



Safeguarding Adults Framework Ten Step Procedures

**Multi-Agency Staff Guidance
June 2018**



Making Safeguarding Personal



Contents Page

	Page No:
Introduction	3
Ten Step Summary	6 - 22
Flowchart	23

☎ In the case of any uncertainty about how to proceed, advice and guidance is available from **the Safeguarding Lead within your team or Gateway on 6432777**.

Introduction

What do we mean by the terms ‘safeguarding’ and ‘adult at risk’?

In practice the term ‘**safeguarding**’ is used to mean both specialist responsive services where harm or abuse has or is suspected to have occurred, and other activity designed to promote the wellbeing and safeguard the rights of adults. In its broadest sense it is everybody’s business: the public, volunteers and professionals

This procedural guide sets out to describe the specific action we need to take to ensure that people who have (or may have) experienced harm or abuse are enabled to protect themselves or are involved in decision making to safeguard them. This will include making sure that people who lack capacity are supported through advocacy and other measures so that their best interests can be pursued. It also includes ensuring that justice is facilitated where vulnerable adults (adults at risk) are the victims of crime.

Safeguarding Adults has been placed on a statutory footing by the Care Act 2014. It replaces the guidance from No Secrets and sets out a **3 part test** to determine when safeguarding should be considered.

The safeguarding duties apply to an adult who:

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

From April 2015 this will mean that safeguarding procedures will be applied in a wider range of circumstances than is presently the case.

If an adult meets the criteria above, then the Care Act requires that each local authority must:

- Make enquiries, or cause others to do so
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them
- Co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

Harm and abuse can happen in any setting, and may additionally occur through neglect. People may be harmed at home, in their communities, in a care home, at hospital, in college or at work, at day and community centres or other places where people spend their time or receive services.

People who abuse or harm adults at risk are a very diverse group. They largely fall into four main categories:

- paid staff members or support workers
- unpaid family members, partners or carers (who can sometimes harm unintentionally)
- neighbours and members of the community and
- other adults at risk.

For further information and guidance please contact **Gateway Tel (0191) 6432777 who will also:**

- Consider cases involving death or serious injury as a result of abuse/neglect, multiple/institutional abuse, rape, serious financial abuse.
- Manage referrals regarding the Government's **Prevent** strategy – this relates to adults with care and support needs who have been identified as being at risk from the abusive process of radicalisation.
- Provide advice and co-ordinate research for MAPPAs and MARAC meetings.
- **MAPPA** (Multi-Agency Public Protection Arrangements) is a set of arrangements for supervising people in the community after they leave prison. Anyone convicted of a violent or sexual offence will be subject to MAPPA.
- **MARAC** (Multi-Agency-Risk-Assessment-Conference) is a meeting chaired by the Police where information is shared between agencies regarding the highest risk cases of victims of domestic abuse.
- Liaise with the Coroner's Office about abuse/neglect-related deaths see information Sharing Policy
- Manage Deprivation of Liberty Safeguards (**DOLS**) procedures

Safeguarding Roles and Responsibilities:

Partner Agencies:

Designated Person is the person within an organisation, care or support setting designated to make Safeguarding Adult alerts.

There should always be a person on duty who takes on this role.

Each agency will have an identified member of staff from partner agencies to carry out or support their own agency enquiries into



allegations, when this appropriate and has been agreed on a multi agency basis.

LA Adult Social Care:

Safeguarding Decision Maker is the senior person who will make decisions. This could be the Safeguarding Adults Senior Social Worker or Lead Practitioner or Service Manager. They will oversee the Safeguarding process and chair any meetings. They will agree and approve actions/decisions to be taken with the Care Manager. Throughout the process the role of Safeguarding Decision Maker may transfer from one team to another. For example, from Gateway to a Community Team.

Gateway Lead Practitioner is a senior social worker who will make initial enquires for any unallocated cases and make decisions regarding the Safeguarding process.

Care Manager is the allocated worker who will make the initial enquiries if they are already involved in a case. They will carry out Safeguarding enquiries as agreed as part of the Safeguarding process

Designated Adult Safeguarding Manager Under The Care Act for each agency in the SAB should have a Designated Adult Safeguarding Manager. This is the person who has responsibility for management and oversight of complex cases and situations.

