

HW.1 Health and wellbeing		
HW.1.0	ESC, SCC, CCG, Sizewell Health Working Group	<p>Methodology</p> <p>(i) Do you agree that the methodology and scope for assessment of effects from the proposed development as set out in [APP 346] is appropriate and has properly assessed the potential health and wellbeing impacts of the proposed development on the local community?</p> <p>(ii) Do the Councils agree with the methodology in determining the degree of intimidation from traffic and in particular from HGVs?</p> <p>(iii) Do you consider the findings of this part of the ES have been adequately justified?</p>
	Response	<p>The CCG remain concerned that methodology and scope for assessment does not go far enough within APP346 to establish the impacts of the proposed development on the community. Many comparisons with Hinkley Point C are not suitable as the demographic and local health outcomes between the two areas are significantly different. The summary of effects detailed in table 28.9 show low impact and negligible adverse effects on the local population. One of the main differences is the road network, in Leiston and the surrounding roads for access to the development, there are narrow busy streets to navigate high volumes of HGV traffic which will have a significant impact on the community regarding health effects from Air quality, noise and flow rate of traffic with the potential to cause accidents and injury, all of which are stated as not significant impacts. The travel impact assessment talks about average journey times over the entire day and doesn't recognise the challenge of traffic at peak times. It is essential that the impact on journey times are recognised and appropriately mitigated against. There is no recognition of the impact of local traffic movement whilst the proposed link road and roundabout at Yoxford is constructed which will take the first 2 years of the construction period to be available. During this time the impact will predominantly be on the health and wellbeing of the local community and</p>

		<p>could disrupt access to healthcare services including the ability for GP and District Nurse visits.</p> <p>The CCG do not recognise that the findings of this part of the ES have been adequately justified and are working with the applicant to review the data which has been used as part of the methodology used throughout APP346</p>
HW.1.1	The Applicant	<p>Uniform Approach</p> <p>Please respond to East Suffolk Councils concern [RR-0342] that by adopting an approach which uniformly applies across the whole area that particular groups might have been missed and therefore this might underplay the degree of effect in certain circumstances.</p>
	Response	
HW.1.2	The Applicant, SCC, ESC part (ii)	<p>Severance</p> <p>Concern has been expressed by a number of RRs including (RR-0758, RR-1008) with regard to the degree of severance that could occur for their local community either through physical barriers – e.g. Sizewell Link Road, or through volume of additional traffic.</p> <p>(i) Please advise how you consider the proposal minimises these affects for each community and how the scheme has taken into account consideration for more vulnerable groups.</p> <p>(ii) Do the Councils consider the assessment of severance has justified the approach taken, or do you consider there are more adverse effects than have been reported?</p> <p>(iii) In answering please comment on the suitability of the methodology used and be specific in respect of the locations where there remain concerns should this be the case.</p>
	Response	

HW.1.3	Relevant local authorities, CCG	Severance Do the Councils and CCG agree the assessment of severance as set out in [APP-198] reasonably reflects the degree of effects of severance on the local communities concerned such that the ExA can be confident that the proposed development would not have any indirect health impacts or adversely affect access to key public services as sought by the NPS EN-1.
	Response	Suffolk County Council and East Suffolk Council are managing this area of expertise. Please refer to the local authority responses.
HW.1.4	The Applicant, SCC, ESC	On Street Parking B1078 Concern has been expressed [RR-0762] that the removal of on street parking in this locality would have an adverse effect particularly on the disabled and elderly, please respond to this concern and whether this has been considered as part of any equalities assessment.
	Response	
HW.1.5	The Applicant	Potential Delays Please explain if the ES has considered the potential for delays in the construction programme, and how if at all this potential has been considered in terms of the potential effects on the local community from the works extending beyond an already lengthy build programme.
	Response	


