

MK Together Multiagency Safeguarding Adults and Risk Management Policy

Approved by: MK Together Assurance Board

Effective from: April 2023

Next Review Date: April 2024

Document Owner: MK Together Assurance Board

1. Purpose

This policy brings together two key multi-agency documents which support safe working practices and empowerment of people at risk. The Safeguarding Adults and Adults at Risk policies are now combined to help people understand how one or both can be used to help structure ways of working and managing risks with people.

For quick reference please see flow charts which lay out each process

Chart 1: Raising a concern **Part A**

Chart 2: Screening Process for section 42.1 (Care Act 2014) **Part A**

Chart 3: Section 42.2 Enquiries (Care Act 2014) **Part A**

Chart 4: Risk Management Process **Part B**

2. Introduction

This document reflects the commitment of The MK Together Partnership and all the associated partner agencies to work together to safeguard adults with care and support needs in Milton Keynes. The key principles of this policy are that agencies working with adults with care and support needs will:

- Promote the wellbeing of adults at risk, keeping their dignity and wishes at the heart of all thinking.
- Ensure the interests and human rights of the adult at risk are always respected and upheld.
- Ensure all decisions and actions are taken in line with the Mental Capacity Act (MCA) 2005

The MK Together Partnership believes that:

- The person, family and community should be at the heart of all our processes.
- People have the right to live their lives free from neglect and abuse.
- Safeguarding and working with risk is a shared responsibility of all organisations and agencies commit to holding each other to account.
- High quality multi-agency working is essential to good practice.
- We respect that adults have a right to take risks and that this will sometimes restrict our ability to act.
- There must be a commitment to continuous improvement and learning across the partnership.

3. Policy into Practice:

The MK Together Partnership recognises that the demands and governance of each partner organisation are different, and that organisations may achieve common outcomes in different ways. Each partner organisation will have safeguarding adult procedures that are in line with this policy and demonstrate the responsibilities of the organisation.

For this policy to work in practice, every partner organisation must accept individual and collective responsibility to ensure that they: -

- Have a detailed and achievable plan for how they will promote on-going understanding and use of this policy across their organisation. This plan will be presented to MK Together Assurance Board prior to policy launch.
- Detail in their plan how each agency will ensure joint working and information sharing and how this will be monitored at case level.
- Report annually to the MK Together Assurance Board on the use of the policy and processes.

4. Information Sharing and Formal Discussions:

Each agency and their staff must be aware of the principles of sharing information and be aware of the threshold of sharing pertinent and relevant information on a 'need to know' basis or when legally required to do so.

- They should refer to relevant interagency information sharing protocols.
- Where necessary they should seek advice from Data Protection Leads within their agency.
- NHS organisations and MKCC Adult Services staff can also seek advice from their Caldicott Guardian.

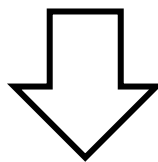
1. Raising a concern

Is the person at immediate risk of harm?
Use 999 to seek emergency response from Police/Ambulance/Fire Service as required

If abuse is suspected, or a situation is worrying, call for further advice:
MKCC Safeguarding Team: 01908 252835
Care Quality Commission: 03000 616161
Thames Valley Police Protecting Vulnerable People Unit: 01296 39650



If you need further advice refer to the Decision Making Tool on the MKCC website.



2. Screening

1. Concern received by MKCC Safeguarding Team



2. Is there immediate risk/danger to the adult?

Safeguarding plan to mitigate immediate risks

Any existing Safeguarding plan is updated (involve AAR and people Involved in their care)



3a. Screening against section 42.1 criteria. In assessing risk, consider and record:

Household members

Source of risk

Factors increasing/ decreasing risk

The person's view, desired outcomes and their decision specific mental capacity (ensure record keeping is clear and concise)

3b. Refer to policy for local guidance on:

Peer on peer abuse

Organisational abuse

People placed in MK from other Las

Patient safety incident report process

Modern slavery

Repeat allegations



4. Screening Decision

(For all of the below, ensure clear rationale detailing reason for decision is recorded, referencing the person's views and wishes and section 42 criteria)

4a. No further action required

Referral is closed

4b. Progress to further enquiry under section 42.2 Care Act 2014

Allocated to team best placed to respond within MKCC

4c. Continue via other processes

(i.e. Care management pathway, other agency response, Part B of this policy.)

If case is transferred to another team or agency, ensure outcome of screening is handed over and documented.