CQC have responsibility to register, monitor, inspect and regulate services to make sure they provide people with safe, effective compassionate, high quality care. They can intervene and take regulatory action on breaches.

Social Care and CCG Commissioners can build safeguarding into commissioning strategies and service contracts. They need to review and monitor service on a regular basis and can intervene when services fall below standards or if abuse takes place.

North Tyneside Multi-Agency Safeguarding Adults Procedural Framework Ten-step Summary

For further information and guidance please visit

http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=533408&p_subjectCategory=421

Safeguarding Adults pages.

Step	Action	When	What needs to happen	Who
1	Identifying a concern	Immediate	<p>A safeguarding concern can centre on a single act or repeated acts of suspected, disclosed or witnessed abuse or neglect. It may be:</p> <ul style="list-style-type: none"> • physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions; • sexual abuse, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting; • psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks; • financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits; • neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and • discriminatory abuse, including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion 	<p>All staff in all organisations has a professional responsibility through their regulating bodies to identify and share safeguarding adult concerns.¹</p>

¹ See Nursing and Midwifery Council, Health Care Professional Council and General Medical Council handbooks for examples

Step	Action	When	What needs to happen	Who
			<ul style="list-style-type: none"> • organisational abuse, including everything from individual acts of very poor professional practice to pervasive ill treatment, gross misconduct and systemic failure across a service. • domestic abuse, including controlling and coercive behaviour, psychological, physical, sexual, financial, emotional abuse, female genital mutilation (FGM), forced marriage and “honour” based violence. • modern slavery, encompasses slavery, human trafficking, forced labour and domestic servitude. • self-neglect, this covers a wide range of behaviours, including neglecting to care for one’s personal hygiene, health or surroundings and includes behaviours such as hoarding. • radicalisation, the abusive process whereby adults with care and support needs are radicalised. <p>☎ Where an ‘adult at risk’ is in immediate danger, steps should be taken to protect their safety, e.g. by calling 999 for emergency medical assistance and/or the Police. (101 can be called if not emergency)</p> <ul style="list-style-type: none"> ○ The person identifying the concern should not put themselves at risk ○ Every care should be taken to preserve evidence (see page 9 for more details) 	

Step	Action	When	What needs to happen	Who
2	Alert	As soon as is practicable Ideally within 1 hour	<p>Service users, carers and members of the public (including other adults at risk)</p> <ul style="list-style-type: none"> ☎ Report suspicions/allegations of abuse or neglect to Adult Social Care Gateway Team (0191 6432777) ☎ https://mycare.northtyneside.gov.uk/web/portal/pages/worriedadult <p>Care management staff who receive a concern/referral or who are party to disclosure should</p> <ul style="list-style-type: none"> ☞ immediately report the concern to their line manager. For mental health follow agreed flowchart ☞ record the concern on LAS² <p>All other organisations (including other NTC departments) should:</p> <ul style="list-style-type: none"> ☞ Report their concerns to the Designated Person on duty identified in their organisation’s safeguarding adults guidance ☞ Where another worker is implicated, whistle-blowing procedures can also be used to alert the Designated Person identified within their organisation’s Whistle-blowing procedures ☞ If the allegation is about, or implicates, the Designated Person, the Alerter can <p>☎ Report the suspicions/allegations of abuse/neglect to Adult Social</p>	Anyone who wishes to raise an alert (The “Alerter”)

² LAS is the electronic client information system used in North Tyneside

			<p>Care Gateway Team (0191 6432777)</p> <ul style="list-style-type: none"> ☎ https://mycare.northtyneside.gov.uk/web/portal/pages/worriedadult ☎ Contact the Care Quality Commission Tel 03000 616161 ☎ http://www.cqc.org.uk/ for regulated services <ul style="list-style-type: none"> ○ The Alerter should make a written record of the facts as soon as they can and keep this for future reference. ○ They should not attempt to approach the alleged perpetrator or place themselves at risk ○ If a crime is suspected every effort should be made to preserve evidence: <ul style="list-style-type: none"> ● Do not touch anything that could provide evidence that a crime has been committed ● Where there is an allegation or signs of a physical or sexual attack, try not to allow vulnerable adult to wash, bathe, eat or drink until option of medical examination is given, but you may not be able to prevent this therefore try for MINIMUM intervention. ● Do not allow anybody else to enter the area or touch anything ● Close off the area if at all possible until the police arrive ● Where possible remove all other people from scene ● If possible, keep the victim informed about what is happening and what actions are being taken 	
--	--	--	--	--