HW.1.6	The Applicant	<p>Equality Statement</p> <p>Table A1.2 [APP-158]</p> <p>Appears to have a series of errors the table below has been populated with what are believed the corrected figures highlighted, please clarify and check the rest of this table and confirm what are the correct figures.</p> <table><tr><td>Ward</td><td></td><td>0-15</td><td>%</td><td>16-64</td><td>%</td><td>65+</td><td>%</td></tr><tr><td>Leiston</td><td>6360</td><td>1167</td><td>18.3%</td><td>3819</td><td>60.0%</td><td>1374</td><td>21.6%</td></tr><tr><td>Saxmundham</td><td>4913</td><td>894</td><td>18.2%</td><td>2765</td><td>56.3%</td><td>1254</td><td>25.5%</td></tr><tr><td>Snape</td><td>1911</td><td>271</td><td>14.2%</td><td>1126</td><td>58.9%</td><td>514</td><td>26.9%</td></tr><tr><td>Yoxford</td><td>1901</td><td>215</td><td>11.3%</td><td>1022</td><td>53.8%</td><td>664</td><td>34.9%</td></tr><tr><td>Aldeburgh</td><td>3225</td><td>329</td><td>10.2%</td><td>1519</td><td>47.1%</td><td>1377</td><td>42.7%</td></tr></table> <p>Have the apparent errors affected any of the subsequent conclusions?</p>	Ward		0-15	%	16-64	%	65+	%	Leiston	6360	1167	18.3%	3819	60.0%	1374	21.6%	Saxmundham	4913	894	18.2%	2765	56.3%	1254	25.5%	Snape	1911	271	14.2%	1126	58.9%	514	26.9%	Yoxford	1901	215	11.3%	1022	53.8%	664	34.9%	Aldeburgh	3225	329	10.2%	1519	47.1%	1377	42.7%
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HW.1.7	The Applicant	<p>Equality Statement</p> <p>(i) Paragraph 1.6.26 [APP-158] Please advise on what basis you reach this conclusion, when the evidence suggests there is a higher proportion of the population in the locality in the higher age groups.</p> <p>(ii) Do you have direct evidence of the age profile of users of the PROW network?</p>																																																
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HW.1.8	The Applicant	<p>Equality Statement</p> <p>(i) Paragraph 1.6.31 [APP-158] limited control would be available over a certain proportion of the journeys, in these circumstances at what level would the mitigation be applied?</p>																																																

		(ii) How would this be communicated and subsequently controlled in conjunction with other major projects?
	Response	
HW.1.9	SCC, ESC	Equality Statement The Applicant considers that with mitigation significant adverse transport effects on schools, nurseries, places of worship, GP surgeries and community facilities would not be significantly adverse. Paragraph 1.6.39 [APP 158] (i) Do you agree that the mitigation identified would overcome any significant adverse effects? (ii) Do you consider the mitigation is adequately secured?
	Response	
HW.1.10	The Applicant, SCC, ESC, CCG	Equality Statement The Applicant advises that the Public Services Contingency Fund which would be secured through the S106 would be an appropriate response to the concerns identified in respect of the difficulties associated with recruiting and retaining staff. Paragraph 1.6.49 [APP 158] (i) Please provide an update on the progress of the S106 (ii) Do the Councils and CCG regard this as an appropriate method of mitigation?
	Response	<i>The CCG would look to the applicant to sign up to a non competitive approach when recruiting staff for their onsite facility to ensure public sector organisations do not find themselves in a negative retention situation.</i>

HW.1.11	Ipswich and East Suffolk, CCG, West Suffolk CCG	<p>Anchor Institution</p> <p>(i) Please explain what you mean when you refer to 'an Anchor Institution approach' [RR-500] and how you envisage this approach might be delivered through the DCO.</p> <p>(ii) In light of point 7 of your [RR-500] please explain in detail your concerns regarding the shortcomings of the assessment and how you consider these could be addressed to ensure appropriate mitigation.</p> <p>(iii) Has the reliance on historic data as referred to in the [RR-500] at paragraph 6 diminished the findings of the ES such that you consider the findings could not be relied upon?</p> <p>(iv) How would the CCG wish to see this issue addressed?</p> <p>(v) At paragraph 10 of your [RR-500] you refer to 'most active county' objectives – what/where does this come from? If the ExA is to rely on this document it will need to be submitted into the Examination?</p>
	Response	<p>(i) An anchor institution is an organisation who by its very nature is a key influencer and the Integrated Care System of which the CCG is part of has a charter which we would encourage the applicant to sign up to the charter which would ensure collaboratively as public sector organisations and a global organisation we could actively commit to focusing on maximising influence over the socio-economic wider determinants of health and wellbeing in our communities. The CCG had this as a point to note rather than an expectation to determine mitigation within the DCO.</p> <p>(ii) The CCG are working with the applicant to closely as part of the health working group to work through our concerns. The CCG do not wish to progress this further within the examination process.</p> <p>(iii) The CCG have produced some further data which has been provided to the applicant in the form of a data sharing agreement in order to ensure that the mitigation is based on the latest findings.</p> <p>(iv) The CCG would like assurance that the applicant will review the revised data in line with the proposed mitigation and continue to work</p>