3. Section 42 Process

1. MKCC safeguarding team are lead agency

1b. May nominate another team or agency to complete aspects of the enquiry work (person coordinating must have completed level 3 safeguarding training)



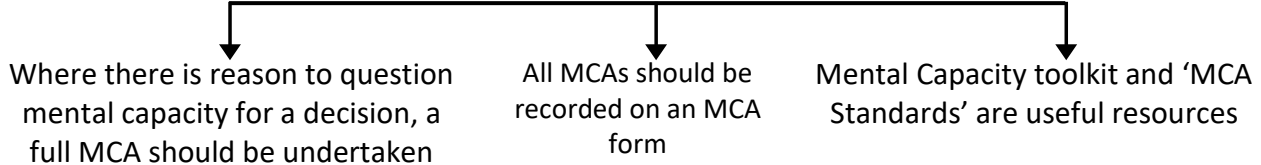
2. Initial safeguarding discussion within 5 days (earlier if required due to risk)

2b. Include appropriate agencies and the views of the Adult at Risk. If adult's desired outcomes cannot be upheld, document rationale.

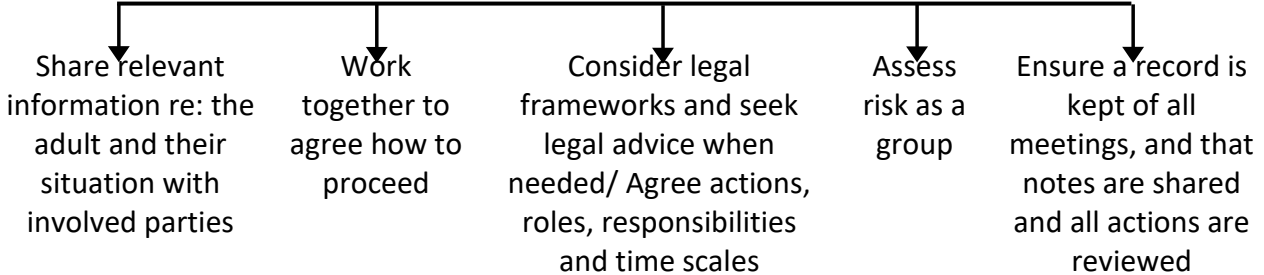


3. Throughout any enquiry, the following should always be addressed and recorded:

3a. Relevant decision specific mental capacity:

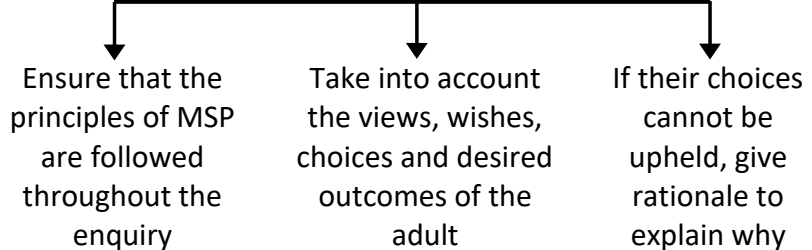


3b. Joint working including safeguarding discussions:



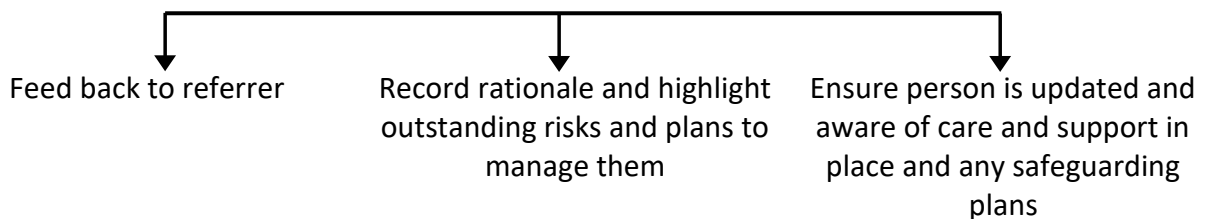
4. Closure

3c. Making Safeguarding Personal:



4a. Cases open over 28 days to reviewed at safeguarding panel (MKCC)

4b. Worker ensures they:

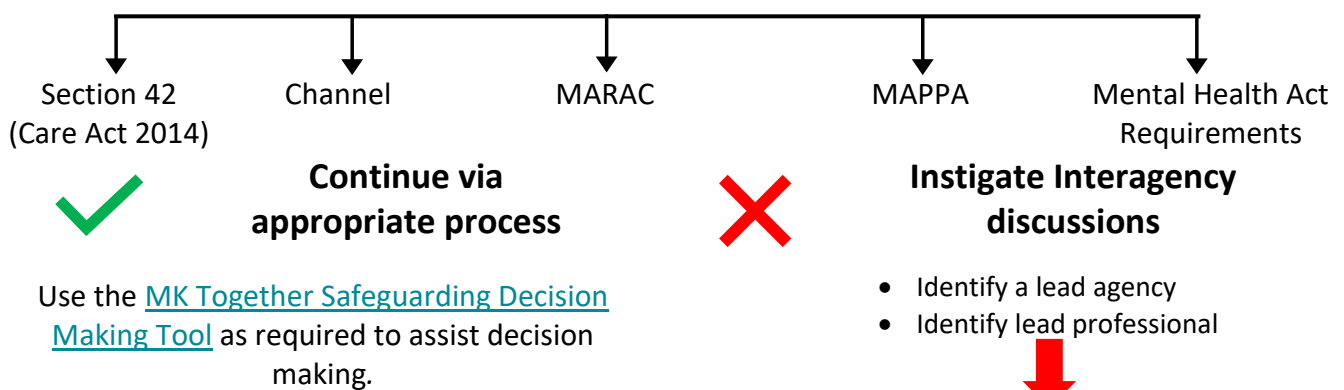


4c. If avenues of enquiry are exhausted and a high risk of harm remains – escalate to Designated Adults Safeguarding Manager (Phil Jones, MKCC) and MK Together escalation processes if needed.

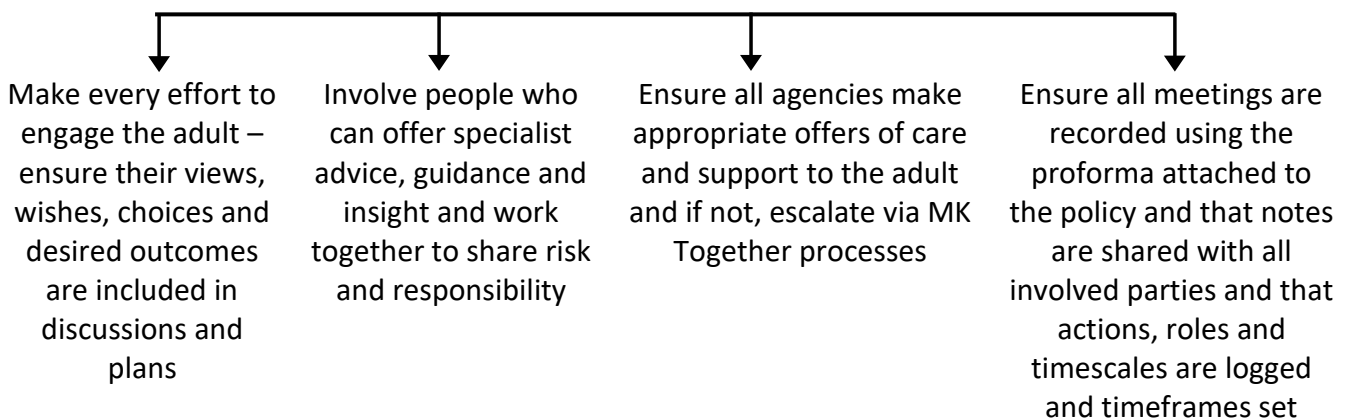
4. Risk Management Process



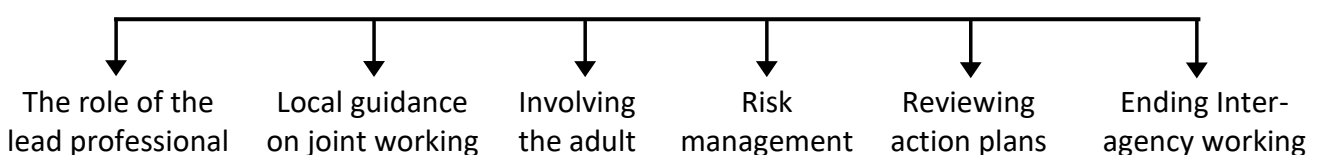
Can the risk be adequately or appropriately managed by other statutory/interagency processes? i.e.



1. Establish a common understanding and approach to risk management



2. Refer to section B of policy for further detail regarding the following key areas



3. Review of action plan/ending interagency working – include adult:

Review outstanding actions and updates of major events. Update plan and decide if risks have been removed/reduced to a level where no further involvement is needed. If not, escalate concerns via MK Together processes ahead of closure

5. Checklist

Checklist can be revisited throughout the application of the risk management process:

- ✓ Have you logged a decision as to why the risk management process is needed, and not another statutory/interagency process?
- ✓ Is the adult involved?
- ✓ Is there a lead agency? (remember, this could change as the process develops)
- ✓ Does the lead professional know the parameters of their role, and fulfil them?
- ✓ Are all relevant services involved? (e.g. GP, secondary health services, Arc, providers, emergency services, voluntary services etc)
- ✓ Have MCA's been completed as appropriate?
- ✓ Does the person need an advocate?
- ✓ Is the approach to risk agreed, and information sharing proportionate?
- ✓ Are discussions logged in accordance with the process and meetings recorded using the proforma?
- ✓ Are actions being achieved?
- ✓ Is a review booked?
- ✓ Do you need to escalate concerns? (i.e., dispute between participants, disengagement, application of process not affecting risk)

Closure

1. Are you satisfied with the action taken, having used the above checklist to consider your decision making?
2. Has the risk been removed or reduced? If not, will escalation pathways be followed?
3. Is the person's voice heard?
4. Have agencies provided updates of actions and details of outstanding actions?
5. Is the action plan updated?
6. Are all records (minutes, action plans, care plans) updated and in order and shared proportionately?
7. Has the closure reason been outlined and thinking evidenced clearly?