Step	Action	When	What needs to happen	Who
3	Designate Person on duty refers to adult social care	<p>As soon as possible, within 24 hours.</p> <p>This should be done as soon as possible</p>	<p>Gather Information</p> <p>When the organisation/service's Designated Person receives a safeguarding alert they will review the information to make sure they have sufficient and accurate details.</p> <p> Contact Adult Social Care Gateway Team on (0191) 6432777 to share factual details about the allegation.</p> <p> If a crime is suspected, the Designated Person will contact the Northumbria Police on 101 (ring 999 in an emergency situation). No attempt should be made to question the adult at risk, the alleged perpetrator or any other witnesses; this will be done as part of a formal Police investigation.</p> <p> If the individual requires medical attention contact 999 in an emergency for an ambulance or 111 if you require health advice for a non emergency.</p> <p> Registered health and care services also need to notify the Care Quality Commission of safeguarding concerns and immediate protective actions. The number to call is 03000 616161.</p> <p>If an allegation is made against any worker in any organisation, the employer should refer to his/her organisation's internal human resources/suspension/staff disciplinary procedures and take prompt action to protect the interests of all parties.</p> <p><u>NB</u> Where concerns may also have implications for the safety of children:</p> <p> Allegations about people who also have contact with children through their work or perpetrators who have family contact with children will need to be reported to</p>	The Designated Person identified within each organisation as a first point of contact for sharing safeguarding adults concerns and reporting alerts

		<p>North Tyneside Council’s Children’s Front Door on 0345 2000 109 More information about how to alert safeguarding children concerns can be found</p> <p>https://my.northtyneside.gov.uk/category/488/are-you-worried-about-child</p> <p>✍ The Designated Person makes a written record of their actions as soon as possible and keeps this for future reference.</p> <p>Provider agencies can use the Safeguarding Adults Initial Enquiry Form to report this information into Gateway. They may use the Threshold Tool to assist their decision making in relation to how much of the form to complete. See Threshold Tool at</p> <p>https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/Risk%20Threshold%20Tool%20V4.pdf</p> <p><u>The initial enquiry form should be completed online at:</u> https://mycare.northtyneside.gov.uk/web/portal/pages/safeguardingreport</p> <p>In Cross-boundary cases (i.e. where the safeguarding concern occurs within North Tyneside but the individual is from another local authority area) then it is Adult Social Care in North Tyneside who will take the lead in the safeguarding procedures as the host authority. Where another host Authority takes the lead in their area for an individual from North Tyneside, this will be recorded for information only and allocated for care management/social work support as necessary. See ADASS Out-of-Area Safeguarding Adults Arrangements June 2016 for further guidance https://www.adass.org.uk/out-of-area-safeguarding-adult-arrangements</p>	<p>Provider Agencies</p>
--	--	--	--------------------------

--	--	--	--	--

Step	Action	When	What needs to happen	Who
4	Decision Making	Within 24 hours	<p><u>On receipt of any concern, a decision needs to be made by a Safeguarding Decision Maker in Adult Social Care as to whether or not safeguarding procedures are required. A Safeguarding Decision Maker may be a Safeguarding Senior Social Worker, a Lead Practitioner or a Service Manager from Gateway or a Community Team Manager.</u></p> <p>The Threshold Tool below is used by Adult Social Care staff, but has also been shared with all service providers to assist decision making. See Threshold Tool at https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/Risk%20Threshold%20Tool%20V4.pdf</p> <p>Where allegations of abuse or neglect concern a registered health or care service, and Regulatory breaches are suspected or fitness to practice is in question, then the Care Quality Commission should be informed.</p> <p>Sometimes, the concerns raised need to be dealt with as <u>Complaints</u>, rather than being investigated through the Safeguarding procedures. A complaint may be an expression of dissatisfaction about a service that requires a response, but in circumstances that do not relate to a vulnerable person being subjected or at risk of abuse or neglect, from which they were not able to protect themselves. In such instances, the Complaints Procedure will be followed (see Complaints Policy and Procedure available at http: https://my.northtyneside.gov.uk/category/479/complaints-procedure</p>	Safeguarding Decision Maker