		<p>with the healthcare service through the Health working group to support future requirements.</p> <p>(v) The most active county is a website launched in 2012 as Suffolk's legacy programme from the Olympic and Paralympic games and Suffolk has a long term ambition to become the most active county in England. Most active county works with local and national partners across sectors to create, promote and commission physical activity opportunities. This was a statement in our representation rather than a concern that requires further examination of the applicant.</p>
HW.1.12	The Applicant	<p>Housing Market</p> <p>(i) Please respond to the concerns identified by the CCG [RR-500] in respect of the additional volatility they anticipate in the housing market and the knock-on effects to healthcare.</p> <p>(ii) How would you propose to minimise these effects such that the indirect health impacts are not caused as a consequence of the proposed development?</p> <p>(iii) How would the mitigation proposed be secured?</p>
	Response	
HW.1.13	The Applicant	<p>Care Home Residents</p> <p>The CCG [RR-500] raise questions of the conclusions reached in para 28.6.80 of [APP-346] particularly the potential impact upon two care homes, please respond to this specific concern and highlight how you have assessed any likely effects on this potentially vulnerable group.</p>
	Response	
HW.1.14	The Applicant	<p>Vulnerable Groups</p> <p>The Suffolk Safeguarding Group [RR-1179] express concern about insufficient risk assessments of the potential impact on vulnerable groups and the lack of a strategy to minimise the risks which may arise from the proposed development.</p>

		Please respond to this specific concern and advise how the information provided meets the tests set out in the NPS EN-1.
	Response	
HW.1.15	The Applicant	Vulnerable Groups The CCG [RR-500] and Suffolk Constabulary [RR-1174] also raise the concern over potential exploitation of vulnerable groups. (i) What is proposed to be in place to mitigate this concern? (ii) How would it be secured?
	Response	
HW.1.16	The Applicant	Vulnerable Groups Impact on the wellbeing of the older community in the locality is a concern expressed by both the CCG [RR-500], and Suffolk Safeguarding Partnership [RR-1179] amongst others. How do you propose to ensure that appropriate mitigation would be in place to support this sector of the community and mitigate any adverse effects such that they could be regarded as not significant?
	Response	
HW.1.17	ESC, SCC, CCG, Suffolk Safeguarding Partnership	Vulnerable Groups In light of the concerns expressed [RR-1179, RR-500, RR-1140, RR- 0342, RR-1174] in respect of the age demographic in the locality and the potential effects on the older population, do you consider the assessment on health and wellbeing and the equality assessment is adequate?

	Response	<p>Please find a formal response from the Suffolk Safeguarding Partnership</p> <p> 2021-05-19Letter to Sizewell C.doc</p> <p>chair</p> <p>The CCG remains of the same stance as what has been stated in our RR (RR-500) that the equality assessment is not adequate in supporting the potential affects on the older population.</p>
HW.1.18	The Applicant, Suffolk Constabulary	<p>Community Safety</p> <p>From the [RR- 1140] it would appear you are working together on a Strategic Relationship Protocol (SRP). Assuming this is agreed, is this intended to form part of the examination and be delivered through the DCO or a separate side agreement between the parties?</p>
	Response	
HW.1.19	The Applicant, Network Rail	<p>Rail Safety</p> <p>Network Rail [RR-006] identifies concerns, that by introducing any Freight Trains onto the East Suffolk line will (due to their slower running speeds), cause an increased risk and delay to users of level crossings.</p> <p>(i) Please respond to this concern and advise if any mitigation could be provided to address this issue.</p> <p>(ii) If this were appropriate, how would it be delivered through the DCO?</p>
	Response	
HW.1.20	The Applicant	<p>AONB</p> <p>The AONB is designated in part due to the unspoilt landscape and the opportunity this provides for recreation and the enjoyment, peace and health benefits that can arise for the public from having access to such a location. The ESC [RR-0342] and AONB [RR-1170] Partnership both express concerns regarding the impact of the proposed development on the broader noise environment as well as the access to this area. Please respond to these concerns and in particular, advise how the</p>