Part A. Safeguarding Policy

1. Policy Statement:

All Safeguarding interventions in Milton Keynes will follow the requirements of the Care Act Sections 42 – 46 and the Care Act Statutory Guidance Section 14.

Actions must be based on the six key principles of Adult Safeguarding: *Ref Care Act Guidance S14.13*

- **“Empowerment** – *People being supported and encouraged to make their own decisions and informed consent.*
- **Prevention** – *it is better to take action before harm occurs.*
- **Proportionality** – *the least intrusive response appropriate to the risk presented.*
- **Protection** – *support and representation for those in greatest need.*
- **Partnership** – *Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.*
- **Accountability** - *Accountability and transparency in delivering safeguarding”.*

2. Making Safeguarding Personal:

We are committed to following the principles of “Make Safeguarding Personal”. This means we will involve the adult at risk of abuse or neglect in decision making about their situation. We will consider how we can enhance their choice and control and focus on their own outcomes. We will work with the person to support their own decision making about their quality of life, wellbeing and safety. *Ref Care Act Guidance S14.15.*

3. Mental Capacity and Advocacy:

The mental capacity of the adult at risk should be considered on a decision specific basis by all relevant professionals throughout safeguarding processes, from the point of referral to closure of concern/enquiry. The MCA 2005 and associated code of practice ought to be applied to all Mental Capacity Assessments and best Interests Decision Making Processes as part of, or in response to concerns of a safeguarding nature.

In keeping with the principals of Making Safeguarding Personal, advocacy is an important consideration to facilitate the person’s involvement in safeguarding procedures.

Referrals to formal advocacy services should always be considered if:

- The person lacks the relevant decision-making capacity.

OR

- The person would have substantial difficulty in being involved in the process.

AND

- There is no other suitable person to represent them.

4. Immediate Risk of Harm:

If there is an immediate risk of harm to an individual or they need immediate medical treatment the first action to be taken MUST be to contact the police and/or the ambulance service on 999. This must be done IN ADDITION TO Raising a Safeguarding Adult Concern.

If a related criminal act is suspected or alleged the police MUST also be informed.

If abuse is suspected or a situation is worrying but it is not clear if abuse is happening or has happened, it can be discussed with:

- Milton Keynes Council Adult Social Care Safeguarding Team 01908 252835 or out of hours Emergency Social Work Team Tel: 01908 725005
- The Care Quality Commission: Tel: 03000 616161
- Thames Valley Police Protecting Vulnerable People Unit (PVP Unit) Tel: 01296 39650

The Milton Keynes Decision Making Tool will help decide if it is appropriate to raise a safeguarding concern.

5. Abuse or neglect is suspected, observed or disclosed:

Any member of the public, friend, carer, relative or paid worker may become worried about an adult by:

- **Suspecting abuse:** there are indications of abuse, but it has not been witnessed or disclosed.
- **Observing abuse:** the abuse has been directly witnessed.
- **Disclosure of abuse:** an adult says they are being or have been abused.

Under the Care Act 2014 (Section 42) a duty is placed on the Local Authority to make, or cause to be made, enquiries into abuse or neglect, which applies if an adult:

- *“Has needs for care and support (whether or not the local authority is meeting any of those needs)*
- *Is experiencing, or at risk of, abuse or neglect.*
- *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”.*

If a safeguarding concern does not meet the Section 42 criteria the Local Authority might still decide to carry out enquiries to promote the person's wellbeing and support a preventative agenda. The *Ref Care Act Guidance 14.44*. The need to protect people from abuse and neglect is not confined to safeguarding procedures and should be applied as a general principal to every person's case (ref care act guidance 1.14)

To note:

Carers: if a carer is experiencing harm from the person they are trying to support (either intentional or unintentional) then the LA should always consider if a safeguarding response is appropriate (Statutory guidance 14.45).

Transitions from Children's to adults: where someone is over 18 but still receiving services from Childrens Social Care, the Adult Safeguarding Team should always be notified via the referral routes outlined below to enable them to give a response (Statutory guidance 16.75).

