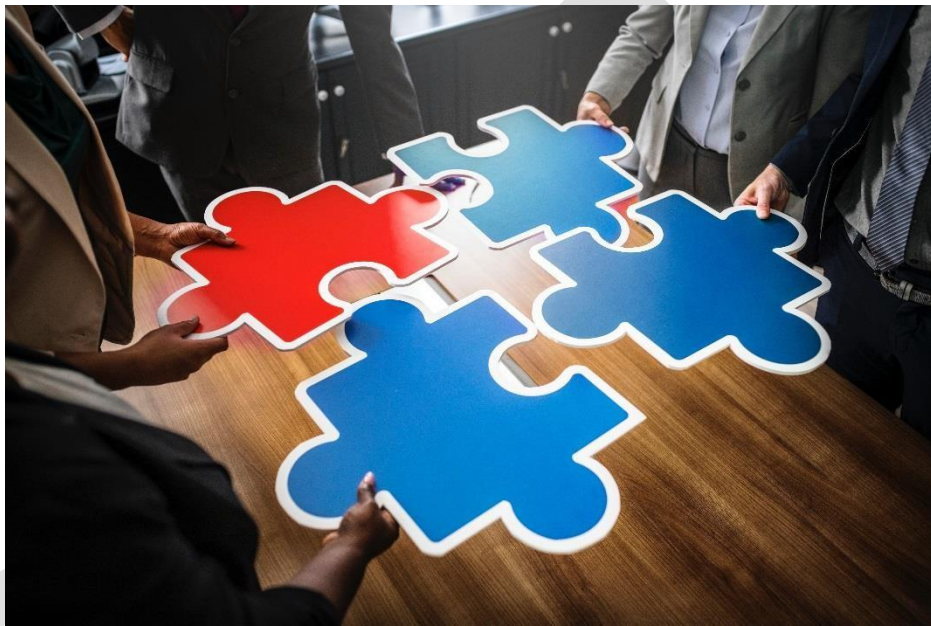




South Gloucestershire Safeguarding Adults Board



Multi- Agency Procedures

To be read in conjunction with the Safeguarding Adults multi-agency policy agreed by:

Safeguarding Adults Boards for Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Somerset

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Contents

Reporting a concern: key telephone numbers	3
Background and Overview	4
Process	6
Safeguarding Enquiry	7
Whistleblowing	7
Involving the adult in their Safeguarding (Making Safeguarding Personal)	8
Mental Capacity Act 2005	8
Safeguarding Notifications	9
Criminal Offences and Adult Safeguarding	10
Resolution of Professional differences	11
People in Positions of Trust	11
Information Sharing/Confidentiality	12
Historic Abuse	13
Managing multiple investigations	13
Organisational Safeguarding	13
Safeguarding Adults Reviews	13

Appendices

Appendix 1 Safeguarding Process Flowchart	15
Appendix 2 Glossary	16

Reporting a Concern

If you urgently need to make a safeguarding referral the number for South Gloucestershire is:

01454 868007

Other neighbouring area contact points for safeguarding concerns are:

Bath and North East Somerset:	01225 394200
Bristol	0117 922 2700
Gloucestershire	01452 426868
North Somerset Council	01275 888801
Somerset County Council	0300 123 2224
Wiltshire	0300 456 0111

In principle the concern should be reported to the authority which covers the location where the abuse is alleged to have taken place.

Contacting police

If you are concerned that an adult is in immediate danger or if there is a crime in progress involving an adult then contact the police on 999.

If you believe that a criminal offence has occurred but it is not in progress and no one is in immediate danger, then contact police using 101 or [report online](#) .

Please follow your internal policies relating to when to notify police about a death (typically when unexpected and/or suspicious circumstances).

Background and Overview

These procedures are designed to give further information for people working in South Gloucestershire who may need to use the Safeguarding Adults process.

These procedures must be read in conjunction with the Policy and Procedures developed by the agency that you work for and the Safeguarding Adults Multi Agency Policy agreed by South Gloucestershire Safeguarding Adults Board (along with Bristol, Bath and North East Somerset, and Somerset Boards). These procedures outline the core requirements of the multi-agency safeguarding process. Each agency must maintain its own internal procedures that specify staff responsibilities and align with key points in this guidance—such as raising concerns, sharing information, and participating in meetings. Effective safeguarding relies on timely communication of relevant information to the appropriate individuals or organisations to protect adults who are, or may be, at risk.

Adult Safeguarding is a statutory requirement. Both the policy and procedures are based on the Care Act 2014 and the Statutory Guidance published in 2025. Staff will need training in order to have the skills to work within these policies and procedures which do not attempt to replace good training. For more information about the Safeguarding Adults Board multi-agency training see [here](#)

The Safeguarding Adults multi-agency policy defines who is included within Adult Safeguarding processes and outlines the principles that guide all safeguarding activity. These procedures are underpinned by the following core concepts:

Well-being

This includes personal dignity, respect, physical and mental health, and emotional welfare. Mental capacity considerations are also central to promoting well-being.

Making Safeguarding Personal

Adults must be actively involved in decisions about their safeguarding. Their views, wishes, and desired outcomes should remain central throughout the process.

The Six Safeguarding Principles

- **Empowerment** – Supporting individuals to make informed decisions and exercise choice.
- **Prevention** – Taking proactive steps to reduce the likelihood of harm.
- **Proportionality** – Ensuring responses are the least intrusive and proportionate to the level of risk.
- **Protection** – Providing support and representation to those who need it most.
- **Partnership** – Working collaboratively with communities and partner agencies to prevent, identify, and respond to abuse and neglect.
- **Accountability** – Promoting transparency and clarity in safeguarding roles, responsibilities, and decision-making.

The statutory guidance to the Care Act 2014 also makes it clear that safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action: and
- The core duties of the police to prevent and detect crime and protect life and property (Chapter 14 Statutory guidance to Care Act 2014)

Who do we safeguard?

The Care Act 2014 Safeguarding duties apply to the Local Authority in respect of an adult who:

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

The responsible Local Authority is the one covering the location where the abuse has taken place.

Types of abuse (for further information see the multi-agency policy and/or the SCIE website)

- Physical abuse
- Domestic abuse including Coercive Control and non-fatal strangulation
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglects and acts of omission
- Self-neglect

Process

Raising a concern

If the person you are concerned about appears to meet the criteria above, is a resident of South Gloucestershire and/or the harm has occurred in South Gloucestershire you need to contact the First Contact Team (sometimes called the Customer Service Desk) at South Gloucestershire Council on:

01454 868007 or CSODesk@southglos.gov.uk

(If it is out of office hours and the matter is urgent you should call the Emergency Duty Team on 01454 615165). If there is an imminent risk of serious harm and/or the matter might involve criminal activity please ring the police first using 999.

If you are not certain whether the person meets the criteria then speak to the First Contact Team who will be able to advise and support you. **If you are in any doubt please phone.**

The Safeguarding Adults Multi Agency Policy describes types and patterns of abuse. It is essential that whenever there are concerns about a person that could amount to abuse, neglect or self-neglect this should be reported.

Consider what has prompted your concern. In some cases, this may be clear—for example, witnessing an incident. In other situations, concerns may arise from more subtle indicators, such as changes in a person's behaviour. The Multi-Agency Safeguarding Policy includes examples of abuse to support this thinking. If you are uncertain, you should contact the First Contact Team for advice.

