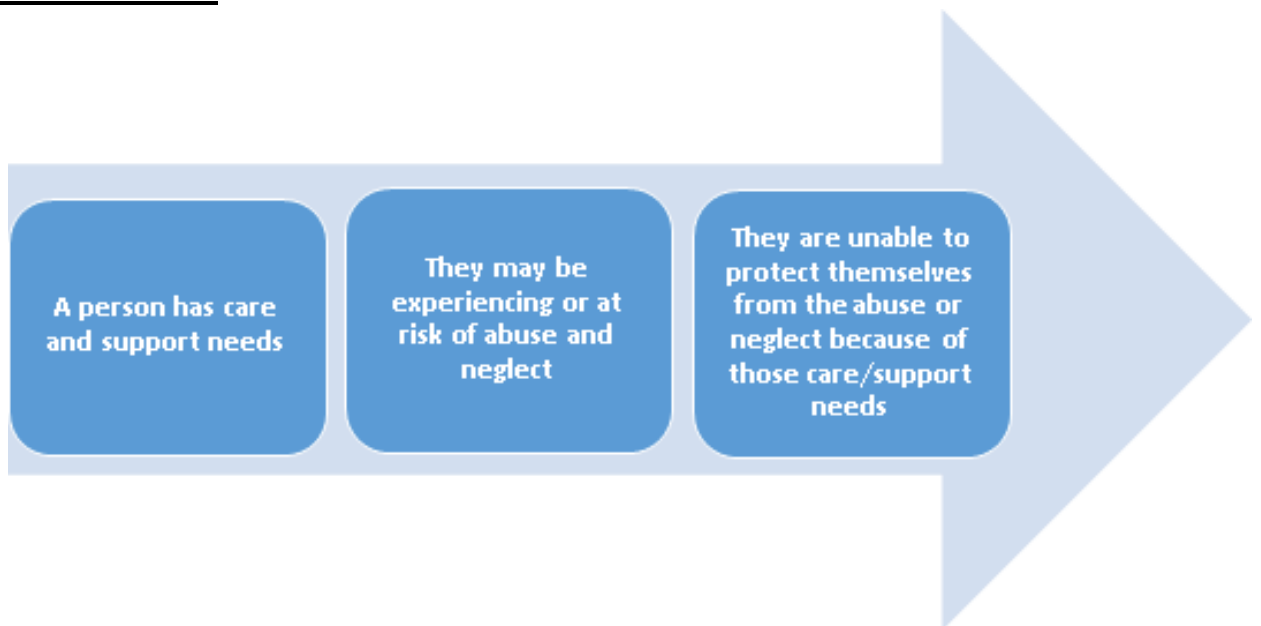
In emergency situations please call 999. For (not urgent) criminal matters to be reported ring Isle of Man Constabulary 01624 631212

If you have concerns about the abuse or neglect of an adult, on the basis of the information available and it appears to you the statutory safeguarding criteria is met, then a safeguarding adult's concern should be raised.

The criteria for an adult safeguarding enquiry is as follows.

- 1) has needs for care and support (whether or not the authority is meeting any of those needs),
- 2) is experiencing, or is at risk of, abuse or neglect, and as a result of those needs
- 3) is unable to protect himself or herself against the abuse or neglect or the risk of it.

Important to note:



Should you have concerns about an adult, then please accept the responsibility to raise the adult safeguarding concern yourself as the witness, it is not appropriate to handover your concerns to another person to raise on your behalf, this can contribute to safeguarding concerns being identified and not being actioned. All staff employed in the care sector have a duty of care to undergo safeguarding adults' training and to raise a safeguarding adult concern (alert).

[CLICK HERE TO SEE THE RAISING A CONCERN FORM](#)

(includes a body map)

Concerns raised to the Adult Safeguarding Team (AST) should include the following information (where available):

Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin.	Basic facts , focusing on whether or not the person has care and support needs including communication and on-going health needs;
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Factual details of what the concern is about; what, when, who, where;	Immediate risks and action taken to address risk;
If reported as a crime - details of when this was made, the officer's name OR crime reference number etc;	Whether the adult at risk has any cognitive or other impairment which may impede their ability to protect themselves;
Any information on the source of harm , or person alleged to have caused harm;	Wishes and views of the adult at risk, in particular whether they have capacity to consent to a safeguarding referral, what they would like to happen and their preferred method of communication
Advocacy involvement (includes family/friends);	Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

Informed consent and capacity to consent to safeguarding referrals.

Informed consent and capacity should be considered as part of the safeguarding adult's referral, concern and or alert.

Seek the adult's consent to submit a safeguarding concern and explain that this may mean that several agencies may gain access to their personal details

- Read the [Caldicott Principles](#)
- Does the adult have the mental capacity to consent to the safeguarding concern being submitted now?
- Is there a need to provide support and representation?
- Is there any possibility that the adult has/ is suffering from any type of coercion, control, threat, duress or pressure from another person(s) or organisation which may mean they refuse consent?
- Does mental capacity need to be assessed and reviewed? (Recognising that someone's capacity to consent maybe impacted upon/ dismissed by the act of control and coercion by others.)
- Give due regard to the adult's views and wishes, including their desired outcomes, even if best interest decisions are made.
- If the adult does have mental capacity to consent to the safeguarding concern being submitted, but refuses, professionals, must be careful that they consider how to keep the adult safe if they continue to submit the concern. This may be particularly relevant in domestic abuse cases, the adult must be informed that a safeguarding concern has been submitted, unless it is unsafe or places the person at greater risk.
- Should a client at risk continue to make unwise decisions, such as in neglecting themselves, then upon evidence of repeated unwise decision making it would suggest that a mental capacity assessment is completed, noting their inability to weigh up and balance information that continues to put them at risk of further neglect .