		proposed mitigation might reduce effects to ensure there are not knock on effects to health and wellbeing.
	Response	
HW.1.21	The Applicant	Health Impact Assessment Please respond to the concerns raised by RRs with regard to potential health impacts [RR-0291, RR-0376, RR-853] and the concern raised by others over the lack of a Health Impact Assessment – [RR-1255, RR-0051]
	Response	
HW.1.22	The Applicant, ESC	Ozone Please respond the concern raised in [RR-392] over the potential effects from the proposed development on the release/creation of ozone.
	Response	
HW.1.23	ESC, SCC, CCG, East of England Ambulance Service, PHE	Effects on Mental and Physical Health A number of RRs including [RR-376, 546, 853, 291, 241] express concerns over the direct or indirect effects on health that the construction could have on an individual's health. (i) Please respond to the concerns and advise whether you consider the assessment properly addresses the potential effects of the proposed development. (ii) Additionally, is there confidence that the mitigation proposed adequately addresses any concerns and that this is appropriately secured?
	Response	The CCG considers that the public service impacts of mental and physical health impacts need to be addressed through scale and scope of the Public Services Contingency Fund and appropriate levels of contributions to the health system including appropriate monitoring measures. Further

		<p>embedded mitigation to reduce the impacts on health and wellbeing, e.g. in relation to road safety measures or amenity and recreation enhancement, should be considered. The CCG would like to propose that The health working group monitor the ongoing effects and agree steps in line with the Section 106 funding allocation.</p>
HW.1.24	ESC, SCC	<p>Sizewell Link Road</p> <p>In paragraph 2.126 of the ESC [RR-0342] adverse effects on 19 receptor groups are identified for residential receptors.</p> <p>(i) Are the mitigation measures proposed considered within the ES sufficient?</p> <p>(ii) Is the method of securing the mitigation appropriate and enforceable?</p>
	Response	
HW.1.25	ESC, SCC, CCG, Sizewell Health Working Group	<p>Methodology</p> <p>(i) Is it agreed that the methodology and scope for assessment of effects from the proposed development is appropriate and has properly assessed the potential health and wellbeing impacts of the proposed development on the local community?</p> <p>(ii) Do you consider the findings of this part of the ES have been adequately justified?</p>
	Response	<p>The CCG has no further comment to make regarding the methodology following on from their response in HW.1.0</p> <p>The CCG stand with the Local Authority stance – Suffolk County Council. The Sizewell Health Working Group has not been established long enough to add any benefit to this question.</p>
HW.1.26	The Applicant	<p>BLF</p> <p>(i) With increased activity on the beach from the introduction of the changed BLF and increased number of deliveries, please explain how these changes have been assessed in terms of the effects on the amenity and recreational use of the beach and the coastal path both during construction and subsequent operation</p>

		(ii) What implications would this have for tourism and or numbers of users of the coastal path and the beach?
	Response	
HW.1.27	The Applicant, Network Rail	Change Request No. 2 The Change Request could see an increase in the number of freight trains running along the line. Please advise how this could be safely delivered to ensure there would not be unacceptable risks to users of level crossings both for the branch line and the Ipswich to Lowestoft main line.
	Response	
HW.1.28	The Applicant, Network Rail, Suffolk Constabulary, East of England Ambulance Service, Suffolk Fire and Rescue, SCC, ESC	Change Request No. 2 In the event the number of trains were to be increased, please explain what implications this may have for the operation of level crossings on the branch line and the main Ipswich to Lowestoft line and the effect on severance of communities or impacts on emergency services.
	Response	
HW.1.29	East of England Ambulance Service	Service Impact Model (i) Please advise on the latest position in respect of the model being developed to assess the effects of the proposed development on service delivery? (ii) Has this model been agreed as an appropriate method to assess effects with the applicant or any other party?