The First Contact Team may discuss your concerns with a senior social worker and will come to one of three outcomes:

- The concern may not meet the criteria for a safeguarding enquiry and may be more appropriately addressed through alternative actions, such as a social work review or a multi-agency meeting. This ensures risks are managed effectively and that all relevant professionals understand their roles.
- Some situations may require a notification rather than a full enquiry. These are concerns that have not resulted in harm but should still be recorded. Where the issue involves a provider service, the provider will be asked to submit an incident report and/or relevant risk assessments. Guidance on incidents that require notification is provided below.
- Where the criteria are met, a safeguarding concern must be raised so that further enquiries can be undertaken. You may be asked to complete a safeguarding concern form (SA1), which will be provided by the First Contact Team. It is important that the form is completed as fully as possible and returned promptly, and that all information submitted is factual, accurate, and clearly distinguishes what has been observed from what is opinion.

The safeguarding decision-maker will then gather further information if necessary and make a decision about whether a formal enquiry, under Section 42 of the Care Act 2014 is required. This is sometimes referred to as a 'Section 42 enquiry' or a 'statutory enquiry'.

Some concerns will not meet the criteria for a Section 42 enquiry but the safeguarding decision maker may still decide to carry out an enquiry because of the level of risk involved. This is called a 'non-statutory enquiry'. There is no difference in process between a Section 42 enquiry and a non-statutory enquiry.

Safeguarding Enquiry

The Care Act places responsibility for managing the safeguarding process with the Local Authority. A social worker will coordinate the enquiry and may request that practitioners from other organisations undertake specific tasks, including completing an enquiry report—this is known as a *caused enquiry*.

Decision-making, the structure of the enquiry, and any required meetings are overseen by the Safeguarding Team Manager or a Senior Social Work Practitioner. The Local Authority retains overall accountability for the safeguarding process.

An initial discussion will take place promptly to review the available information, assess risk, and determine how the enquiry will proceed. This will usually involve the social worker and their manager, though in exceptional circumstances a wider multi-agency meeting may be convened.

If risk remains, a multi-agency meeting will be held to agree a risk-management plan and required actions. Further review meetings may be arranged as needed while the risk continues. Timescales will be flexible to reflect the individual's needs and to ensure a proportionate response.

It is important that all partners invited to attend meetings do so as multi-agency collaboration is key to the adult safeguarding process.

Risk Assessments and Safeguarding Plans will be used as a means of sharing risk with the person and others, and to plan what steps can be taken to mitigate the risks.

At any stage in this process the decision may be made that the situation does not need to remain in safeguarding. Some feedback should be provided to the referrer but the amount of detail that can be shared will depend on the situation and the person's wishes.

Whistleblowing

Whistleblowing is the act of reporting concerns about malpractice, wrongdoing, or fraud. All staff, paid or unpaid, who work with an adult who is experiencing, or at risk of, abuse or neglect, have an individual responsibility to raise concerns about poor practice and a right to know that their employer will support them if they are acting in good faith. Wherever possible, the anonymity of the professional reported will be respected by the investigating body.

All agencies should promote a culture of professional reporting and have in place policies which value good practice and encourages this. Professional reporting can be difficult for the member of staff and must be recognised as important and courageous. If a practitioner's organisation has a dedicated safeguarding team then they should be encouraged to contact them.

Agencies should ensure that staff who professionally report in good faith are:

- Supported and reassured when information is shared
- Provided with ongoing support during any investigation that may follow
- Supplied with information about external sources of support
- Supported by their organisation
- Not treated in ways that might be regarded as punitive

Involving the adult in their safeguarding (Making Safeguarding Personal)

Making Safeguarding Personal is a core element of adult safeguarding practice, ensuring that individuals remain central to all decision-making. People should be involved at the earliest opportunity and informed promptly about the concern and the reasons for raising it. While consent should be sought wherever possible, safeguarding enquiries may proceed without it when the individual lacks capacity, the risk is significant, or others may be at risk.

Individuals should be actively included in discussions about their safeguarding. Where needed, they must be offered advocacy—either from appropriate family or friends, or through independent advocacy services. Wherever possible, individuals should attend safeguarding meetings themselves or be represented by an advocate.