4A	Managing a Safeguarding Alert	<p>If it becomes evident during a complaints investigation that there are safeguarding concerns, these will be referred back for consideration under the safeguarding procedures and vice versa</p> <p>Once the decision has been made by Adult Social Care, concerns can be dealt with in one of two ways:</p> <p><u>A) Concern under the threshold</u></p> <p>Where a lower level concern relates to a known service user, and is reported directly to the Care Manager, the Care Manager will discuss with their line manager/ Safeguarding Decision Maker and agree appropriate action.</p> <p>Where a lower level concern relates to a person who is not known, or the alerter is unsure, the concern should be reported to North Tyneside Adult Social Care Gateway Team on tel 0191 6432777 who will:</p> <ul style="list-style-type: none"> • record the information as a Contact onto the known service users notes and send the concern to the Gateway Lead Practitioner for action • or create a new client on LAS, gather and record as much information as possible about the alleged abuse/neglect, check all available records to find out whether any of the parties are already known, update LAS accordingly and send to the Gateway Lead Practitioner who will ensure appropriate action is taken. • Where the response required is felt to fall short of safeguarding procedures, this might involve the offer of a community care assessment, the review of an existing care plan, sign-posting to other service/services. <p>NB: There is a ‘flagging system’ in place in North Tyneside for multiple or repeated concerns or notifications –LAS will alert the allocated worker where there has been 3 low level concerns or notifications made regarding a client in 3 months or 6 in 6 months. The worker should discuss with their Lead Practitioner/ manager/ Safeguarding Senior Social Worker about whether safeguarding procedures should be initiated.</p>	<p>Gateway Team</p> <p>Gateway Lead Practitioner</p>
----	-------------------------------	--	--

	<p>the relevant team for allocation to a Care Manager.</p> <ul style="list-style-type: none"> • The Decision Maker/Care Manager will inform the referrer of their decision • The Care Manager arranges advocacy/independent mental capacity advocacy/other support, as required by the adult and/or the alleged perpetrator. The Care Act places a duty on the local Authority to consider if the adult requires an IMCA to represent or support them. Where necessary an Independent Mental Capacity Advocacy (IMCA) will be sourced (using the IMCA Advocacy referral form). Other advocacy and specialist support will be sourced from the usual preferred providers. • If the Care Manager and the Decision Maker decides that safeguarding adult's procedures are required then he/she will coordinate a Strategy Meeting or a Strategy Discussion. • This will be recorded in LAS as a Safeguarding Strategy. • Within 3 working days of the referral being received the Care Manager will feed back actions to the referrer <p><u>Consent</u> The adult at risk's consent to the safeguarding intervention is required unless:</p> <ul style="list-style-type: none"> • he or she lacks capacity to make a decision about safeguarding intervention or accepting one or more of the protective measures (Complete forms MCA1 to assess capacity and MCA 2 to record "best interest decisions") • he or she may be subject to pressure or coercion, or there is a known risk of serious harm • there is an over-riding duty of care to the adult and/or others in particular children NB See above to make referrals to children's services • a crime has been or is likely to have been committed <p>In these situations, consent can be over-riden to secure the person/other people's safety. The reason for over-riding consent must always be recorded.</p>	
--	---	--