Our ref: AD/SSP/2021-05-19

Email: enquiries@suffolksp.org.uk

Date: 19th May 2021

To whom it may concern.

The Suffolk Safeguarding Partnership worries about – as we see it - the lack of priority and focus being accorded to the possible impacts of the Sizewell C development on vulnerable people in the local area. Our previous letter, written in September 2020, set out those concerns. This note is an additional contribution.

Since writing that letter, we have become aware through community safety officers in Somerset that they have growing concerns in relation to vulnerability issues at that site, including some gangmaster activity coming to the surface, concerns about young women being involved in sex work and more drug issues coming over county lines because a large development like Hinckley Point represents a new opportunity for drug dealers.

We think it is essential that vulnerability and health issues are taken more seriously at this stage of planning for Sizewell C. Whilst we note the various mitigating measures on offer such as a Resilience Fund and s106 agreements, coupled with on-site measures such as mandatory drug testing and on-site health provision for site workers, we would like to see more attention being paid to understanding the future risks to local vulnerable people. For example, we hear that at Hinckley Point, carers are being delayed in their visits as a result of high traffic volumes and that Samaritan volunteers have experienced similar traffic-related delays trying to reach the site.

Turning to Suffolk, Leiston is the no 1 spot for registered heroin users in our county. That is not necessarily significant as a potential added impact of Sizewell C, but the evidence base for likely impact on that vulnerable cohort needs to be produced and scenarios planned accordingly. In relation to the criminal aspect of drug misuse, we know that this is well-regulated within the nuclear industry because of the risks intrinsic to all nuclear provision. We know there is a good working relationship between Suffolk Police and the civil nuclear constabulary in

relation to Sizewell B and that there has been for some years. These good working relationships can in our view be further developed through a model of vulnerability-led policing for Sizewell C.

Youth unemployment in the areas around Sizewell C has doubled during the pandemic. Use of a vulnerability dashboard in the Sizewell C planning process would be a way of monitoring local issues in real time now and integrating supportive measures into what is being planned.

We would be happy to be part of a working group or a Task and Finish Group specifically looking at vulnerability and linked health issues. We suggest it would be beneficial to work more actively and obviously with these concerns.

Yours Sincerely



Anthony Douglas CBE

Independent Chair of the Suffolk Safeguarding Partnership

CARE ACT STATUTE AND GUIDANCE

SECTION 42

Enquiry by local authority

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

(3) "Abuse" includes financial abuse; and for that purpose, "financial abuse" includes—

- (a) having money or other property stolen,
- (b) being defrauded,
- (c) being put under pressure in relation to money or other property, and
- (d) having money or other property misused.

THE STATUTORY GUIDANCE

14.10 The Care Act requires that each local authority must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect (see para. 14.16 onwards). An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by who.
- set up a Safeguarding Adults Board (SAB) (see para. 14.133 onwards)
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them (see chapter 7 on advocacy)
- co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

Local authority's role in carrying out enquiries.

14.76 Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria at paragraph 14.2 is, or is at risk of, being abused or neglected.

14.77 An enquiry is the action taken or instigated by the local authority in response to a concern that abuse, or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views, wishes, and any immediate action has taken and the reasons for those actions.

14.78 The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

14.93 Local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult's well-being and work together to that shared aim. At this stage, the local authority also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in the enquiry. See diagrams 1A and 1B following para. 14.92, which highlight appropriate pauses for reflection, consideration and professional judgment and reflect the different routes and actions that might be taken.

Who can carry out an enquiry?

14.100 Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person is to begin an enquiry. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP, or other health worker such as a community nurse. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. 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.

14.101 Where a crime is suspected and referred to the police, then the police must lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance. The local authority has an ongoing duty to promote the wellbeing of the adult in these circumstances.