The key priority is to establish the person's views, wishes, and desired outcomes at the outset. These should be recorded and shared promptly, recognising that they may need to be reviewed and adjusted as the enquiry progresses. At the conclusion of the enquiry, there should be a discussion with the person to evaluate the extent to which their desired outcomes have been achieved.

A 'Think Family' approach should be applied, considering the needs of the whole family—including children and other adults with care and support needs—as an interconnected system. Further information can be found on the [SCIE Website](#)

In South Gloucestershire everyone whose safeguarding enquiry progresses beyond the initial discussion stage is given the opportunity to give feedback on the process.

Mental Capacity Act 2005

The Mental Capacity Act 2005 must underpin all work undertaken by professionals and other staff throughout the social care and health systems, however funded.

All staff must be familiar with the five statutory principles (as laid out in the Act and the Code of Practice) which are:

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.

4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Mental capacity is a key consideration throughout the safeguarding process. Separate, decision-specific assessments may be required—for example, to determine whether the person understands the safeguarding enquiry, the specific risks involved, or the proposed protection plan. All staff must have appropriate Mental Capacity Act training relevant to their role.

More information about Mental Capacity can be found [here](#)

Safeguarding Notifications

Incidents that do not meet the threshold for a safeguarding enquiry may still indicate poor practice within a care setting. These should be recorded to help identify any emerging patterns or themes that could suggest wider concerns about organisational practice. For further information see the [Organisational Safeguarding Guidance](#)

The following incidents should be reported to the First Contact Team, unless they occur in an acute health setting, as in these situations there is an internal reporting system.

Care providers should contact the First Contact Team to report incidents and submit the relevant Incident Notification Form (See Appendix 2). The completed form should clearly outline what went wrong and the actions taken in response, as well as the person (or their representative)'s view about what happened. This may include identifying whether the issue relates to staff training, non-adherence to the care plan, or changes in the individual's needs requiring reassessment.

Care providers should report the following incidents:

Falls

Falls should be reported to the First Contact Team whenever they result in harm, including physical injuries (such as cuts, bruises, or fractures) or emotional harm, such as a significant and lasting loss of confidence.

Falls must also be reported when there is evidence that the care plan—including manual-handling guidance—has not been followed, regardless of whether the person was injured.

Accidental falls that cause no harm do not usually need to be reported. However, frequent falls should be discussed with the First Contact Team so they can decide whether further investigation is required.

Medication errors

All medication errors must be reported to the First Contact Team. Reports should clearly state

whether harm occurred, confirm that appropriate health advice was sought and followed, and outline the actions taken to prevent recurrence, including any measures relating to the staff member(s) involved.

Person on Person incidents

Person-on-person incidents between residents in a care setting can range from very serious assaults, including sexual assaults, to lower-level incidents that may appear to cause little harm. In care homes, these incidents occur within a person's own home environment, where they should feel safe. The rights and safety of all residents must be prioritised, and the needs of the person causing harm should not override the rights of others. These situations require thorough risk assessment and the development of robust management plans.

Some incidents may meet the threshold for criminal investigation and must be reported to the police as well as through safeguarding processes. Where a decision is made not to report an incident to the police, the rationale must be clearly documented. All person-on-person incidents within care homes must be reported to the First Contact Team.

Missed Visits

Missed visits to a person's home by a domiciliary care agency must be reported to the First Contact Team when:

- The visit is missed due to an agency error, such as a carer misreading the rota;
- The agency cancels the visit; or
- The agency attempts to reschedule, but the alternative time offered is not acceptable to the service user and the visit is consequently cancelled.

It is important to note that the above list of notifications is not exhaustive. If any incident occurs which you feel may be a result of abuse, neglect or self-neglect, even if no harm has occurred, you should contact the First Contact Team for advice.

Care Quality Commission (CQC)

All registered providers will also need to consider reporting to the CQC if the service provided to the person is a regulated activity. "Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services."

