Safeguarding Adults: Enfield Local Practice Guidance

Managing Delegated Safeguarding Enquiries.

1. INTRODUCTION

This guidance contains links (underlined in blue) to internet pages that practitioners may find helpful so is best viewed electronically.

This local practice guidance supplements the London Wide Multi-Agency Adult Safeguarding Policies & Procedures (November 2025) and reflects the local practice guidance for managing Safeguarding Adults processes under Section 42 (1 or 2) where the Enquiry is completed by a person not employed by Adult Social Care within the Local Authority (whether seconded to another organization or not). These are known as delegated enquiries.

The core principles that this Practice Guidance follows are that:

a) Strong partnership working is essential for effective Safeguarding.
b) All agencies working with adults at risk have responsibilities around safeguarding and so should contribute to the Section 42 process as requested and
c) That the Local Authority maintains the responsibility to work constructively with partners around quality assurance, support and, if necessary, challenges to how that work is completed in order to ensure that people are safeguarded appropriately.

The Department of Health and Social Care's Statutory Care and Support Guidance on the Care Act clearly states: '*The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory*.' This highlights that whilst another agency or external person may complete the Enquiry, the Local Authority remains responsible for the quality of this.

This Practice Guidance does not apply to cases where Police are progressing criminal enquiries (although some of the same principles will apply). There is separate Practice guidance on this topic.

In cases where the allegation only includes pressure ulcer damage then the SAM and Enquiry Officer should refer to the Department of Health and Social Care document Safeguarding Adults Protocol: Pressure Ulcers and Raising A Safeguarding Concern. as well as this document. There is also guidance for providers from the Enfield Safeguarding Adults Board.

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.

2. Choosing What Type of Enquiry and Who Should Conduct it?

All relevant agencies and the adult at risk or their representative should be involved with the decision about what the appropriate form of enquiry should to address the allegations in a Safeguarding Concern. The final decision around this will rest with the SAM.

The aims of a Safeguarding Enquiry are to:

- Establish facts;
- Ascertain the adult's views and wishes;

• Assess the needs of the adult for protection, support and redress and how they might be met;
• Protect from abuse and neglect in accordance with the wishes of the adult;
• Make decisions as to what follow up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
• Enable the adult to achieve resolution and recovery.

It may be that an external agency is asked to look into establishing the facts but a Local Authority officer works with the adult to look at future safeguarding measures or to discuss redress or recovery (in fact this is typically what happens where an external agency is conducting the enquiry). The form of the enquiry should be flexible in order to meet the aims of an enquiry and to address the desired outcomes of the adult at risk or their representative.

The Strategic Safeguarding Adults team have created a template for providers to be asked to complete – this is not a compulsory part of the process but may be used to gather information and prompt the provider to ensure that they are providing the correct information.

2.1 Interaction between the Safeguarding Enquiry and other safeguarding processes undertaken by partner agencies.

It may be that the Safeguarding Enquiry interacts with another form of enquiry – such as a Serious Incident, HR investigation or similar. One form of enquiry does not replace another and it may be that there is more than one process that is a statutory requirement for the various agencies involved.

This will need to be discussed between agencies on a case-by-case basis. Duplication should be avoided. It may be, for example, that the Rapid Review done by the NHS will give a lot of the information required for an enquiry into the same incident. The SAM and equivalent professional within the partner agency should decide if:

- processes should take place jointly – for example the same professional completes one report for both processes or representatives from both agencies work together to complete joint or separate reports,
- processes should take place in parallel – for example, if a concern involves elements that took place in different environments or if there are both clinical and more social concerns – with an eye to ensuring no duplication or obstruction would take place here.
- if one should be paused pending completion of the other,
- or if the report for one process can form part of the report for another.

SAMs should review the aims of the Safeguarding Enquiry in order to assure themselves that the proposed way forward will address these aims. These discussions should be recorded as part of the wider Safeguarding enquiry process. The adult and/or their representative should always have the planned way forward discussed with them, explained to them if needed, their views taken into account and be kept informed.

Safeguarding or protective measures should not be paused pending another process – immediate risks to the adult at risk or others should always be addressed as quickly as possible.

2.2. Skills and Support for the professional completing the delegated enquiry.

An external person may be appropriate to complete the Safeguarding Enquiry because they have access to more information or greater professional skills in a certain area. It may also be that they would be responsible for implementing improvements or actions arising from the Enquiry so it seems proportionate for them to complete this – for example if there are possible HR actions. However, when selecting the individual person, there are a number of things to take into account.

A key example would be where the safeguarding adults concern focuses on an aspect of clinical care which requires a specialist view. It may be that an expert in that area can be asked to contribute a view (please ensure that they do so formally) or they may complete the whole report.

Anyone completing a Safeguarding Enquiry must be considered a skilled professional in a relevant field with an understanding of the legislative issues including data protection. They must be a trusted individual.