14.110 Once enquiries are completed, the outcome should be notified to the local authority which should then determine with the adult what, if any, further action is necessary and acceptable. It is for the local authority to determine the appropriateness of the outcome of the enquiry. One outcome of the enquiry may be the formulation of agreed action for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

CASE STUDY FROM THE GUIDANCE

Case study

Miss P's mental health social worker became concerned when she had received reports that 2 of Miss P's associates were visiting more regularly and sometimes staying over at her flat. Miss P was being coerced into prostitution and reportedly being physically assaulted by one of the men visiting her flat. There was also concern that she was being financially exploited. Miss P's lack of understanding of how to protect herself when living alone was exacerbated by her mental health needs and consequent inability to set safe boundaries with the people she was associating with.

The social worker recognised that the most appropriate way to enable Miss P to manage the risk of harm was to involve Miss P's family, which she agreed to, and other professionals to develop and coordinate a plan which would enable her to continue living independently but provide a safety net for when the risk of harm became heightened. Guided initially by Miss P's wish for the 2 men to stay away from her, the social worker initiated a planning meeting between supportive family members and other professionals such as the police, domestic violence workers, support workers and housing officers. Although Miss P herself felt unable to attend the planning meeting, her social worker ensured that her views were included and helped guide the plan. The meeting allowed family and professionals to work in partnership, to openly share information about the risks and to plan what support Miss P needed to safely maintain her independence.

Tasks were divided between the police, family members and specialist support workers. The social worker had a role in ensuring that the plan was coordinated properly, and that Miss P was fully aware of everyone's role. Miss P's family were crucial to the success of the plan as they had always supported her and were able to advocate for her needs.

They also had a trusting relationship with her and were able to notify the police and other professionals if they thought that the risk to Miss P was increasing. The police played an active role in monitoring and preventing criminal activity towards Miss P and ensured that they kept all of the other professionals and family up to date with what was happening. Miss P is working with a domestic violence specialist to help her develop personal strategies to keep safer and her support worker is helping her to build resilience through community support and activities.

THE LOCAL AUTHORITY'S RESPONSIBILITY FOR REPORTING

I have included below the local authority's statutory **requirement for reporting** all of which have a specific drop down that the local authority has to enter and file electronically. To do this, it has to be supplied with the following relevant information:

1. Counts of safeguarding activity: concerns and section 42 enquiries.
2. Counts of concluded section 42 enquiries by type of abuse, location of abuse and source of risk.
3. Counts of concluded section 42 enquiries by risk identified and risk outcome (what action was taken).
4. Individuals involved in section 42 enquiries by age, gender, ethnic origin, primary support reason and reported health condition.

5. Mental Capacity assessment outcomes for people involved in section 42 enquiries.
6. Making Safeguarding Person outcomes for people involved in section 42 enquiries (where they asked what their desired outcome was and was it achieved, partially, fully, or not).
7. Number of SARs

THE TEMPLATE

Section 42 Enquiry - All safeguarding enquiries should follow the 6 Safeguarding Principles: Empowerment, Prevention, Protection, Proportionality, Partnership and Accountability

Safeguarding Adults at Risk

Date of Concern:	
Date of Enquiry:	
Adult at Risk details	
Name:	
Address:	
Date of Birth:	
NHS Number:	
Social Care identifier if known:	
Diagnosis if known:	
If inpatient, ward:	
Ward Tel number:	
Ward Manager:	
Details of person raising concern (if known)	
Name:	
What were the adult's views and their desired outcomes at the time the concern was raised?	
Does the person have an advocate? Details:	
Details of the alleged incident	
Nature of concern (What happened, where, when):	
Have there been any previous concerns?	

What immediate actions were taken to protect the person from harm?	
Source of Risk details	
Name:	
Address:	
Date of birth:	
Relationship to adult at risk (N.B if the source of risk is working on behalf of NSFT, the appropriate procedures should be followed):	
Contact details of Local authority practitioner.	
Name:	
Contact details including email:	
Enquiry Details	
Terms of reference for enquiry: (what facts are you trying to ascertain?)	
Consider what evidence you gathered: (e.g., account from adult at risk, account from source of risk, any information from police or other enquiries, accounts from any witnesses, care records, CCTV, medical files, incident reports etc)	
Was a Mental Capacity assessment required? If so, what was the outcome and any BI decisions. Yes – There is reason to question the customers mental capacity to make decisions relevant and pertinent to the safeguarding enquiry. Complete a Mental capacity assessment. No – There is no reason to question the customers mental capacity or carry out an assessment.	
Findings of Enquiry	
Adult's View – What do they think is working well? Ask the customer to think about:	