Criminal Offences and Adult Safeguarding

Everyone is entitled to the protection of the law and access to justice.

Behaviour that constitutes abuse or neglect may also amount to a criminal offence. While the local authority leads safeguarding enquiries, early involvement of the police is essential whenever criminal activity is suspected.

Police investigations take precedence over all other enquiries. However, a coordinated multi-agency approach should be maintained to ensure that the adult's rights, wishes, and wellbeing remain central, even if they choose not to give evidence or support a prosecution. Ongoing risk assessment is critical to safeguarding both the individual and others who may be affected.

If an adult has mental capacity and does not wish to take action, relevant information may still need to be shared with professionals. In some circumstances—such as large-scale abuse or

where children or other adults may be at risk—information must be provided to the police without the person’s consent. Practitioners must be confident that the adult is not being coerced or intimidated and that the safety of others has been considered.

The police can use a range of special measures to support vulnerable or intimidated witnesses in giving evidence. These should be explored at the earliest opportunity in any police investigation.

Resolution of professional differences (Escalation)

Constructive feedback is essential to improving practice and maintaining high standards. Responding appropriately to concerns and complaints enables continuous service improvement. Establishing a clear and formal process for raising concerns demonstrates our commitment to accountability and respect for partners and stakeholders. Partner organisations should refer to the [Resolution of Professional Differences](#) (Escalation Policy) for information about the process.

People in Positions of Trust

A member of staff or volunteer is considered to be in a “position of trust”. Any allegation against them, or concern about harmful behaviours towards adults and/or children, either in employment or in their personal life, must be carefully considered. These concerns may be current or historical.

Where concerns are raised about someone who works with adults with care and support needs, the employer must assess any potential risk to adults who use their services and if necessary take action to safeguard those adults.

Concerns may arise in connection with:

- The persons paid work, student placement or volunteer activity with adults. The person has been alleged to have abused or neglected an adult at risk connected to their place of work. These concerns will lead to an enquiry under Adult Safeguarding Procedures.
- The person’s life outside work i.e. concerning adults or children in their family, social circle or community, or activity on social media.

Where the incident occurs outside of work then the Safeguarding Adults Manager at the Local Authority should be informed. There is a separate Policy relating to [Managing allegations against people in Positions of Trust](#) which contains more information.

A similar process is in place for people who work with children. Referrals should be made to the LADO. More information can be found by contacting Local Authority Designated Officer (LADO) 01454 868508 or email the [LADO](#)

Information sharing/confidentiality

Effective information sharing is essential to safeguarding adults at risk of harm. Serious Case Reviews and Safeguarding Adults Reviews consistently highlight that failure to act on concerns or seek further information can lead to preventable harm or death.

When an adult has experienced harm or is at risk, practitioners must consider whether information needs to be shared and record the decision-making process, including the rationale. Wherever possible, consent should be sought in line with Making Safeguarding Personal principles. However, there are circumstances where an individual's right to privacy must be balanced against the need to prevent harm or abuse.

The following principles support effective decision-making when determining whether to share information. The primary consideration is whether sharing will enhance the adult's safety and protection.

- **Necessary and proportionate:** Share only the minimum information required, based on the level of risk.
- **Relevant:** Share information directly related to the purpose, enabling others to perform their role effectively.
- **Adequate:** Ensure the information is clear, sufficient, and usable.
- **Accurate:** Information must be correct, up to date, and distinguish clearly between fact and opinion. Historical information should be identified as such.
- **Timely:** Share information promptly to avoid missed opportunities to provide support or protection.
- **Secure:** Share information through appropriate, secure methods, in line with organisational policies.
- **Recorded:** Document all information-sharing decisions, whether information is shared or withheld. Records should include the rationale, what was shared, with whom, and why. Where information is not shared, record the reasons and, where appropriate, discuss them with the requester.

If you are unsure then speak to the First Contact Team and seek advice.