It is important to consider objectivity – for example, the manager of a small provider may have a very close personal relationship with a member of staff and thus have difficulty criticizing it whereas a larger provider may have a Regional Manager who has little day-to-day contact with the staff being looked into. Often the person nominated by a provider is a manager so it is important to be sure that they may not themselves be responsible in some way for the incident or circumstances being looked at.

If there are wider concerns about a provider or agency, then it may not be appropriate for them to conduct an investigation into themselves. SAMs should consider if there is a pattern of allegations or concerns that need to be taken into account.

The person nominated should be a person who demonstrates the appropriate qualities of professional curiosity and analytical skills. They are also likely to have specific skills and experience in fields outside of the Adult Social Care teams and these should be respected.

The professional externally completing the enquiry (though a skilled professional in their own right) is likely not to have received specific training into how to complete a Safeguarding Enquiry and should be supported through the Local Authority processes by a nominated person (usually the Enquiry Officer but with guidance from the SAM). It may be appropriate to provide the individual with a template for completing the report in order to ensure that all issues are appropriately captured (or their own internal document may be sufficient but the format of the report should be agreed beforehand). They should also be given specific guidance on the points to consider within the report to ensure that the finished document meets the needs of the Safeguarding process.

Prevention and protection are key principles around all Safeguarding enquiries and those completing delegated enquiries are asked to produce clearly documented protective measures and organizational learning. This may be further added to by adult social care professionals.

There should also be a discussion at the outset about how contact with the adult at risk and/ or their representative will be handled. There will need to be regular discussions with the adult at risk about their wellbeing, the progress of the Enquiry and the Safeguarding plan. Usually a member of adult social care staff would do this. However, it may be that the person completing the enquiry also needs to consult with the adult and it would need to be discussed how this is handled or recorded (this is to avoiding confusing or conflicting information being given to the adult at risk). It is important to ensure that an external person completing an enquiry understands the data protection issues around third party information.

2. 3 Timescales.

Substantial delays in Safeguarding are due to waiting for information or reports from external bodies.

Different forms of enquiry will take different amounts of time to complete. However, it is important for all concerned that timescales are agreed and communicated to all involved at the Enquiry Planning stage. This prevents drift, allows the adult at risk to know when they should expect updates and helps professionals to manage their workloads. However, these deadlines should have some flexibility as circumstances change – this is why communication between all concerned is important throughout the period while the Enquiry is pending.

When requesting enquiry information from a provider, the following points should be considered:

- Always give a deadline for the information and follow up on that deadline. Unless the specific information required is very complex, a deadline of 10 working days would be a reasonable baseline

– however, some cases will be more urgent and information required to establish safety measures should be made available ASAP.
- Use escalation methods if a deadline is missed and no reason given – e.g. refer up to Provider's own line-manager or refer to CQC or other regulatory bodies. Please do not send more than one 'chasing' email (and sometimes not even one but this will be a matter of judgement) without escalating the issue somewhere appropriate.
- Use a form of words when requesting the information that emphasises the legal requirements for safeguarding and formality of the request. A suggestion for this would be:

This information is requested for a Safeguarding Adults Enquiry Under Section 42 of the Care Act (2014) which is a statutory requirement for both the Local Authority and partners. Providers are also expected to provide such information as part of their regulated and commissioned responsibilities. Failure to provide this information in a reasonable timescale (as determined by the Local Authority Enquiry Officer) will lead to the matter being escalated with CQC and other commissioning or regulatory bodies. Lack of co-operation with the Safeguarding Adults process may also lead to referral to the Enfield Safeguarding Information Panel (SIP).

If there is a valid reason why you are unable to provide this information within the timescales provided then please discuss with the Enquiry Officer as promptly as possible.

If the case is transferred to another Local Authority member of staff before the Enquiry is completed, the new responsible member of staff is expected (promptly) to contact the external person who is conducting the enquiry (or gathering any required information for a wider enquiry) to both introduce themselves as the new point of contact and reiterate the timescales for feedback.

If an enquiry has been pending for more than 12 weeks, either because of the complexity of the issue or due to a delay with the external agency, then recording on RIO or Eclipse should show an update on the case – including communication with the adult at risk or their representative and other concerned parties. This would also be the case with internal enquiries.

Delays in Enquiries can:
- cause workload issues (as cases without resolution mount up),
- issues around the quality of information (some information may be lost, archived and memories fade),
- can cause the adult at risk or their representative to feel that no action is taking place
- and, most importantly, can lead to delays in identifying and putting in place preventative and protective measures.

The SAM is responsible for monitoring timescales and directing staff to follow-up on outstanding cases.

