

3.1 to 3.4 the Alert Process (Steps 1 to 4)

Step 1: Alert

An alert can be made by anyone and is the process of reporting concerns of abuse or neglect which are received or identified within any agency.

Each agency should have its own clearly defined policy which describes the internal process for raising a concern and the steps to refer to the Local Authority, in order to initiate the Multi Agency Process. This includes named individuals or post holders with responsibility for determining whether a referral to the Multi-Agency process should be made.

In relation to the role of health service practitioners, where health staff identifies a possible safeguarding alert, they will use their own policy, guidance and procedures beforehand to decide whether a multi-agency response to the alert and therefore a referral to the lead agency, is needed. (DH March 2011)

When an alerting agency is notified of a concern they will:

1. Take immediate action to safeguard the adult at risk, staff and others, i.e. using their own internal procedures suspend staff, implement a risk management plan or increase supervision of any Service User who may be acting abusively
2. Ensure any action taken by the manager or their organisation as part of the immediate response does not jeopardise any future investigation by the Police, CQC, or the Public Guardianship Office
3. [Preserve evidence](#) (Alerter's guidance 2.23)
4. Inform Advice and Assessment (Child Protection) Team without delay if a child is thought to be at risk.)
5. Record the views and wishes of the adult at risk if they have the mental capacity to make decisions about their own care and safety. If the vulnerable adult does not consent to a referral being made, this should not preclude making a safeguarding referral, but should be communicated to Adult Social Care at the time of referral. [Link to Information Sharing](#)
6. Consider initiating the their [Whistleblowing policy](#) to protect the alerter

Alerts from service users and the public into Adult Social Care

These alerts may include:

- NHS providers
- Adult Social Care
- Housing
- Police
- Probation
- Independent and Voluntary Sector
- Care homes
- Care Quality Commission
- Vulnerable Adults
- Members of the public

Remember! Alerters are not asked to investigate or prove the alert. [Link to Full Alerters Guidance 2.23](#). It is not appropriate to signpost a member of the public to other agencies (such as PALS or CQC) to deal with an alert.

Step 2: Referral into Adult Social Care (the multi-agency process)

Following consideration by the alerting agency (step 1), when there is suspected abuse or neglect of a vulnerable adult by a 3rd party a referral should be made to Adult Social Care who host the Safeguarding Pathway.

[The Vulnerable Adult Risk Management](#) process should be followed when self-neglect or harm or refusal to accept services where risk of harm is suspected. Concerns or allegations of domestic abuse should always follow the safeguarding process.

[LINK to Risk Management Meeting for Self Neglect](#)
[LINK to Full Alerter's Guidance](#)

Once a Safeguarding Adults referral has been received by Adult Social Care via the Contact Centre, they will pass the referral to an Advanced Practitioner for screening and triage.

When a referral is received, Adult Social Care will ensure:

- Immediate action is taken to safeguard the person if necessary within 24 hours of the alert. The actions taken must be recorded
- Children's services are informed without delay if a child is thought to be at risk
- Exact details of the alleged abuse are recorded i.e. what happened, to whom, where and when? Including names and contact details for any witnesses.

Step 3: Multi-agency screening and decision

▪ Screening

Adult Social care will discuss the referral with multiagency partners including health and the police to determine whether the referral requires a multi-agency response.

This may involve gathering additional information to clarify the level of risk and urgency.

Reasons which indicate a need to continue with the process:

- concerns about abuse or neglect of a vulnerable adult by a paid carer
- concerns about abuse or neglect in a regulated care setting,
- where other vulnerable adults or children may be at risk
- where there is concern about the person's mental capacity to make decisions about their care and safety
- where the person would benefit from a protection plan relating to risk from third party abuse or neglect [Link to threshold document](#)

Reasons commonly given not to continue, which should not be relied upon at this stage:

- It will not be possible to prove one way or the other whether the allegation is true
- The police do not intend to take any action
- The allegation is historical
- The allegation is already proven, it was witnessed
- The person has capacity and chooses to continue to live with or contact the alleged perpetrator. This should not be relied upon because although the person may have mental capacity, they may be subject to duress. An individual's wishes in relation to whether to proceed with the safeguarding process should be sought, but cannot undermine an organisation's legal duty to act
- The person chooses to continue with a risky lifestyle and refuses support or protection offered which leaves them vulnerable to exploitation or abuse by acquaintances