Personal identifiable data is protected by the Data Protection Act 2018 and for health records the Health Records Act also applies. Neither legislation precludes the sharing of information. Where a crime has or may be committed the Crime and Disorder Act applies.

The Safeguarding Adults Board has an information sharing agreement for its members. There are also specific requirements within the Care Act about information sharing when a Safeguarding Adults Review is required and this is included in the relevant procedures.

Historic abuse

Where an adult reports abuse which happened whilst they were a child it is essential to seek advice from the adult safeguarding team. These situations are often complex and decisions will be required about the specific situation. The following will be considered by the safeguarding team.

- If the adult does not have care and support needs they will be supported to go to the police who will decide whether or not they can investigate.
- The Children's department of the Local Authority where perpetrator currently is must be informed, in order that any current links to children (e.g. grandchildren) are identified.
- If the person is/was a professional working with children then the Local Authority Designated Officer (LADO) should be informed.

Where the abuse is historic but happened to an adult this would be followed up in the normal way under the Safeguarding Adult multi-agency policy and procedures with decisions to be made about which area would take the lead.

Managing multiple investigations

There will be many occasions when there need to be multiple investigations for example a safeguarding enquiry, a police investigation, a complaint, a root cause analysis, and/or disciplinary investigation. It is essential that there is agreement about the priority and order of these to ensure that one process does not impede another. A multi-agency discussion should lay out this process and ensure that all the relevant agencies/personnel are aware of their part in the process and timescales.

Organisational Safeguarding

There is separate [guidance](#) covering this which is available on the Safeguarding Adults Board Website.

Safeguarding Adults Reviews

A Safeguarding Adult Review (SAR) is a Multi-Agency review conducted by a Local Safeguarding Adults Board that The Care Act 2014 must take place when:

- an adult in its area 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.
- when the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse.
- LSABs may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

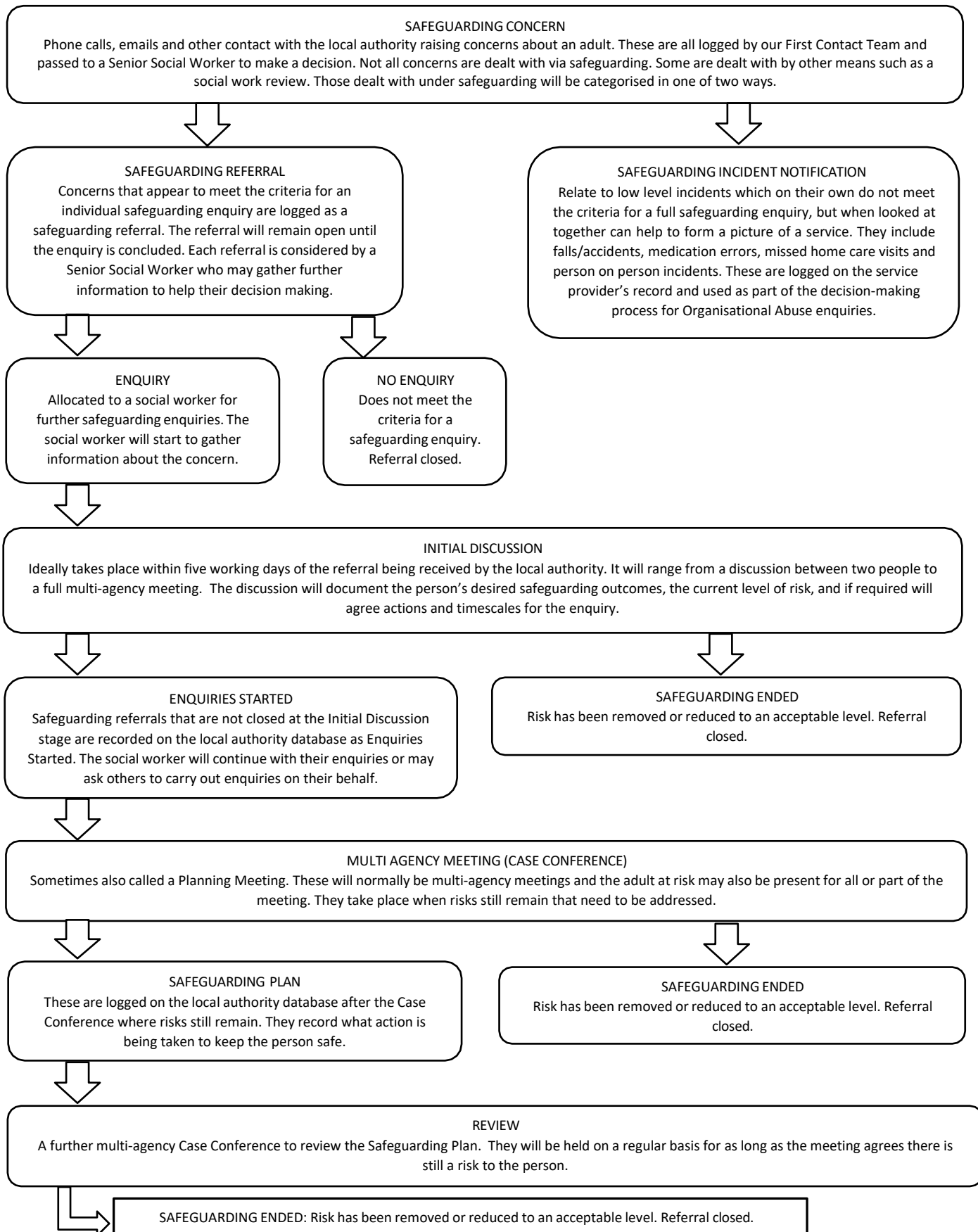
A Safeguarding Adults Review (SAR) is a Multi-Agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. The purpose of a SAR is to promote effective learning and improvement, not to apportion blame.

