Safeguarding Adults: Enfield Local Practice Guidance

Managing Repeat Allegations in Safeguarding Adults.

1. INTRODUCTION

This local practice guidance has been developed to provide additional guidance to staff when repeated Safeguarding allegations have been made – particularly where the allegations have been found previously to be unfounded. The guidance supplements the London Multi-Agency Adult Safeguarding Policies & Procedures (November 2025) also the Department of Health Care and Support Guidance.

All work in dealing with risk and safeguarding should consider the six Making Safeguarding Personal principles of Prevention, Participation, Empowerment, Partnership working, Proportionality and Accountability. Decision making should be clearly recorded to reflect these principles in any form of safeguarding work.

All allegations of abuse and/or neglect should be treated on their own merits and all adults making disclosures must be treated with respect. However, practitioners should be aware of emerging patterns and respond to this appropriately.

It should be noted that if two referrals are received that clearly refer to the same incident – these will be progressed as the same Safeguarding Adults Concern. Similarly, if an incident is reported that relates to the same pattern of behaviour as an on-going Safeguarding Adults Enquiry (e.g. another allegation of physical or financial abuse by the same person) then the new incident may be added to the Enquiry (if the Safeguarding Adults Manager feels that this is proportionate) – as long as it is felt that a single Enquiry can incorporate looking into the circumstances/ protection arrangements of both incidents. Equally, however, the Safeguarding Adults Manager should maintain a very clear record of the number of incidents – a chronology may do this but separate Enquiries may also be helpful. The named Safeguarding Adults Manager will be responsible for recording and justifying decisions to incorporate multiple referrals into combined Enquiries. These are not considered as repeat allegations for the purposes of this guidance.

2. RESPONDING TO REPEAT ALLEGATIONS WHERE THE ALLEGATION HAS PREVIOUSLY BEEN FOUND TO HAVE OCCURRED.

It may that similar instances of abuse and neglect occur to an adult several times. Each of these incidents should be looked at on its own merits and using the normal safeguarding adults processes. These processes should specifically consider if there is something that makes this adult at risk particularly vulnerable to this type of abuse and what measures can further be put into place.

However, there may be incidents where the facts are not in dispute – such as a conflict between two residents of a residential provision where neither of them wish to move, harassment from a neighbour or repeated incidents of self-neglect. An Enquiry in such cases may take the form of reviewing the previous Risk Management/ Safety plan.

This review should be clearly recorded and critical – the Enquiry Officer should consider if the situation has changed or previous Risk Management plan was either insufficient or not adhered to (and why this may have been the case). It must also be acknowledged, however, that not all risk can be managed and that some risk mitigation measures may be considered so restrictive that they impact on quality of life and this is disproportionate. Where risk cannot be managed, or no additional measures can be identified in light of the latest incident, then that needs to be clearly recorded and explained.

All the principles of Making Safeguarding Personal still apply in these cases and the Safeguarding Adults Manager (SAM) is still required to review and sign-off this work.

3. REPEAT CONCERNS RAISED BY THE ADULT AT RISK WHERE INCIDENTS HAVE PREVIOUSLY BEEN FOUND NOT TO HAVE OCCURRED.

The London Multi-Agency Adult Safeguarding policy clearly states that all safeguarding concerns made by an adult at risk should be recorded and responded to under the policy. It is important that each concern which is received is considered on its own merits, with an appropriate risk assessment completed and actions taken to protect the adult at risk.

An Adult at Risk who makes repeated repeat safeguarding concerns that have been considered and judged to be unfounded should be treated *without prejudice*. Our starting point should always be one of support for the Adult at Risk and treating their allegation as credible (unless it is unreasonable to do so – such as a physically impossible event described).

There may be service users who make repeat allegations which, after thorough investigations under safeguarding adults processes, have been concluded not to have happened. When concerns exist regarding a service user who is found to make repeat allegations that are putting staff, family carers and others at risk; the multi-disciplinary team involved in providing support to the service user should agree a way forward. Recording the reasoning for action in such cases is very important.

This must include a risk assessment and risk management plan, including guidelines surrounding how similar future allegations will be managed. Such a plan must be discussed and shared with relevant agencies as well as the Adult at Risk or their representatives. Allegations made by adults at risk should never be dismissed entirely but there may be measures put in place to ensure a proportionate response.