6. Raising a Safeguarding Adult Concern:

Members of the public may raise concerns:

- by telephone - Adult Social Care, Access Team (ACCESS) Tel: 01908 253772 or out of hours Emergency Social Work Team Tel: 01908 725005
- via an www.milton-keynes.gov.uk/safeguardingadults online form N.B. when the form is submitted it generates a reference number and, if an email address is provided, an email acknowledgement.
- in writing to: ACCESS, Civic, Saxon Gate East, Central Milton Keynes, MK9 3EJ

Health and social care workers MUST raise a concern via www.milton-keynes.gov.uk/safeguardingadults This should be done as soon as possible and within one working day of becoming aware of the abuse or potential abuse.

Thames Valley Police (TVP) must raise a concern using the Protecting Vulnerable People (PVP) process.

South Central Ambulance Service (SCAS) must raise a concern using the SCAS report process.

7. When a concern is received by the Adult Safeguarding Team:

As defined by the Care and Support Statutory guidance, the Local Authority will always be lead agency for enquiries under section 42 of the care Act 2014.

8. Safeguarding Screening:

Concerns received by the Safeguarding Adults Team by any of the routes stated above will be added to the Adult Social Care Records System and the process of gathering further information and risk assessment (screening) will start **within one working day** or immediately if urgent.

If screening indicates a need to manage immediate risks a Safeguarding Protection Plan should be agreed and implemented by the ASC safeguarding team or, where appropriate, another team or organisation.

If there is an existing Safeguarding Protection Plan for that adult it must be reviewed, updated and implemented. The discussions to agree a plan should involve the adult at risk and all others involved in their care.

As part of the screening process, following must also be considered:

- **Other household members** – If there are other household members at risk separate concerns must be raised for each person.
- **Source of risk** – The history and circumstance of the source of risk must be considered to inform any subsequent work required with them beyond the safeguarding enquiry. Any actions will be reflected in risk management plans and safeguarding documentation.
- **Peer on Peer abuse** - Where the source of risk is also an adult at risk, their needs must be considered as part of the enquiry. If section 42 does not apply but it is felt that an MDT approach would be helpful in reducing risk in respect of either the adult at risk or source of risk, Part B (Adult at Risk Protocol) should be followed.
- **Organisational abuse or poor quality of care** - If there are concerns about a provider and multiple

people may be at risk, a referral will need to be completed for each person. The Quality and Compliance Team should also be notified of the concerns raised, to make a decision on, if any action ought to be taken regarding the operations of the provider, i.e., suspension. Referrers should also be advised to complete a notification to the CQC, or the safeguarding screener should action this.

- **People Placed In Milton Keynes by another Local Authority** - Where the concern is about an adult placed In Milton Keynes by another Local Authority the response should take account of the [ADASS Safeguarding Adults Policy Network Guidance June 2016 Out-of-Area Safeguarding Adults Arrangements](#) or any subsequent version.
- **Patient Safety Incident Report process** - If a serious incident has occurred in relation to NHS-funded services and care it may be agreed during the screening process that the PSIR process is followed in the first instance, and outcomes feedback to the LA as the lead agency in situations which reach the threshold for section 42.2 enquiries (Care Act 2014).
- **Modern slavery** – If there are concerns of Modern Slavery, Milton Keynes City Council is a “first responder agency” and is required to notify concerns to the Home Office via the [National Referral Mechanism \(NRM\)](#).
- **PREVENT** – If information indicates that an adult could be at risk of radicalisation a referral should be made to the Channel Panel via **the local Thames Valley Prevent team or the Thames Valley Police Prevent Gateway Team**.
- **Repeat Allegations** – Where repeated safeguarding alerts are raised for the same person which have each been found to be unsubstantiated, there should be an agreement about how the situation is managed between the agencies involved in the persons care and support. The agreement should be documented in writing, shared with all concerned agencies and reviewed at agreed intervals.
- Part B of this policy should be considered for situations where repeated concerns are raised about the same/similar incidents but the threshold for section 42 is not met (i.e. the person named in the referral is the source of risk).

When information gathering and risk assessment is complete the screener will decide if the alert:

- Meets the criteria for further enquiry under section 42.2 of the care Act 2014.
- Ought to have a response via a different process (in which case, the screener should make the appropriate arrangements to instigate that process).
- Does not require further enquiry and can be closed.

9. Section 42.2 Enquiry Processes:

If further enquiry is required under section 42.2 (care Act 2014), MKCC Adult Safeguarding Team will always be the lead agency but may nominate other teams or agencies to carry out aspects of the enquiry. In all cases the person nominated to coordinate the process must have completed Level 3 training as set out in the MK Joint Children’s and Adults Competency Framework.

- An initial Safeguarding Discussion should take place within **5 working days** of receipt of the alert or earlier depending on the level of risk to the adult concerned.
- When enquiries have been open beyond 28 days, a formal review by the safeguarding manager or safeguarding panel should be completed, in order to ensure that action taken is still in keeping with the 6 principals of adult safeguarding, and the principals of Making Safeguarding Personal.

10. Making Safeguarding Personal:

Throughout the process of completing a Section 42.2 enquiry the adult at risk must be kept at the heart of the enquiry process. Wherever possible their desired outcomes will be considered and adhered to. The worker completing the enquiry must evidence throughout their work how this was done so the voice of the person (or their advocate where appropriate) is captured and clear.

Where it is not possible to fully adhere to the desired outcomes of the adult at risk the reasons for this will be documented with a rationale for this detailed. This must be revisited throughout the enquiry.

11. Mental Capacity:

Where there is concern throughout a safeguarding process that an Adult at Risk or their carer is unable to understand, use and weigh, retain or communicate information relevant to a decision of which they are required to make, then a Mental Capacity Assessment will be completed as part of the section 42 enquiry. Any subsequent action taken will be done so in keeping with the Principals of the MCA 2005 and associated Code of Practice and current case law.

12. Joint working - Safeguarding Discussions (Strategy Discussions):

All agencies working with the adult at risk (and/or source of risk) will work together to make sure the Section 42 enquiry is coordinated, and the response proportionate to the assessed risk.

They will also:

- Share all relevant information about the adult at risk and their situation with all involved parties.
- Agree how to proceed and the legal context for any planned intervention.
- Agree necessary actions, roles, responsibilities, and timescales.
- Agree any ongoing care planning or protection planning for the adult at risk (and where appropriate the source of risk).

There may be multiple safeguarding discussions throughout the process and all agencies are required to contribute to these. Information must be shared freely and joint consideration of risk, both immediate and following the process, will be planned and agreed.

Joint working discussions might take the form of a meeting. Any meeting held under section 42.2 (Care Act 2014) will be hosted by the Local Authority and the following will apply:

- A record will be kept of the meeting and shared with all parties.

- Actions will be set and agreed. The chair will make arrangements for the review of actions as they deem appropriate.
- All parties will be expected to contribute to risk assessment and mitigation.
- Consideration will be given to if the Adult at Risks attendance can be facilitated.

13. Concluding a Safeguarding Enquiry and Safeguarding Protection Plan:

The Adult Safeguarding Team is responsible for deciding when an enquiry is completed. They will agree and allocate any necessary actions for a Safeguarding Protection Plan, as well as when a review of any existing Safeguarding Protection Plan will be completed. The plan must be shared with all involved agencies who will ensure they have a means to implement and monitor the plan.

If it appears that all avenues of enquiry are exhausted and a high risk of harm to the Adult at Risk, their carer or the public remains, then MK Together Partnership escalation processes should be followed, to consider if there are any barriers on a strategic level to effecting positive change.

Adult At Risks own views and outcomes should be clearly documented in any conclusion of enquiries under section 42.2 Care Act 2014.

Review of the plan will be completed by the agency nominated by the Local Authority, and any further concerns will be referred back via the Safeguarding Adults Team for further consideration.

14. Safeguarding Adult Reviews:

A Safeguarding Adults Review (SAR) may be held in accordance with the MK Together Case Review process:

- When an adult 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 adult.
- If an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

For more information refer to the MK Together guidance on making a SAR referral.

15. Complaints and Appeals:

Complaints about safeguarding actions, or failure to act, should, in the first instance, be raised using the Complaints Process for the relevant service or agency.

Part B: Risk Management Process

16. Relationship to Part A of this policy:

Where a person has needs for care and support, or they may be experiencing abuse or neglect (or at risk of), and they are unable to protect themselves, then a safeguarding concern should be made via the local authority for consideration under section 42 (Care Act 2014).

17. When to apply the risk management process:

- The adult is at risk of abuse or neglect but does not have care & support needs.
- The adult has care & support needs and may have experienced abuse or neglect in the past, but is no longer experiencing or at risk of abuse or neglect,
- The adult has care & support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to do so.

The MK Together Management Board has recognised that there is a need to identify, manage and support effective working where more than one service or agency is involved with an adult, this includes where there is a need for:

- Formal discussions, action planning and review
- Action regarding adults who are at risk or identified as source of risk from a Safeguarding enquiry through; self-neglect, risk-taking behaviour/chaotic lifestyles, adverse childhood experiences, refusal of services or due to the impact of the behaviour of others, **WHICH CANNOT BE ADEQUATELY OR APPROPRIATELY MANAGED** through other agreed and/or statutory interagency processes specifically:
 - Adult Safeguarding interagency procedures (section 42 enquiries under the Care Act 2014)
 - Channel (interagency discussion within the Prevent Program)
 - Multi-agency agency Risk Assessment Conference (MARAC)
 - Multi-agency Public Protection Arrangements (MAPPA) - Mental Health Act requirements (e.g., Section 117 meetings)

18. How the process works:

The process keeps the adult at risk in the centre of all thinking. It also requires involvement and contribution from all involved agencies and a commitment to information sharing and joint decision making. To do this the process must:

- Make efforts to involve the adult and/or their advocate/representative and make them central to the process.
- Involve other people who can offer (specialist) insight, guidance, support and/or intervention(s).
- Ensure a holistic approach to risk assessment which aims to manage the risks and share responsibility.