3. Quality Assurance and Escalation.

The responsibility for completing Section 42 enquiries (both 1 and 2) rests with the Local Authority and those seconded teams within the Barnet, Enfield and Haringey Mental Health Trust. Therefore, it is important that the SAM quality assures the final report and is satisfied with its quality and conclusions.

The London-Wide Safeguarding Adult Policies and Procedures is very clear that: '
If the Local Authority has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome is unsatisfactory. In exceptional cases, the Local Authority may undertake an additional enquiry, for example, if the original fails to address significant issues.' (pg. 67)

It is not sufficient for an external body to simply report on the outcome of their enquiries – they must show how they came to this conclusion and these recommendations so that the Local Authority can be assured that the correct measures are in place. They should be prepared to share their primary evidence.

If the agencies involved are unable to resolve disagreements about an Enquiry (either the conclusions, quality of report or information sharing around evidence) then it may be appropriate to escalate in a similar manner to that around timescales.

The report, in whatever format, must be agreed by the SAM before it is shared with the adult at risk or more broadly – although the contents of the enquiry should be discussed with the adult or their representative before completion so that their views and wishes are incorporated.

4. Commissioning an External Investigator.

It may be necessary to commission an external investigator to look into some allegations where Safeguarding Enquiries are required – this is separate to Safeguarding Adults Reviews which have specific guidance applied to them.

An external investigator will usually be required in two specific types of instances (though other reason may occur):

1) Where the skills required to properly investigate the concerns are not present in the Local Authority and it is not appropriate to ask another partner agency or provider to complete this.
2) Where there is an allegation against the Local Authority or Mental Health Trust themselves of such seriousness that it is not felt an internal enquiry officer could be objective (having considered if a separate internal department would be possible).

In most cases, where there is an allegation against the Local Authority or Mental Health Trust, an external investigator will not be necessary as a investigator from outside the line-management structure or even from another department should be made available. However, it may be that one is required in the interests of transparency.

There is an obligation to manage public funds responsibly so decisions about when to commission an external investigator must be taken proportionately and by a Head of Service or Service Manager.

When commissioning an external investigator, it is important to ensure that the costs, timescales and scope of the enquiry are very clearly defined. Please only commission with those with a proven track record and good communication skills.

As above, agree communication strategies and ensure that third part confidentiality issues are highlighted if they will be liaising directly with the adult at risk or family.

Although an external investigator may have been commissioned, the London Borough of Enfield is still responsible for the quality of that report so quality assurance must still take place. However, issues around any conflict of interest will have to be seriously considered when doing this. It is likely that the SAM will wish to consult with their own line manager on this issue and may also engage with the Strategic Safeguarding Adults Team or Head of Safeguarding Adults to discuss the issues involved.

5. How are the Principles of Making Safeguarding Personal managed when there is an external person completing the report?

Local Authority staff are responsible for ensuring that the principles of Making Safeguarding Personal are adhered to even if it is not Local Authority staff conducting the enquiry.

These principles are:

- Prevention,
- Participation,
- Empowerment,
- Partnership working,
- Proportionality

- and Accountability.

Amongst other things, this means clearly defining (and reviewing at appropriate points) what the outcomes are that the adult at risk or their representative wants from the enquiry, their mental capacity and understanding in relation to the Enquiry and what it would take to make them feel safer. This information needs to be clearly fed back to any external person completing an enquiry and the SAM should quality assure their report and ensure that these outcomes were considered.

It may be that some external processes do not take these issues into account (a clinically specific Serious Incident report for example) and so that report may form only part of the enquiry whereas the Local Authority has additional discussions with those involved.

6. Information Sharing and GDPR.

Safeguarding Adults enquiries are undertaken either on the basis of information sharing consent (from the adult at risk) or the basis of vital or public interest. Vital or public interest are covered by exemptions in GPDR and information sharing legislation and agreements – therefore GDPR is not a bar to external agencies providing us with necessary information to reach safeguarding conclusions. Any assertions to the contrary should be challenged.

It should be highlighted that all evidence is held securely on our systems and in line with data security policies. Information may be shared as part of criminal, DBS, or other processes, if necessary, to protect individuals or the public.

If a provider is asked to share third party (a third party not involved in the original Safeguarding concern) information – for example to evidence an improvement in practice - then they can consider redacting identifying information or seeking consent to share from that third party. This is requested on the basis of proportionality.

If there are any concerns about information security, you can speak with the Data Protection Officer for Enfield Council.

Document Title	**Practice Guidance: Managing Delegated Enquiries**
Author (Individual & Team name)	**Elspeth Smith, Strategic Safeguarding Adults**
Date Written	**July 2022**
Authorised by (Name and Date):	**Bharat Ayer, Head of Safeguarding.**
Coproduced (Yes or No)	**No**
Last Review Date	**July 2026**
Next Review Date	**September 2026**

www.enfield.gov.uk

Health and Adult Social Care