



**SOMERSET
SAFEGUARDING
ADULTS BOARD**

What to do if it's not Safeguarding?

Guidance for professionals on responding to people with complex needs or circumstances who do not require an adult safeguarding enquiry under Section 42 the Care Act (2014), or where it has been determined that a non-statutory enquiry is not required

1. Introduction

This guidance has been developed by the Somerset Safeguarding Adults Board to promote a joint approach to the assessment and management of risk to adults with care and support needs across organisations where the person has complex needs, but use of the Somerset Safeguarding Adults Board Adult Safeguarding Decision Making Tool has determined that a safeguarding referral is not required or where, following referral, it has been determined that a statutory or non-statutory safeguarding enquiry under the Care Act (2014) is not required.

It is intended to:

- Identify what individual organisations must do before considering this approach;
- Identify the circumstances in which there is a need for a structured partnership approach;
- Identify a lead professional;
- Clarify the role of agencies and professionals.

The approach outlined in this document is intended to only be used in the specific circumstances outlined below.

Unless there is a good reason not to, this guidance must be read with the assumption that the person will be aware that there are multi-disciplinary discussions taking place **and** that they are involved in these discussions, including being invited to participate in any meetings.

2. Circumstances in which there is a need for a multi-disciplinary approach

A multi-disciplinary approach may be needed in cases involving adults with complex mental ill health, dementia, learning disabilities, long term physical health needs and people with chronic self-neglecting behaviour, young people aged over 18 who are transitioning to adult services or who are homeless.

Practitioners **must** carry out a mental capacity assessment in the first instance, if there is reason to question the persons decision making ability, centred around the specific decision that needs to be made. Consideration should also be made to ensuring or appointing an appropriate advocate. If it is deemed that the person lacks mental capacity, this guidance will **not** apply and procedures for Best Interest decision-making **must** be followed. If there are concerns about an individual's capacity **and** they refuse to engage in a capacity assessment despite appropriate adjustments being made in order to facilitate/enable their engagement, then guidance must be sought from organisational safeguarding leads in the first instance.

If the decision that needs to be made sits more appropriately with another organisation, the case **must** be referred to that organisation. For example, if the decision is about care and support, it should be referred to Adult Social Care; if the decision is around treatment, the case should be referred to the GP; if the decision is around tenancy support, the case should be referred to the relevant housing provider or District Council.

A multi-disciplinary approach *may* therefore be required when:

- An adult with care and support needs has been identified as being at risk of harm, is well known to one or more organisations with repeated concerns or presentation, but there is no established plan to manage ongoing concerns, **and**;

- The person has the mental capacity to make relevant decisions but has refused essential services or interventions, which could result in significant harm, **and**;
- Current management approaches have not been able to mitigate the risk of this significant harm, **and**;
- There is concern about the individuals' ability to manage their;
 - Safety
 - Protection from abuse and neglect
 - Personal care and hygiene
 - Home environment
 - Activities of daily living, such as shopping
 - Health conditions
 - Finances

and

- One or more organisations have concerns about the individual and believe a multi-disciplinary discussion would be of benefit.

3. Identifying a lead professional

If the person is known to have an allocated worker within statutory health or social care agencies, the concerned practitioner should contact them and request that a multi-disciplinary meeting is considered.

If no allocated worker exists, the lead professional will vary from case to case, depending on the circumstances. The lead professional should be a professional from the organisation with the most significant involvement with the individual and the person's primary needs and concerns. For example, if the primary concerns are related to a health condition, the lead professional should be a healthcare professional. If the primary concerns are around social care needs, the lead professional should be from Adult Social Care. If the primary concerns are around fire risk and fire safety, the lead professional should be from the fire service.

If there is no identified lead professional, the professional who is concerned must take responsibility for co-ordinating the initial multi-disciplinary meeting. A decision about who will take on the lead professional role must then be agreed and recorded at that meeting.

4. Co-ordinating a multi-disciplinary meeting

All organisations have the right to call a multi-disciplinary meeting.

In the event of a disagreement as to whether a multi-disciplinary approach is required then in the first instance this should be escalated within the organisation(s) concerned, then if unresolved using the SSAB process for [Resolving Professional Differences](#). If there is still no resolution, then a referral should be made to the three SSAB statutory partners for a decision by contacting the [SSAB mailbox](#) with details of:

- The organisations involved
- The request that has been made, when it was made and why it was made
- Action already taken to attempt a resolution
- Any reasons given for refusal
- Any other relevant information, including urgency

This mechanism **must not be used** to escalate day-to-day safeguarding referrals in an attempt to inappropriately bypass normal processes, abdicate individual or organisational responsibilities or as a route to resolve personal differences between professionals.

If the decision by the three statutory partners is that a meeting is required, then **all the organisations that are invited will be expected to attend and participate by providing a suitable representative, who has decision making authority in relation to the organisation and its response to the person's circumstances.**

The identified lead professional should make contact with each relevant organisation, to secure their attendance at a meeting. **It is it is the lead professional and/or their organisation that takes responsibility for the coordination of the meeting.**

Organisation	Contact
Somerset Partnership and Taunton and Somerset NHS Foundation Trusts	Integrated Safeguarding Service
Yeovil Hospital NHS Foundation Trust	Safeguarding Team
Avon & Somerset Constabulary	Lighthouse Safeguarding Unit
Devon & Somerset Fire and Rescue Service	Safeguarding Manager
District Council	Relevant District Council
General Practitioners	NHS Somerset Clinical Commissioning Group Safeguarding Adults Team which will liaise with the GP Practice
Housing	Relevant housing provider
NHS Somerset Clinical Commissioning Group	Safeguarding Adults Team
Somerset County Council	Service Manager responsible for that area of service
South Western Ambulance Service NHS Foundation Trust	Safeguarding Business Manger

The meeting **must** have minutes, and agreed actions with timescales for implementation and review. Further meetings must also arrange as required. A template has been provided as Appendix 2 for organisations to use as the basis for the meeting and notes, although it is not intended to be exhaustive and should therefore be adapted as required.

The minutes of the meeting and any associated records should be saved by each organisation using their own recording systems.

5. Information-sharing

Please refer to the [Somerset Safeguarding Adult Board's Information Sharing Agreement and guidance](#) that all Board members have endorsed for guidance on information sharing, including a flowchart of when and how to share information.

If you are not sure if information can be legitimately shared or action taken without the consent of the individual, further advice should be sought from information governance lead in your organisation.

6. If a high risk of serious harm from domestic violence is identified

For those identified by structured risk assessment, combined with professional judgement, as at risk of serious harm from domestic violence, the MARAC process should be followed (please refer to the [Guidance for Safeguarding Adults in Somerset](#)).