Reason's not to continue with the process:

- The person is not a vulnerable adult
- The concern does not relate to third-party abuse or neglect
- Concern relates solely to self-neglect and there is no concern about abuse by a third party
- Decision about whether a referral requires a multi-agency response may involve a threshold decision [Link to Threshold document 3.4.1](#)

- **Decision**

Further Action Required:

When alerts require a multi-agency response and there is any indication that a criminal offence may have taken place, adult social care should inform the police as soon as possible via a secure email to the Central Referral Unit. If there is a need for urgent police response to preserve physical evidence, notification should be via contacting 111.

Who will lead on the process?

When alerts require a multi-agency response, a decision should be made through multi-agency discussion regarding who would be the most appropriate agency to lead on the process.

The police are responsible for investigating crimes. Where the victim is a vulnerable adult, the police will work together with health or social care. Where the Police advise that there is no requirement for a criminal investigation, the safeguarding process should continue to be followed.

Adult Social Care

Where adult social care are leading the process, the Advanced Practitioner must allocate an appropriately trained and experienced social worker. The Advanced Practitioner will need to consider the communication, language, cultural, religious and gender factors when allocating the case.

Health

Health Commissioners and providers will lead on the response to referrals about abuse in hospitals, alleged abuse by health staff and other health commissioned services including care homes and fully funded continuing care packages in the community.

The local authority will remain involved in all referrals relating to care homes and community services regardless of commissioning arrangements. The local authority will identify an appropriate representative to participate in meetings. Where the alert, or multiple alerts relate to potential systematic abuse, a [large scale investigation](#) should be triggered. [Link to large scale investigation 3.10](#)

No Further Action Required:

There will be no further action required, if following information gathering, it is clear that the concern does not relate to third-party abuse or neglect of a vulnerable adult. The matter will then be closed to the safeguarding process and the alerter notified of the decision. Adult social care will make a record of who was consulted as part of the decision and the rationale for the decision.

Advice may be given at this stage to signpost to other organisations. Agencies may still investigate in line with their own internal processes.

Decisions regarding Safeguarding Adults should never be taken without support or in isolation.

The decision should always be recorded.

Step 4: Information Gathering

The agency responsible for leading on the safeguarding process may gather additional information in preparation for the strategy discussion/meeting. This may include background information about the vulnerable adult, what is known about the concern/situation and anything that has a bearing on the assessment of risk.

When the police are leading an investigation it is important to be cautious not to contact individuals or gather evidence about the allegation or concern directly at this stage, but focus on gathering information which will assist in planning the investigation. Information gathering is usually done over the telephone and must be recorded.

Any action taken by the provider organisation as part of their immediate response must not jeopardise future investigation by the Police, CQC, or the Public Guardianship Office.

N.B In cases where the alleged perpetrator is a paid carer, the Safeguarding Adults Process must take precedence over the Human Resources disciplinary process.

It may be appropriate to gather information from:

- Police (whether the alleged perpetrator is known to the police)
- CCG
- GP
- Plymouth Community Healthcare Safeguarding Lead
- Community Nurses
- CQC
- Housing
- Voluntary organisations
- Care providers

There are several purposes to be served by information gathering:

1. Gather background information in respect of the vulnerable adult/alleged perpetrator including:

- Full details of vulnerable adult whether the person is known to Adult Social Care and which other agencies are involved , i.e. Health and agencies specific to Plymouth
 - Cultural and ethnic identity, faith or belief systems
 - Family details Is the vulnerable adult aware of and did they consent to the alert Views and wishes of the vulnerable adult
 - Full details of the alleged perpetrator including name, address, date of birth (if known)
 - whether there been previous allegations
 - Information about vulnerability/needs
 - Mental capacity to make decisions about care and safety if known
 - The adult at risks' level of communication
2. Check whether the adult at risk is at immediate risk of harm including:
- Details of any injuries
 - Current risks/protection plan
3. To check if other vulnerable people are at risk
4. To decide how to proceed and how to co-ordinate input to any assessment / investigation deemed appropriate
- Details of the alerter and any written reports
 - Details of any witness
 - Details of care visits /times, names of carers
 - Best time to visit when the alleged perpetrator is not present and the vulnerable adult functions best.