All requests for a Safeguarding Adults Review should be made using our Safeguarding Adults Review Request form which you can download here: [Safeguarding Adults Review Request Form SGSAB](#).

Family members and friends can also refer and should use this form: [Family Safeguarding Adults Review Request Form SGSAB](#)

Completed forms should be returned securely to the SGSAB Business Manager: sarah.taylor2@southglos.gov.uk

Appendix 1: Safeguarding Process Flowchart



Appendix 2: Glossary

Caused Enquiry – a safeguarding enquiry carried out by another organisation on behalf of the local authority

CSO Desk – Customer Service Office Desk (also known as the First Contact Team)

First Contact Team – The team that operates the councils ‘front door’ – all requests for support and safeguarding referrals are made through this team

LADO – Local Authority Designated Officer - responsible for overseeing concerns, allegations, or incidents involving individuals working with children and young people.

MSP – Making Safeguarding Personal - an approach to Safeguarding that aims to ensure that the person and/or their advocate in relation to the safeguarding enquiry, are fully engaged and consulted throughout and that their wishes and views are central to the final outcomes as far as is possible.

PIPOT – People In Positions Of Trust - any worker or volunteer who in any setting, (including their private lives) who has:

- behaved in a way that has harmed or may have harmed an adult with care and support needs.
- possibly committed a criminal offence against or related to an adult with care and support needs.
- behaved towards an adult with care and support needs in a way that indicates s/he is unsuitable to work with adults with care and support needs

Section 42/Statutory Enquiry – an adult safeguarding enquiry carried out under Section 42 of the Care Act 2014 which requires a local authority to enquire if it reasonably suspects an adult has care needs, is at risk of abuse or neglect, and cannot protect themselves.

Non-statutory Enquiry – a safeguarding enquiry that is carried out where there is no legal obligation on the Local Authority to undertake statutory safeguarding enquiries, but there are concerns that the person is at high risk unless action is taken.