<p>Existing Strengths – knowledge and skills that the customer, other professionals, or their family have that could contribute to them being safe.</p> <p>Existing Safety – Things the customer, their family and professionals are doing that make them safe.</p> <p>Consider WHO helps: Family? Friends? Services? Wider networks?</p> <p>What do they do that is useful?</p> <p>What difference does it make?</p> <p>Make sure to write using the language that the customer has used during conversations with you.</p>	
<p>Adult's View – What is the adult worried about?</p> <p>Ask the customer to think about:</p> <p>Harm – what harm to the customer has actually occurred?</p> <p>Future dangers – as a result of the past harm what is the customer worried might happen in the future?</p> <p>Complicating Factors – What are the things that are beyond the control of the customer but have an effect on them? (mental health, drug and alcohol misuse, violence from others)</p> <p>What are the critical issues the customer is worried about?</p> <p>What will happen if nothing changes?</p> <p>Make sure to write using the language that the customer has used during conversations with you.</p>	
<p>Adult's View – What does the adult want to happen?</p> <p>Ask the customer to think about:</p> <p>What will things look like when the concerns have been addressed?</p> <p>What will they be doing? What will other people be doing?</p> <p>How would they like this to be achieved?</p> <ul style="list-style-type: none"> - If a crime has been committed would the customer like to make a complaint to the Police? (If so, an ABE interview should be arranged with an appropriately trained Police officer AND Social Worker) - Does the customer want support in relation to safety planning? - Is there anyone they think should be involved in the process? <p>Make sure to write using their language</p>	

<p>What support does the adult have from Family, friends, and professionals? What difference does it make?</p> <p>Include information from the customers' network.</p> <p>Who are the important people in their network? What do they do to support the customer?</p> <p>How is this helpful to the customer?</p> <p>Particularly in the context of the safeguarding enquiry and safety Include professional support such as carers, Health professionals and Social Workers.</p> <p>Do any of the people in the customer network make them feel unsafe? If so – how? What difference does this make to the life of the customer?</p> <p>Consider including information about this in the “<i>What is the Adult worried about?</i>” box above.</p>	
<p>Outcome of the enquiry</p> <p>Ceased as individual's request - The customer does not want the enquiry to progress.</p> <p>Inconclusive - There is insufficient evidence to prove whether the abuse did or did not occur.</p> <p>Partially substantiated – In situations where there has been more than one allegation of abuse; the evidence suggests that on the balance of probability one or more of the allegations is substantiated.</p> <p>Substantiated – The evidence suggests that on the balance of probability the abuse happened.</p> <p>Unsubstantiated – The evidence suggests that on the balance of probability the abuse did not occur.</p>	
<p>Analysis of the evidence and reason for the outcome</p> <p>Examine the evidence you have gathered as part of the enquiry – this should not simply be a chronology or description of what you have done as part of the enquiry.</p> <p>Use clear language without jargon – this is a customer's record, and they need to be able to read and understand it.</p> <p>Consider how the evidence interacts with the laws you are working within. What does the information mean and how will you use it to make decisions or</p>	

<p>recommendations?</p> <p>Consider the limitations of the evidence gathered. Are there conflicting opinions in the evidence being considered? Why could this be? Should one opinion be given more weight than the other? How reliable is the evidence?</p> <p>What protective factors are there?</p> <p>What risks still remain and/ or need to be addressed?</p>	
<p>Have the customers desired outcomes been made? Do they feel safer as a result of the enquiry?</p>	
<p>Date and method of feedback to relevant adult protection team:</p>	
<p>Date and method of feedback to person who raised the concern:</p>	

Safeguarding Plan (A Safeguarding Plan should always be implemented unless the risk has been removed)

Area of Risk	Action	By who	By when

Date of review if required:	
NSFT staff member details:	
Name:	
Address:	
Tel:	
Email:	
Signed:	

Date:	
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