Step	Action	When	What needs to happen	Who
5	Strategy meeting or Strategy Discussion	Within 5 working days of the Adult Social Care receiving the referral	<p>In some cases, a Strategy Discussion may take place over the telephone, by e-mail or by 'virtual' meeting. A face-to-face Strategy Meeting will always be convened in more complex cases. These will be overseen by the Decision Maker, but often will be coordinated by the Care Manager.</p> <p><u>The adult at risk and/or their supporter(s) or advocate (taking into account issues of mental capacity) must be invited to be part of the process.</u> The person may decline to attend, or they may wish to send someone on their behalf. The strategy meeting should enable the adult at risk and his or her supporters to:</p> <ul style="list-style-type: none"> • say what they would like as an outcome to the safeguarding process • say how they would like to be involved in the safeguarding process <p><u>Safeguarding Information</u> including leaflets (an easy read version is available), is available as a resource to support people to understand what the safeguarding process is about. The Care Manager/safeguarding investigator should visit the person and/or their carer/supporter to go through the information to ensure that they understand the process and can fully contribute their views.</p> <p><u>https://my.northtyneside.gov.uk/category/1033/safeguarding-adults</u></p> <p>The process should always be managed in the most person-centred way possible.</p> <p>The individual wishes and views will be recorded to ascertain the outcomes they want to achieve from the Safeguarding Process</p> <p>If an agency cannot attend, they will be given the opportunity to provide information to the meeting, either verbal or in writing and will be provided with a copy of the minutes. Strategy discussions/meetings can involve any or potentially all of the multi-agency</p>	

Step	Action	When	What needs to happen	Who
			<p>safeguarding partners</p> <ul style="list-style-type: none"> • identified health and social care staff • CCG Health Commissioners • the referrer/witnesses • care service managers/proprietors provided they are not directly implicated in the safeguarding referral • NTC Contracts Team • the Direct Payments Team (where misuse of a Direct Payment has resulted in harm) • representative from the LA legal dept • the Police • the CQC • alleged perpetrators. (The meeting would need to be segmented to allow for different parties to attend) It is important that alleged perpetrators/care service managers/proprietors are advised of allegations made against them if this is safe to do. They do not necessarily need to attend the strategy meeting. If the police are involved then this will be their decision. <p>The Care Manager arranges a Minute Taker for a meeting or completes the documents if it is a discussion. The Decision Maker ensures that the content of each strategy meeting is correctly recorded using the standard template. He/she also arranges circulation of the minutes once checked and approved.</p> <p>The purpose of the meeting/discussion is to minimize risks and decide if further action/enquiries are required or not. If they are then this must go to a Case Conference. The meeting will reach a decision about how feedback will be offered to the adult at risk (if not present) and the original Referrer</p>	<p>Care Manager/or equivalent</p>

Step	Action	When	What needs to happen	Who
6	Further Enquiry	Completed within 20 working days of the strategy discussion/meeting	<p>The Local Authority can request another agency to carry out the enquiries as required. This would be decided on a case by case basis and agreed with the relevant agency.</p> <p>The primary purpose of the safeguarding enquiry is to:</p> <ul style="list-style-type: none"> • find out if and how an identified adult or adults has/have experienced abuse • find out who perpetrated it • identify the presenting risks • ascertain what the service user wants as an outcome to the safeguarding process, provide their views of what happened • identify service user strengths, coping strategies and/or areas in which they might still need support in order to protect themselves • determine how risks can be minimized to an acceptable level via a range of supportive actions/remedial measures <p>Those tasked with enquiry responsibilities gather evidence to substantiate any findings, and to satisfy (if required) legal and regulatory proceedings. The results of safeguarding enquiries may also be used to inform actions carried out as part of each agency's disciplinary processes.</p> <p>Where a criminal act is suspected, the Police investigation takes precedence and the role of adult social care will be to identify the safeguarding plan for the alleged victim.</p> <p>Where allegations of abuse or neglect concern a registered health or care service, and Regulatory breaches are suspected or fitness to practice is in question, then the Care Quality Commission should be informed.</p>	Care Manager, Partner Agency Responsible Person, any other necessary supporting professionals

