



# North Northants Social Enterprise Network

connecting, supporting, promoting

## NNSE Safeguarding Process

NNSE have amended the procedures around the reporting of Safeguarding concerns and the 'Decision Making Framework'.

There will now be three categories for Safeguarding concerns:

- **Green** – to be dealt with by NNSE. What can you do to make the person safe and document. Potential referral to crisis café or MH Hub?
- **Amber** – NNSE to call multi agency support if needed or signpost to others.
- **Red** – need intervention and a safeguarding notification to be submitted.

Our new procedure to be as below.

1. All concerns to be discussed with manager.
2. All concerns to have a safeguarding case opened on Advice Pro
3. Form below to be completed to decide how to progress.
4. Form to be discussed with line manager and outcome decision recorded.
5. Form uploaded to Advice Pro.
6. Strategy to be completed with identified 'colour'.
7. Case outcome/reason for closure to be the RAG rating.
8. Cases to be closed by manager.
  - a) Green immediately.
  - b) Amber contact client a week later to check referral was appropriate then close.
  - c) Red – once outcome of notification has been confirmed and is satisfactory.
9. Escalation policy to be followed if staff/manager do not agree with decision or Safeguarding notification.

10. CEO to review Safeguarding case report every month for trends and learning.
11. Quarterly meeting for managers to review.

Name of member	
Date of Birth	
Today's Date	
Staff members name	
Managers name	

What are your concerns?	
Is this Abuse (incl self-neglect)	Yes/No
What sort of Abuse is it? (Physical, Sexual, Financial, Neglect, Self-Neglect, Psychological/Emotional, Discriminatory, Modern Slavery, Domestic Abuse, Organisational)	
Is there a perpetrator? If yes, who is it?	Yes/No
Does the client/resident have care / support needs?  (that is a learning disability OR a long-term illness/disability or physical impairment OR an addiction to a substance or alcohol)  If yes – what are they?	Yes/No
Is this a one off?  If no what is the history?	Yes/No
Does the client have mental capacity to understand the abuse?  How do you know this?  (If in doubt complete the additional form.)	Yes/No

Does the client consent to this? How do you know this?	Yes/No
Has the situation got worse recently? is there any change in behaviour?  If so what	Yes/No
Are there any other agencies that you could signpost or refer to? (e.g., befriending service / Mind / Mental Health Hub etc.)	Yes/No If yes who and do so
Are any other agencies already involved and supporting or could they do more? If so what	
What is the potential outcome if you do nothing?	
What measures can we implement to keep this person safe?	
What is the impact if we implement the above?	
Do you need to phone social services /safeguarding team for advice?  What are other agencies doing involved?	
<b>Outcome Decision:</b>	
<b>Green</b>	We believe the above actions should keep this person safe
<b>Amber</b>	We need support from another agency, and this has been sought.  We feel there is a need to phone social services for advice.  Outcome of the above:

<b>Red</b>	We feel we cannot put the measures in place to keep this person safe and so will submit a notification via the NNC portal. Upload notification to Advice Pro

I agree with the above outcome decision process.

<b>Staff member</b>		<b>Date :</b>
<b>Line Manager</b>		<b>Date :</b>
<b>CEO</b>		<b>Date :</b>

Please email this form to the appropriate Hub and state 'for information'.

[CommunityKettering@northnorthants.gov.uk](mailto:CommunityKettering@northnorthants.gov.uk)

## Mental Capacity Assessment (Form A)

Date	
Name of member	
Name of Person conducting assessment (decision maker)	

**What is the decision to be made? (Please give details below)**

E.g. Capacity to consent to a safeguarding notification being made.

<b>Stage 1</b>			
Does the client have an impairment, or a disturbance in the functioning of the mind or brain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If <b>NO</b> , the client will not lack capacity If <b>YES</b> , please indicate the nature or disturbance of the mind or brain (Please tick below)			
Forms of mental illness	<input type="checkbox"/>	Confusion, drowsiness or loss of consciousness	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Alcohol or drug intoxication	<input type="checkbox"/>
Significant Learning Disability	<input type="checkbox"/>	Brain damage	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Stroke/Head injury	<input type="checkbox"/>		
Is the impairment or disturbance of the mind or brain:			
Partial <input type="checkbox"/>	Temporary <input type="checkbox"/>	Long term <input type="checkbox"/>	Not known <input type="checkbox"/>

Stage 2		
<p><b>2a) With all possible help given is the person able to understand the information relevant to the decision?</b></p> <p>E.g. What is their understanding of decision in question? Can they tell you why they think the decision needs to be made? What do they think the consequences of the decision will be?</p>	<p><b>YES - able to understand info.</b></p> <p>Record views/evidence to show they understood it.</p>	<p><b>NO - unable to understand info.</b></p> <p>Record steps taken to explain info and views/evidence why they did not understand it.</p>
<p><b>b) Are they able to retain the information long enough to make the decision?</b></p>	<p><b>YES - able to retain info.</b></p> <p>record evidence.</p>	<p><b>NO - unable to retain information,</b> record any help given and evidence.</p>
<p><b>c) Are they able to weigh the information as part of the decision making process?</b></p> <p>Are they able to understand the consequences of making or not making the decision?</p>	<p><b>YES - able to weigh information,</b> record evidence.</p>	<p><b>NO - unable to weigh info</b> record evidence.</p>
<p><b>d) Are they able to communicate the decision in any way?</b></p> <p>There may be many methods to communicate and assistance may be required.</p>	<p><b>YES - able to communicate,</b> record evidence.</p>	<p><b>NO - unable to communicate,</b> record evidence.</p>

**Conclusion** - If the answer to question 1. is YES and the answer to any part of question 2. a) - d) is NO, then the person lacks capacity under the Mental Capacity Act (2005).

**Fluctuating capacity:** Always consider whether the person has fluctuating capacity and whether the decision can wait until capacity returns. If this is the case, explain and enter reassessment date in outcome below.

Outcome:

Decision maker/ staff signature:





