Multi-Agency Safeguarding Guidance: Gaining Access to Adults at Risk

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Contents

1. Purpose

This document provides guidance for professionals on the considerations and legal options available when seeking access to adults who are experiencing, or are at risk of, abuse or neglect and where access is restricted or denied. It specifically addresses difficulties in gaining physical access to the adult at risk, rather than situations where the difficulties related to engagement with the adult. Where access concerns relate to homelessness or self-neglect, practitioners should refer to the separate guidance developed for those contexts.

This guidance should be read alongside the Berkshire Safeguarding Adults Policy & Procedures as well as local guidance where this is available.

2. Context

Under the Care Act (2014), local authorities have a duty to make, or cause to be made, enquiries in cases where they reasonably suspect that an adult

- has care and support needs and
- is experiencing or is at risk of abuse or neglect,
- and as a result of those needs, is unable to protect themselves from the actual or potential risk.

This duty does not give a power of entry or an automatic right of access to an adult at risk. There are a range of existing legal powers which are available to gain access, but only where there is evidence that they are needed, which may include meeting relevant criteria. In such cases, the local authority may seek police assistance or apply to the courts.

Right Care, Right Person (RCRP) should be considered where restricted access involves a person with mental health needs, and a request for police involvement may arise. The RCRP agreement states that the approach is designed to ensure that "people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs." It also states that "Where it is appropriate for the police to be involved in responding, this will continue to happen, but the police should only be involved for as long as is necessary, and in conjunction with health and/or social care services."

When an adult is the subject of an adult safeguarding enquiry, access can be difficult for a range of reasons and in different circumstances. Examples include:

- access to the premises being denied by the adult at risk
- access to the premises being denied by the adult at risk's family, friends or an unpaid carer

- situations where it is not possible to speak to the adult at risk alone due to a third party (e.g. family, friend or unpaid carer) insisting that they remain with the adult throughout the visit
- the adult themselves insisting that the person is present. This is only an issue where it is felt that either the adult has capacity but is unduly under the influence of the person present or where it is not possible to ascertain whether the adult has capacity because of the influence or continuous interruption of the other person.

The aim of this guidance is to clarify what to consider when access is restricted, support defensible decision-making, and explain when escalation and legal advice may be needed. Practitioners must discuss these situations with their line manager or safeguarding lead (as appropriate) and consider multi-agency working as soon as it is relevant.

3. Principles and Values

The six statutory safeguarding principles (empowerment, protection, prevention, proportionality, partnership and accountability) and the Mental Capacity Act principles (presumption of capacity, supported decision-making, unwise decisions, best interests and least restrictive option) should be evident in all actions.

Making Safeguarding Personal means safeguarding should be person-led and outcome-focused with the aim of engaging the person in a conversation of how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Key considerations include:

- Working in partnership and using a strengths-based approach: Start by trying to resolve the situation through negotiation and persuasion, building trust and taking account of any cultural or language needs. Use a trauma-informed approach throughout. Remember that denial of access by a third party may be more about a lack of trust, a fear that the adult may be removed from the home or a guilt about their inability to provide the increasing levels of support needed.
- People have complex lives and being safe is only one of the things they want for themselves. Respect autonomy but remain professionally curious. Until the facts are established, it is vital that an open-minded, non-judgemental approach is adopted.
- Consider the use of advocacy at an early stage.

- Always consider capacity in relation to the **specific** decision (e.g. refusing contact, remaining in a situation). A person with capacity has the right to make unwise decisions, but this does not apply to decisions made under coercion. Where coercion or undue influence is suspected, this must always be shared with your manager, ensuring that relevant consideration and action is taken (for both the adult at risk and other parties involved including yourself).

- In relation to a person who lacks mental capacity, consideration must be given to achieving what is in their best interests in a proportionate manner and their best interests using an approach which is proportionate and as least restrictive of the person's rights and freedoms.

- Partnership working: When working with a case where access is restricted, partnership working can often be beneficial in terms of sharing information and risk as well as gaining perspective.

- Always record your actions and rationale in sufficient detail. (Defensible decision making)

4. Identifying the issue and initial steps

It is important that situations where access is a concern are identified as soon as possible. Access issues may be obvious or subtle. Examples include:

- A family member or carer repeatedly cancels visits or speaks on behalf of the adult.
- Despite requesting it, it is never possible to see the adult alone.
- The adult appears fearful, coached, or unusually passive.
- Professionals are told contact is unwanted but always receive this message from a third party only.
- The adult refuses services, but there are concerns about pressure, threats or dependency.

Lack of access should always increase professional curiosity, especially where there are indicators of abuse, neglect or coercion.

Before escalating or considering legal routes, try the steps below (unless the risks are so serious that immediate action is needed):

1. Trying different engagement approaches e.g. varying times, methods of communication, different practitioners where appropriate or linking up with a preferred agency. Remember to evidence this flexible and respectful approach.

2. Explain your role clearly, emphasising supportive nature and being transparent about safeguarding responsibilities but aligning this with Making Safeguarding Personal.
3. Ask directly (and respectfully) to speak to the adult alone explaining why this is important
4. Consider advocacy or other input such as interpreters or being introduced by another agency that is already involved and accepted
5. Consider the use of a multiagency risk framework or other method of sharing the information and risk with relevant agencies
6. Share concerns with your manager or safeguarding lead early. Managers should ensure actions are necessary, proportionate and defensible.
7. All attempts, responses and rationales must be recorded.
8. Concerns must never be closed solely due to lack of access. Be alert to drift — repeated delay without progress increases risk.

