

**Multi-Agency Safeguarding Audit**

**Participants and roles:**

**Name: Known as:**

**Date of Birth:**

**Care First No: NHS number:**

**Agency’s System Identifier:**

Mandatory information taken from Care First Direct Concern & Enquiry forms:

|  |  |
| --- | --- |
| Date concerned raised |  |
| Type of Abuse |  |
| Location of Abuse |  |
| Referral Source |  |
| Presenting concern |  |
| Agencies involved |  |
| Have outcomes been met? |  |
| Agencies involved |  |
| Record of ‘Cause of Risk’ |  |
| Documents Reviewed |  |
| Documents not available |  |

**Audit Findings**

|  |  |
| --- | --- |
| **What would the person like as an outcome to the safeguarding enquiry?** |  |
| **Pleases answer the next questions using the guidance for each principle**  **Pleases score the next six questions alongside the narrative**  (*With the suggested guidance* )   * **2 Fully met** *(4/5 of the Questions within the principle have been have considered)* * **1 Partially met** *(2/4 of the Questions within the principle have been have considered)* * **0 for unmet** *(1 or less of the Questions within the principle have been have considered)* * **NA – for not applicable** * **NK – for not known** |  |
| **Has the response adhered to principle of Empowerment?** | *(score)* |
| **Has the response adhered to the principle of Prevention?** | *(score)* |
| **Has the response adhered to the principle of Proportionality?** | *(score)* |
| **Has the response adhered to the principle of Protection?** | *(score)* |
| **Has the response adhered to the principle of Partnership?** | *(score)* |
| **Has the response adhered to the principle of Accountability** | *(score)* |
| **Total Score**  **12 Outstanding**  **8-12 Good**  **6-8 Requires Improvement**  **5 or below Inadequate** | **Total Score** |
|  |  |
| **Summary (including best practice)** |  |
| **Learning points and recommendations** |  |

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**Guidance**

Empowerment

1. The safeguarding process has been fully explained to the adult or their advocate in a timely manner, so that the adult has the right support to make informed decisions regarding identifying outcomes and risk management.
2. The outcomes of the adult at risk are identified by the adult, or their advocates, and the adult is supported throughout the safeguarding journey, with outcomes used as a benchmark throughout the process.
3. If the individual lacks Mental Capacity has an appropriate advocate been identified and contacted and asked for a view and desired outcome in the individual’s best interests? Where situational capacity is limited, people are supported in their best interests, with a clear oversight of potential risk to others.
4. Adults at risk and/or advocate are able to attend meetings in which their views are acknowledged and inform the process. Where they are not able to attend clear communication and feedback processes are identified to ensure good information sharing.
5. At the end of the safeguarding adults process there is a recording and evaluation of the adults at risks (or families if they are deceased) experience of safeguarding.

Prevention

1. The adult or their advocate have clear information about abuse and how/where to report in the future.
2. Judgements made on the balance of probabilities, and recommendations are made to prevent, minimise or reduce repeat abuse/victimisation.
3. Plan includes longer term actions to minimise risk of further harm. This plan is shared effectively with all agencies
4. Organisational learning prior to closure which is intended to minimise reoccurrence more widely across the partnership if appropriate.
5. Evidence of working with family networks to make decisions and manage complex situations.

Proportionality

1. The approach has been the least intrusive possible whilst fully discharging Duty of Care.
2. There is evidence of positive risk enablement with the adult or their advocate and the adult feels they have maintained/increased their independence following the safeguarding concern and outcomes being closed?
3. Timings were proportionate to the level of involvement in the concern?
4. The adult feels safe and in agreement with Safeguarding/ protection plans.
5. The person identified as the Cause of risk has been given an opportunity to respond to the allegations against them. Support is in place for the Cause of Risk when they have Care and Support needs.

Protection

1. Measures are person-centred, appropriate and multi-agency with clear timescales, outcomes and a named responsible person.
2. All procedural timescales are adhered to and the adult is kept informed where timescales are not met with reasonable explanation why.
3. Protective actions declined by the adult are recorded with clear reason. Consideration for safe contact is noted (e.g. in domestic abuse cases) and appropriate intervention is considered.
4. Adult at risk feels safer at the end of the process; if not reasons why are recorded with plans to mitigate this in the future. Transferrable risk has been considered and responded to and this is evidenced.
5. If the alleged perpetrator is a vulnerable adult, have their needs been addressed?

Partnership

1. All appropriate partner agencies consulted and appropriate information shared with appropriate and timely feedback given to all relevant parties.
2. Appropriate onward referrals have been made based on agreements reached by the safeguarding professionals supporting the adult (including MARAC, Quality Improvement teams, SAR referrals etc.)
3. Professionals meetings / discussions are convened at the appropriate time with appropriate levels of information sharing. Discussion and outcomes / action plans are clearly recorded.
4. There is evidence of a coordinated multiagency response and effective challenge where appropriate.
5. The adult at risk or their representative was an equal partner in the process. Where professionals have a legal duty to report/act on behalf of the adult at risk this is clearly identified.

Accountability

1. Safeguarding process in acceptable timescales; if not, delay reasons recorded (acceptable delay includes those made in regards to adult at risk needs)
2. Management oversight and support, including staff supervisions was evidenced throughout
3. Any delays or changes in process (i.e. extending enquiry boundaries are discussed with the Enquiry Manager, Cause of Risk and adult at risk or their representative.
4. If the end result is not able to meet the outcome identified by the adult at risk or their representative, the reasons why are clearly recorded and justified.
5. Protection plans include a named responsible person for completing actions – and detail how these will be reported / completed.