Step	Action	When	What needs to happen	Who
7	Safeguarding Case Conference	within 20 working days	<p>The outcome of all assessments and enquiries are shared at the Case Conference Meeting and joint decisions are made about:</p> <ul style="list-style-type: none"> • whether abuse/neglect should be substantiated/partly substantiated/inconclusive/unsubstantiated • any identified ongoing safeguarding needs and how these will be met within pooled resources • how remedial actions can best be achieved • how outcomes will be reviewed <p>The meeting will approve the individual Safeguarding Plan, with revision if necessary. In cases where a service has failed to protect an adult at risk, a service remedial action plan may be required. The plan could specify a number of improvement measures, including referral of perpetrators to the Disclosure and barring service (DBS) and/or professional registering bodies. In the case of commissioned services, action to secure contract compliance will be taken. The plan will be reviewed until the service has achieved the specified remedy.</p> <p>The Care Manager arranges a Minute Taker. The Decision Maker ensures that the content of each meeting is correctly recorded using the standard template. He/she also arranges circulation of the minutes once checked and approved. Each meeting will reach a decision about how feedback will be offered to the adult at risk (if not present) and the Referrer.</p> <p>If ending the Safeguarding Process the meeting will obtain views of the alleged victim see below</p>	The Safeguarding Decision Maker chairs and all previously involved strategy members are invited including the service user/carer/supporter/advocate

Step	Action	When	What needs to happen	Who
8	Case Conference Review Meeting	Within 30 working days after the Case Conference	<p>The Case Conference Review Meeting will</p> <ul style="list-style-type: none"> • Review what has been achieved on the Action Plan • Reflect on the effectiveness of the Safeguarding Plan and, if there has been a change in circumstances, set these out with a view to reassessing the risks and adapting the Safeguarding Plan. • Assess whether concerns have diminished to a point that the partners agree that the case can be closed to Safeguarding. • Where the case cannot yet be closed to Safeguarding due to outstanding actions, check that the action plan is actively being expedited and there is co-operation from all partners. • In the case of commissioned services: <ul style="list-style-type: none"> (i) agree actions necessary to secure contract compliance and (ii) agree actions with the Care Quality Commission. • Obtain the views of the alleged victim, their carer(s) or representative(s) with regards the outcome of the safeguarding process. This should include: <ul style="list-style-type: none"> (i) How involved the person(s) and/or their representative(s) has felt in the process? (ii) Whether their objective(s) has been achieved and they are happy with the outcome(s)? If not, what is still outstanding for them? (iii) Do they/the person they represent feel safer as a result of the safeguarding process? (iv) Would they like to offer any feedback about the process? • Agree venue, date and time of next meeting if needed 	Safeguarding Decision Maker