A case example is a young woman with mental health difficulties who has repeatedly made sexual abuse allegations against named staff members. These are later withdrawn and the staff found not to have been on shift/ in the building at the time alleged. Initially the Police were called each time. A risk assessment was put in place to ensure that a) male staff did not work with Ms. X, b) staff rotas and other collaborating information was checked prior to a full Safeguarding Adults referral and process being put in place and c) psychiatric and psychological input continued to explore why such allegations were being made. All allegations were still recorded and responded to but the response was tempered to ensure proportionality, avoid distress to staff and waste of Police time.

It is important to take into account why repeated unfounded allegations are being made. Things to explore may include:

- if something similar may have happened to the individual in the past which they are reliving repeatedly – in which case, would therapeutic support be helpful.
- if they are in mental health crisis,
- or if the adult at risk feels that they can only achieve a specific goal by making allegations – this may include if they feel not listened to under normal circumstances or very isolated.

A risk management plan should show professional curiosity around this and demonstrate that actions are being taken to address the causes of repeated false allegations. However, there should always be an element of assurance that allegations of abuse or neglect will not be simply dismissed.

The risk assessment and management plan should take into account how to protect those that may be falsely accused, which could include staff who need to continue to provide care, treatment and support to people receiving services, within their own home, a hospital or residential setting.

The needs and vulnerabilities of family members who may be subject to false allegations should also be explicitly considered and recorded. Advocacy, respite and Carers Assessments are two measures which will need to be considered in such circumstances but other measures may be appropriate (dependent on

the circumstances). It may well take time to identify that allegations are false, and further time to identify a pattern, and the distress that this can cause families and loved ones is not to be under-estimated.

The Safeguarding Adults Manager (SAM) will have the lead for coordinating the risk assessment and management plan and should consider:

- The safety of the adult at risk who the concern is about and their wishes / impact of the concern.
- Issues of mental capacity and support network.
- Whether the concern is similar to or based on a previous concern that has already been investigated.
- If the person alleged to have caused harm has previously been named.
- If there are identifiable reasons why these allegations are being made, are there measures that might make the allegations less frequent (the meeting of an unmet need or a different behavioural plan perhaps)? Such measures would also need to be part of the service user's on-going care or support planning.

There needs to be clear communication with the service user with regards to how the concern they raised has been dealt with and the reasons for this. Information and support should be provided in a way that enables the adult to understand the safeguarding process and what it is intended to be used for. Where the service user may lack capacity, in regard to managing their safety and protecting themselves from abuse, the risk management plan should include ways to safeguard the person and provide protection from the people who provide care.

It may be that an individual is transferred from another authority or Children and Families Services with a pre-existing and acknowledged history of repeat, unfounded allegations. It is important to get as much information at the point of case transfer in order to allow for proactive and appropriate care planning. It should not be necessarily to wait for the allegations to repeat in the new setting before planning for them (unless there is insufficient information at that point).

The above process applies to all concerns that are made which are repetitions of the specific issues and allegations previously reported (as specified as clearly as possible in the plan), and the concern should be dealt with and recorded as agreed in the risk management plan. However, where the concern differs from that specified in the risk management plan then it should be raised as a new concern and follow the agreed safeguarding adults process.

4. RESPONDING TO FAMILY MEMBERS, FRIENDS AND NEIGHBOURS WHO MAKE REPEAT ALLEGATIONS

It may be that repeated allegations are made by a family member, friend or neighbour. Where there are repeat allegations and there is no foundation to the allegations, and further enquiries are not in the **best interests** of the adult at risk, then local procedures apply for dealing with multiple, unfounded complaints. The decision to use such processes should be clearly recorded and justified. Please consult with the Complaints and Information team if you think this process applies.

If, having read the policy, you feel that the repeated complaints are persistent and vexatious (bearing in mind the importance of always considering any risk which may be highlighted without prejudice) then please discuss with the Complaints and Information Service. It may be appropriate to restrict contact with services but this needs to be agreed at Director level only so the bar is very high.

It may be that other processes are considered such as a review or mediation meeting between family members. However, it is not the role of the Local Authority to support family disagreements where there is no risk to an adult with care and support needs and this should be made very clear to those involved.

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Author (Individual & Team name)	**Elspeth Smith, Strategic Safeguarding Adults**
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