- A safeguarding concern can still be submitted without the adult’s consent, if vital or public interest considerations apply and this should be specifically detailed in the safeguarding adult referral.
- PATCH = Person Alleged to Cause Harm, should not be consulted or used to communicate with the adult if they have been identified as the PATCH, in completing the safeguarding adult’s referral.

Please refer to Mental Capacity Policy, known as the Policy for Capacity, Best Interest Decisions and Deprivation of Liberty

2. Good Practice Guide

If an adult discloses abuse to you directly, use the **Listen, Respect, Reassure** principles to respond:

Listen To Me	<ul style="list-style-type: none"> • Talk to me in a suitable environment, free of distractions; • Be calm and patient with me - allow me to speak at my own pace and be heard; • Let me explain in my own way - avoid asking leading questions; • Do not "quiz" me about details of the abuse or neglect; • Listening supportively is more important to me than what you say.
Respect Me	<ul style="list-style-type: none"> • Respect that I may only feel able to share some of what happened; • Respect my privacy; • Respect and acknowledge how difficult it may have been to talk to you about what happened; • Don't make promises you can't keep — however good your intentions; • Explain that you will need to report what I have said to a manager or someone else.
Reassure Me	<ul style="list-style-type: none"> • Reassure me that abuse and neglect is wrong, and you are here to help; • Reassure me that I am not at fault; • Reassure me how I will be involved in decisions about what happens; • Reassure me about my safety, respond to my concerns. Speak to your manager. • Reassure me using helpful language I understand.

3. Concerns - Deciding How to Progress

The AST will check the information held by Manx Care and will share and receive information from other partners in deciding how to help or advise, the first consideration for the Adult Safeguarding Team (AST), is whether these multi agency policy and procedures are the best fit for the person in this particular situation. For example, would they benefit from a referral to adult social worker, district nursing etc. Please bear in mind that adult safeguarding referral may not **always be the right or best way of providing someone with personalised support.** (please see eligibility for safeguarding, capacity and public interest sections of this policy)

The AST holds a daily triage meeting with multi agency professionals including the police to consider all safeguarding referrals, it is within this triage that threshold decisions are made about the eligibility of a safeguarding referral. If a referral does not meet the threshold for safeguarding,

the AST operate a policy of no re-direction in receiving referrals but will take all referrals to the triage meeting; and with the support of the multi-agency professionals the referral maybe diverted to another service to provide care and support.

While the AST leads the multi agencies triage process, the AST retains responsibility for statutory adult safeguarding threshold decisions. The AST, in effect represents the “local authority branch of Manx Care”. The AST in making threshold decisions, may hold to account the provider services of Manx Care, as well as other health and social care providers.

Should a referral not reach the threshold decision then feedback will be provided to the referrer where appropriate with a rationale as to why such a decision has been reached. Moreover, the triage meeting will take responsibility for sharing information about decisions to protect adults on a need to know basis, working within the principles of GDPR. It will not be appropriate to provide a person alleged to cause harm (PATCH) with information on safeguarding decisions and or to invite them to attend safeguarding planning meetings and/or conferences.

The AST will research information held by Manx Care in relation to the people named in the concern, and the AST will share and receive information with/from other relevant partners in order to satisfy themselves that sufficient initial background checks have been established.

The AST may decide for example, that the concerns are not of a nature or degree that requires further progression under safeguarding arrangements. This is not to suggest that the issues raised are not important or of significance, but rather that they should be managed in a different or more proportionate way. In such circumstances, the AST may request of someone else to advise of alternative sources of support or ways of managing the concern (for example, by signposting to a social worker for a reassessment of needs or to a specialist advisory service such relevant support agencies.)

Equally, the AST may choose to undertake further background checks (or request others to do so) in order to establish more information about a person, or situation. This provides an opportunity to gather additional information for the purposes of decision making. It is important that timescales are attached to these activities to prevent unnecessary drift.

Throughout this (and every) stage, it is important that the views and wishes of the person at risk are central to any decision-making. Such views may have been gathered at the point that concerns were raised, but there may be a need for further conversations to take place in order to decide how to respond to the concerns. People's views and outcomes will be subject to change.

From the information shared - the AST (with others) may (then) decide that further activities to meet the person's outcomes may be best managed outside of safeguarding: this could be through ongoing case work, a timely review or reassessment of needs, or changes to care and support provision (as an example).

Where a crime is suspected and referred to the Police, then the Police will lead the criminal investigations with the support of the AST and/or other agencies where appropriate (for example, by providing information and assistance, or additional care and support). The AST and others have an ongoing responsibility to promote the wellbeing of the adult in these circumstances. A criminal investigation by the police takes primacy over all other types of enquiry.

In cases where the person's desired outcomes may be met through a variety of ways, and risks can be addressed through alternative measures rather than through adult safeguarding arrangements. Proper advice will be given to people about the options available to them. All decisions **MUST** be defensible, and **MUST** be properly recorded and communicated. If an enquiry is indicated as necessary, the AST will commence a planning process.

Should the referrer disagree with a safeguarding decision, the AST has a responsibility to inform them of a rationale for decision making in line with needs to know, GDPR, if this fails to resolve the concern about safeguarding decisions then the referrer should be advised to contact the safeguarding adults team manager to review the decisions and of their rights to make a formal

complaint to Manx Care in line with the complaints policy.

It's important to note that everyone who has contact with vulnerable adults, who are at risk of abuse and neglect have a responsibility to raise safeguarding concerns. It is not sufficient to just record safeguarding concerns about any adults, without seeking advice and guidance and taking actions to promote their safety including raising a safeguarding concern to the adult safeguarding team.