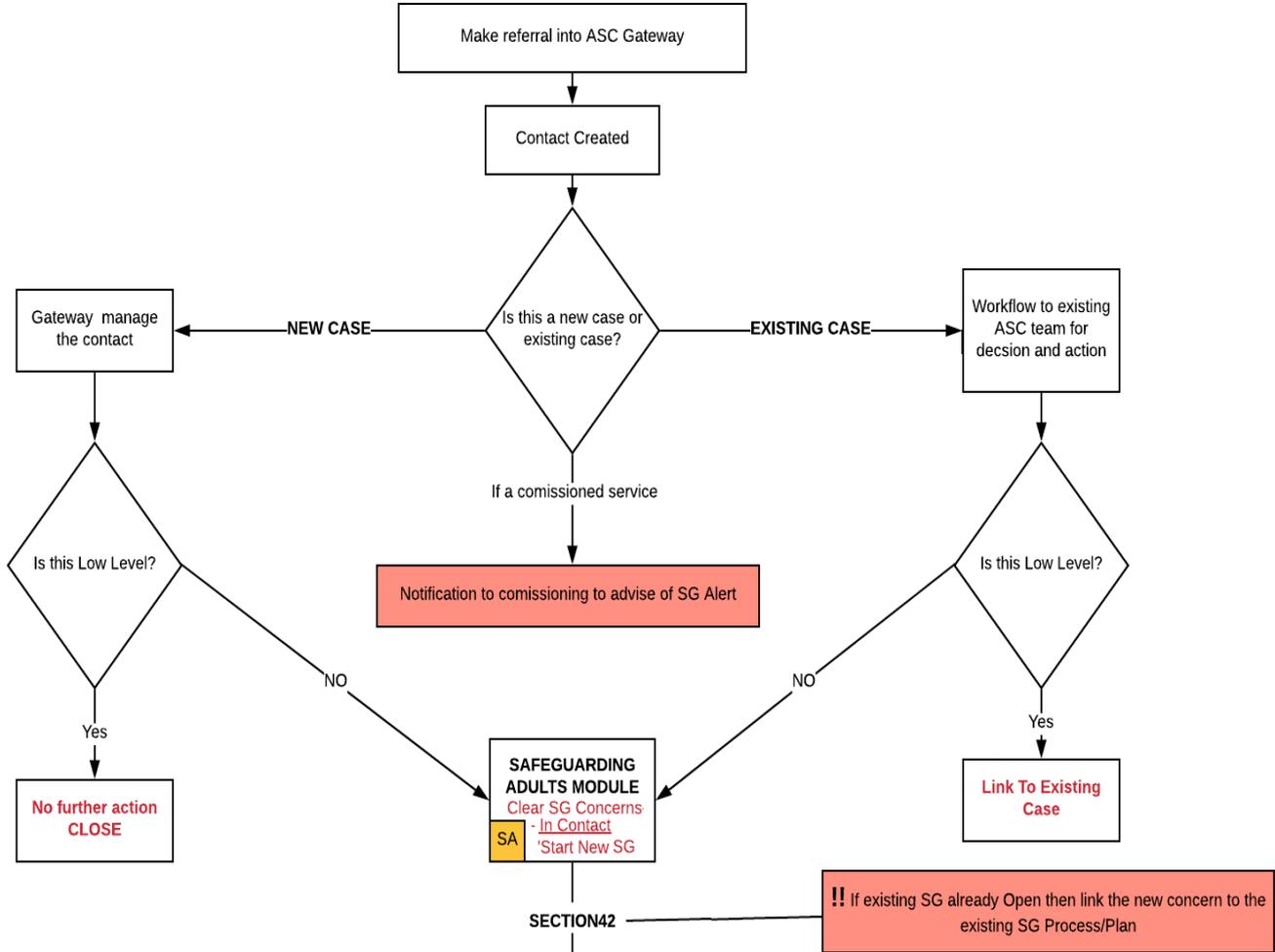
Step	Action	When	What needs to happen	Who
9	Safeguarding Adults Review	If required	<p>The North Tyneside Safeguarding Adults Board will invoke appropriate ‘Safeguarding Adults Review’ protocols where necessary and ensure that suitable mechanisms are put in place to facilitate sharing of ‘lessons learned’ from its safeguarding work.</p> <p>This will be monitored by the Safeguarding Adults Review Committee which is shared between Northumberland & North Tyneside localities and reports to the Northumberland and North Tyneside Safeguarding Adults Board.</p> <p>See the North of Tyne safeguarding Adult review policy and procedure for for information; https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/Safeguarding%20Adults%20Review%20Policy%20and%20Procedure.pdf</p> <p>The inter-agency safeguarding policy and procedural guidance will be reviewed and updated annually.</p>	<p>Joint Case Review Panel</p> <p>Senior Manager Safety and Quality/DASM</p>

10	Disagree- ment	As soon as the disagree- ment is raised	<p>Where a Referrer disagrees with the Safeguarding Decision Maker's decision, the referral information is passed to the North Tyneside Safeguarding Adults team for a second opinion. Where necessary the team will take advice from North Tyneside's legal team.</p> <p>See also North Tyneside/Northumberland Policy Information Workbook "Dispute Resolution, Complaints and Appeals in the Adult Safeguarding process available at: http://www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=540309</p> <p>Where the Referrer is a member of the public, and the situation can't be resolved to their satisfaction, representation may be made via North Tyneside's complaints procedures). In such instances, the Complaints Procedure will be followed (see Complaints Policy and Procedure): https://my.northtyneside.gov.uk/category/479/complaints-procedure</p> <p>The best interests of the adult(s) at risk will always be kept central to any decisions made.</p> <p>All disagreements will be fully recorded in minutes of relevant safeguarding meetings</p>	Safeguarding Decision Maker and/or Safeguarding Adults Team
----	-------------------	---	--	---