- Ensure all agencies have offered the appropriate support/options to the person.
- Agree necessary ongoing actions; roles, responsibilities and timescales, proportionate to the assessed risk.
- Record, monitor and review progress against an agreed action plan.
- Agree when the risks have been managed.
- Evaluate the outcome and ensure that 'lessons learned' are used to inform and improve services.
- Identify, collate and respond to common and emerging themes.

19. Legal framework:

The risk management process is a locally agreed policy and not set out in legislation. In all situations it is vital to understand the legal framework which is being considered or used:

- If there are any doubts about the person's ability to keep themselves and/or others safe, understand their options (and the implications of these), carry out actions, make 'unwise decisions' or refuse support, a Mental Capacity Assessment must be undertaken. This includes situations where an adult appears to understand risks, however their actions repeatedly place themselves or others at risk.
- Legal interventions must be specific to the adult and their needs.
- Where necessary legal advice should be sought to support professional decision making which will include all other involved agencies.

If any individual or agency is concerned about a decision or practice carried out under this protocol, they should escalate their concerns via their line management or, if appropriate, the MK Together Escalation process.

20. Involving the Adult:

It is essential that every effort is made to engage and involve the adult deemed to need support or at risk, and identify their views and wishes, either directly or via an agreed advocate or representative.

When discussions are planned all reasonable efforts should be made to inform the adult as to why these are taking place and find out what the adult wants as an outcome to help mitigate and manage the risk they are experiencing.

It is important to make reasonable adjustments to enable the adult to be able to be part of any support and intervention processes and encourage positive engagement with them. Where possible additional time should be allowed to facilitate this, and fluctuations in progress should be responded to.

21. Risk Management:

Risk management is a shared responsibility across all agencies aware of, involved or consulted regarding a concern. It is not restricted only to the agency/agencies with direct involvement in a situation. Agencies must not make inappropriate safeguarding referrals as a response to difficult unmanaged risk situations, they should take responsibility and initiate this protocol and risk process. *N.B. They should always refer to the MK Together Safeguarding Decision Making Tool.*

Any agency which has a concern or considers there is an unmanaged risk, should:

- Instigate interagency discussions and the risk management process, it should not wait for others to do so.
- Request a review or escalate a situation with MK Together processes if they are unsatisfied with practice or progress in a particular situation.

22. Joint working:

For every adult at risk process instigated there must be a clearly identified 'Lead Agency'. This will usually be the agency that instigates the interagency discussion or Milton Keynes Council but will be determined on a case-to-case basis and may change at different phases of discussion and intervention.

There should be a clearly identified 'Lead Professional' decided by the Lead Agency. This may be a worker from any of the involved agencies.

The **Lead Professional** is the conduit for the gathering and cascading of information to all parties and must also:

- Notify the MKC Adult Safeguarding Team (via the online Safeguarding Alert form) that the Risk Management Process has been initiated. As set out in Section 3.7 the notification is for coordination of the information and advice ONLY and does not negate the need for interagency discussions or transfer responsibility for the Risk Management Process.
- If a Social Worker is not already involved, consult MKC Adult Safeguarding Team. If it is agreed that this is necessary, it should then be requested via the MKC Adult Social Care ACCESS Team.

23. The lead professional will:

- Identify who should be included in discussions.
- Consider whether there are agencies not currently involved with the adult that should be involved.
- Consider if full/partial participation by some parties is appropriate due to confidentiality and data protection issues.
- Consider factors which may impede candid discussion and how this might be managed.
- Ensure appropriate decision specific Mental Capacity Assessments are completed.
- Ensure appropriate Risk Assessments are completed and, if required, a robust Risk Management Plan is devised.
- Ensure that actions are allocated and completed within the agreed timeline.
- Ensure that any actions tasked to an individual/agency not already involved are appropriately notified to them.
- Agree a review timescale, however any agency can request a review at any point. They MUST not wait for others to call a review if they think one is needed sooner or are unable to carry out agreed actions.

N.B. Although the Lead Professional holds the responsibility for co-ordination all agencies share responsibility for managing the risk, even if they are not the lead agency.

Agencies receiving an invitation to be involved in a discussion will identify the appropriate person to take part, this person **must have** the authority to make decisions on behalf of the agency.

- They will gather information held within their organisation about the adult.
- Confirm attendance or submit a report including knowledge of the adult and their circumstances and an opinion on any possible action.