5. Further Intervention

If all attempts fail, the local authority should consider whether the refusal is unreasonable and whether the circumstances justify further intervention. A local authority-led discussion should set out the risks, the likelihood of harm/neglect, and the likely outcomes of intervening versus not intervening.

When an Emergency Response is needed:

Immediate Action must always be taken if:

- There is immediate risk to life,
- Serious harm is believed to be occurring,
- A crime is suspected and cannot wait.

In these circumstances:

- Contact emergency services as appropriate.
- Inform your manager as soon as possible.
- All actions and rationales must be recorded in sufficient detail and promptly.

When deciding whether police attendance is appropriate in a mental health-related incident, the RCRP threshold should be considered. RCRP states that the threshold for a police response is: “to investigate a crime that has occurred or is occurring; or to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.”

Where an emergency response is not required, but all other attempts have been unsuccessful, a discussion with the social worker, management, and legal department

regarding the level of safeguarding concern, perceived risks, and possible outcomes of both intervening and not intervening should occur.

If it is decided that using legal powers is justified, it should be decided which powers would be the most appropriate. As in any other situation, any decisions, and the rationale for them should be clearly and fully recorded and shared with others as necessary and lawful.

Recordings should include what other considerations have been made, what has been trialled and why the chosen action is proportionate to the assessed risks that have been identified. This is vital as unlawful intervention could negatively impact upon the adult and their family, harm future working relationships between all parties and even lead to judicial criticism and / or liability to compensation.

The SCIE guidance Gaining access to an adult suspected to be at risk of neglect or abuse notes the following legal powers may be considered by the local authority to gain access to the person experiencing, or at risk of, abuse or neglect, depending on the individual circumstances. It is crucial that practitioners follow organisational policy prior to any further action being taken apart from in an emergency where doing so might cause significant harm or injury to the adult or someone else.

Legal powers that may be considered (depending upon individual circumstances) are:

- **If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare:** the Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.

- **If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely:** the inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.

- **If there is concern about a mentally disordered person:** Section 115 of the MHA provides the power for an approved mental health professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.

- **If a person is believed to have a mental disorder, and there is suspected neglect or abuse:** Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises using force if necessary and if thought fit, to remove a person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves.

- **PACE (1984)** includes powers for the police to enter and arrest a person for an indictable offence under Section 17(1)(b) of PACE. An indictable offence is one where a defendant has the right to trial by jury in a Crown Court such as crimes involving ill-treatment or neglect.

    - **If there is risk to life and limb:** Section 17(1)(e) of PACE gives the police, the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency situation, and it is for the police to exercise the power).

- **Serious Crime Act 2015 (Section 76):** police can enter premises when they have reasonable grounds to believe that a crime, including controlling or coercive behaviour under Section 76 of the Serious Crime Act, is being committed or has been committed.

- **Common law**: includes powers for the police to prevent, and deal with, a breach of the peace. Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.

The SCIE - Gaining access to an adult suspected to be at risk of neglect or abuse provides more detail in this area including further considerations and relevant case law. However, this does not remove the need for case specific discussion with management and legal teams.

6. Multi-Agency Working and Information Sharing

Further guidance on information sharing can be found in the Berkshire Information Sharing Protocol (although remember that your own organisational policy must be adhered to when considering specific circumstances).

Key considerations:

- Information can be shared without consent if it is necessary to prevent serious harm or abuse. Respect confidentiality but prioritise safety and wellbeing when there is a conflict.

- Information should be shared to ensure other relevant agencies have a sufficiently detailed understanding of the risks involved.

- Information should only be shared if relevant and proportionate to do so. Always keep clear records to evidence this including rationale for sharing (or withholding) information. Seek advice from management if unsure.

7. Review, Escalation, and Learning

Local authorities and Safeguarding Boards will have processes in place for reviewing and ensuring learning occurs where needed e.g. from incidents or SARs.

Bruce SAR in Bracknell is currently in its final stages and any learning gained from this process will be fed into this guidance and shared with relevant partner agencies.

This area (under the umbrella of safeguarding) has also been identified by Baroness Casey as needing urgent review, which the current Government agreed to undertake. This guidance will be updated by the Berkshire Policy and Procedures Subgroup as required.

8. Training and Supervision

All professionals involved in safeguarding adults should receive regular training covering key areas such as mental capacity and safeguarding at the level suitable to their role. Specific details can be accessed through your organisation's training programme. All professionals involved in sensitive and complex situations as described in this guidance must have regular access to supervision and support. Managers must ensure staff feel supported to raise concerns and escalate appropriately.

9. References and Further Information

- SCIE - Gaining access to an adult suspected to be at risk of neglect or abuse (last updated September 2025)
- Care and support statutory guidance - GOV.UK (last updated July 2025)
- Mental Capacity Act Code of Practice - GOV.UK (last updated October 2020)
- Mental Health Act 1983 Code of Practice
- Controlling or coercive behaviour: statutory guidance framework (Home Office, 2023)
- Right Care, Right Person National Partnership Agreement - GOV.UK (last updated April 2024)