North Tyneside Process steps

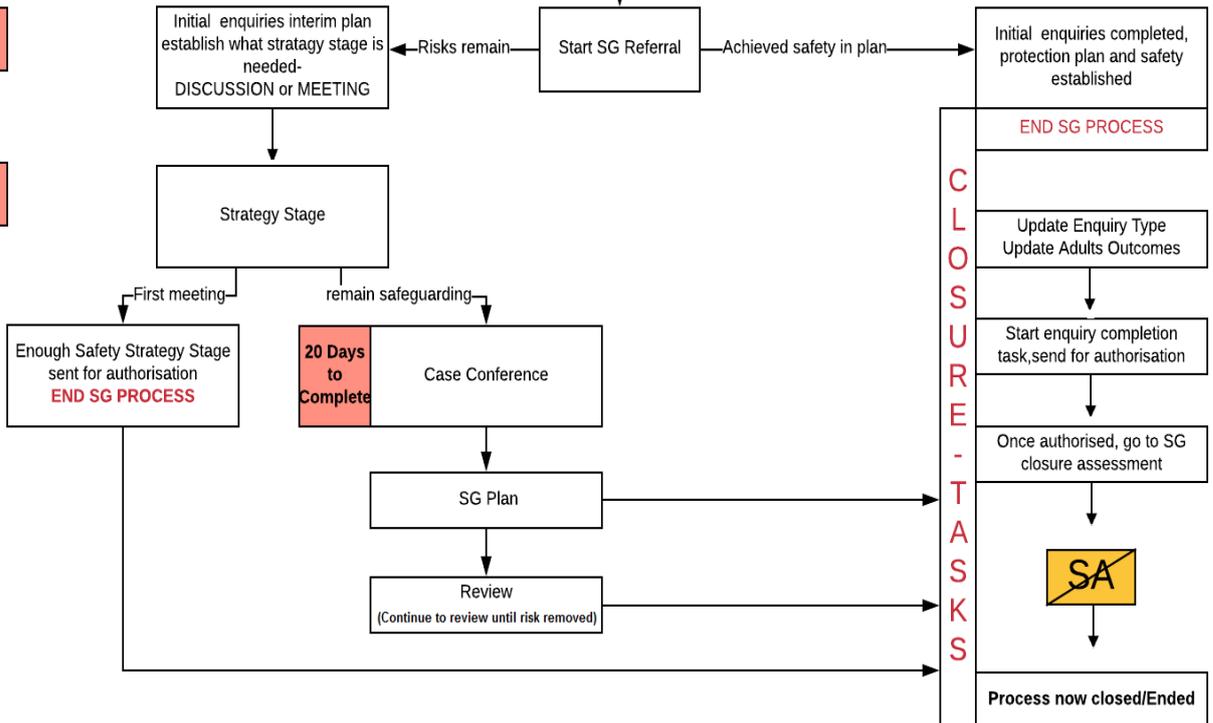
Alert/Information Raised by a provider/Family/Public/Professional/Other

Decision in 24 Hours



24 Hours to complete

5 Days to Complete



Appendix 1

Timescales re Minutes for Safeguarding Adults Meetings

Minutes of Safeguarding Adults meetings should be completed within 10 working days

On the same day, or within 24 hours, of a Safeguarding meeting Case Notes must be completed by the social worker or key worker giving an overview of meeting and outlining key actions agreed.

The Chair of meeting retains responsibility for minutes

The Chair should ensure that all actions have been agreed in meeting. These are to be summarised at end of meeting by the Chair with clear timescales for completion.

Everyone should leave the meeting with a clear understanding about their own actions and the timescales of these.

The Chair and the Minute Taker should meet after meeting to confirm clarity regarding the identified actions

If there are issues why the minutes will be outside timescales, then the Minute Taker must inform the Chair so that a risk assessment can be done and agreement made about an extended timescale or alternative arrangements to be put in place.

If the nature of the safeguarding issue means that it is an increased risk not having the minutes available within the timescale, then this should be escalated for up management for agreement or alternative arrangements to be put in place. This could include requesting support from other teams to complete minutes, or support with other work to free up the Minute Taker to complete them.