Records must be kept of all formal discussions and be proportionate to the complexity and level of risk of each situation. The “Interagency Adults at Risk Discussion Record” sets out best practice and must be used for situations agreed to be Risk Level 2 or 3 *Ref Appendix 1*.

24. Review of Action Plan and Ending Interagency Working:

Where actions are agreed it is the responsibility of each person/adult agency to carry out the action(s) identified as their responsibility or a shared responsibility, within the timescale identified.

Where actions are agreed these must also be followed up via a review discussion which must be recorded as set out in this Protocol:

- Participants should give an account of major changes to the situation previously identified and discussed.
- Each agency will provide an update on their actions with details of any outstanding actions.
- If any agency is unable or decides not to follow agreed actions this must be discussed at the review and alternative actions considered.

The adult at risk should be involved in any review process and discussion(s) where possible.

The review should decide if:

- The Action Plan should be updated and/or include ‘new’ actions not specified in previous discussions.
- A further review discussion is required and when.
- If risks have been reduced or removed to a level where no further involvement is needed at this time.
- If risk has not been removed or reduced but it appears all avenues have been exhausted then group of agencies should agree next steps, including appropriate escalation via MK Together processes.

When the process is ended all involved agencies must be notified and have a clear understanding of the agreed next steps or further activity. It is the lead professional’s responsibility to ensure that the adult at risk and all involved parties are updated and involved in the decisions to end the process.

Ending interagency working does not prohibit future discussion(s) and intervention(s) which must take account of the context of any previous discussions and interventions.

Discussion content:

What are we worried about?

What is working well?

What needs to happen?

Options (Legal context/powers and duties and if there are any conflicting views:

Adult's view (if not otherwise adequately recorded):

Actions:	By whom:	By when:

Next Review Date:		Interagency discussion/risk management end date:	
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Definitions used in this policy:

The definitions used in this policy will follow the definitions with the Care Act 2014 and associated Guidance.

Definitions of more common terms can be found on Think Local Act Personal [Care and Support Jargon Buster](#).

- **Abuse and Neglect:** There are 10 categories of abuse and neglect that are recognised for the purposes of the Care Act 2014- physical, sexual, psychological, financial/material, discriminatory, organisational, neglect and acts of omission, self-neglect, modern day slavery and domestic abuse. Abuse and neglect is defined by the care and Support Statutory Guidance and full descriptions of each category are outlined. Ref 14.16-14.26.
- **Adult at Risk** - An adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation. Enquiry – *“action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. Ref Statutory Guidance S14.77*
- **Milton Keynes Safeguarding Tool (STT)** - A reference document and tool to help workers determine when they should raise a safeguarding concern.
- **Referrer**- the person who raises a concern that abuse or neglect may be taking place.
- **Safeguarding** - The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them.
- **Source(s) of Risk** - This is the default terminology to describe the perpetrator(s). A Source of Risk can concurrently be considered an Adult at Risk. See definition for Adult at Risk.
- **Worker** – includes people working in a paid capacity or who volunteer and are not paid.

Document Management and Distribution:

- This policy will be made generally available via the MK Together Website and linked to the Milton Keynes Council website Safeguarding pages
- MK Together Management Board Members are responsible for ensuring that information regarding this update is circulated within their agency.
- This policy will also be added to the Adult Social Care Policy database and be linked to the Council's Intranet site and Tri.X site for access and use by Council staff. *N.B. Printed copies of this document may not be the current approved version - please refer to the intranet for current policy versions*

Change History / Cancellations:

1) Documents withdrawn and replaced by this version:

- Milton Keynes Multi Agency Safeguarding Adults Policy and Procedures. June 2016 and all prior versions.

- Milton Keynes Multi Agency Safeguarding Adults Practice Guidelines. June 2016 and all prior versions
 - Safeguarding Adults Review Sub-Group. Safeguarding Adults Reviews Policy April 2016 – withdrawn
 - Milton Keynes Safeguarding Adults Guidance on contacting the Police V1 Dec 2017
 - Milton Keynes Council Procedure For Modern Slavery – Adults and Children’s Social Care November 2017
 - Introduction of guidance on Managing Concerns around People in Positions of Trust (PiPoT).
 - The Safeguarding Tool (STT) - as approved by MK Together Assurance Board on 14th
 - December 2020 - replaces the Decision Making Framework (DMF)
 - Inclusion of a flowchart for the process for dealing with the concern about the person in a position of trust (PIPOT concern) taken from ADASS Top Tips for Directors on dealing with allegations against people in a position of trust (PiPoT) - no date
- 2) Changes/additions of particular note in this version –
- Inclusion of ‘adult at risk’ process
 - Flow charts of process for interagency safeguarding and adult at risk