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Safeguarding Vulnerable Adults Policy

1.1 POLICY:

“Adult Safeguarding is everyone’s responsibility”

This policy has been written in line with the Care Act 2014 and its updated statutory Safeguarding Guidance.

Some of the contents of this policy are taken directly from the statutory Safeguarding Guidance.

The purpose of the Safeguarding Policy is to make explicit the responsibilities of all professionals, volunteers and agencies working to protect adults who may be vulnerable to abuse.

The Safeguarding Policy and Procedures take precedence over any internal policies and procedures. However, it is recognised that there may be occasions where other processes are more appropriate e.g., using the complaints procedure or compliance and contracting involvement, but this should be agreed through the safeguarding procedures and recorded appropriately.

1.2 PRINCIPLES

The **six principles** that underpin adult safeguarding apply to all sectors and settings including care and support services, social work, healthcare, welfare, housing providers and police. The principles should inform the ways in which professionals and other staff work with people at risk of abuse or neglect.

Six Key Principles Underpin All Adult Safeguarding Work:

- **Empowerment**
People being supported and encouraged to make their own decisions and have informed consent
- **Prevention**
It is better to take action before harm occurs
- **Proportionality**
The least intrusive response appropriate to the risk presented
- **Protection**
Support and representation for those in greatest need
- **Partnership**

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

- **Accountability**

Accountability and transparency in delivering safeguarding

DCA Staff will adhere to the following guiding principles:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible. The SABs will seek the views of Adults who have been through safeguarding enquiries to gain assurance of the embedding of an outcomes focussed approach to safeguarding and to inform future developments of strategy, policy and procedures.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.
- Early sharing of information is the key to providing effective help where there are emerging concerns. Fears of sharing information **must not** stand in the way of promoting and protecting the well-being of adults at risk of abuse and neglect.

2.1 CRITERIA:

The Adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the Adult.

Under Section 42 of the Care Act 2014, the statutory safeguarding adults criteria is set out.

The safeguarding duties apply to an adult who:

- **Has needs for care and support (whether or not the local authority is meeting any of those needs)**
- AND**
- **Is experiencing, or at risk of, abuse or neglect**
- AND**
- **As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.**

Duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support.

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older adults, disabled adults or adults with a long-term illness, adults with mental ill health and carers. Care and support includes assessment of the adult's needs, provision of services and the allocation of funds to enable an adult to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations

Statutory adult Safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. Police or NHS) or other persons relevant to the case. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply.

When dealing with safeguarding concerns, it is important that all practitioners should "Think Family" and consider the family members within the household and wider networks who may be at risk of, or experiencing abuse. Referrals should be made to appropriate agencies, such as Children's Social Care Services, where appropriate. Safeguarding means protecting an adult's right to live in safety free from abuse and/or neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, including where appropriate, having regard to their views, wishes, feeling and beliefs in deciding on any action. This must recognise that adults sometime have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Professionals should work with the adult to establish what being safe means to them, and how it can be best achieved.

In accordance with the Care Act 2014, Derbyshire Carers Association (DCA) will make enquiries or ensure others do so, if it believes an adult is, or at risk of abuse or neglect.

2.2 EQUALITY AND DIVERSITY:

These Policy & Procedure recognises the diversity of our community. Individuals and the organisations need to be responsive to needs of different groups and individuals and have due regard to issues relating to:

- Gender
- Religion
- Sexual orientation
- Racial origin, culture and linguistic background
- Disability
- Age
- Gender identification
- Pregnancy and maternity
- Marriage and civil partnership

This also includes making any reasonable adjustments required for disabled people, including registered BSL interpreters.

Within safeguarding procedures actual or potential effects of decisions should be considered in relation to the equality issues above and any subsequent outcomes for the adults at risk. [The Equality and Human Rights Commission](#) has more details about the Equality Act and Public Sector Equality Duty

2.3 DEFINITIONS:

is a violation of an individual's human or civil rights, by any other person or persons. Professionals should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. The following types of abuse and neglect are identified within the Care Act 2014, but should not be considered exhaustive;

- **Physical abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic abuse** – An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, Female Genital Mutilation and Forced Marriage.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent

exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

- **Sexual exploitation**- involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of performing, or others performing on them, sexual activities.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, radicalisation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet and postal scamming, doorstep crime, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, pregnancy and maternity, marriage or civil partnership or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

3.1 ROLES AND RESPONSIBILITIES:

It is the responsibility of all staff and Volunteers who work with adults, to act on any suspicion or evidence of abuse or neglect and pass on their concerns to a responsible person or agency.

Practitioners should, wherever practicable, seek the consent of the adult before taking action. A lack of consent however, will not prevent safeguarding action being taken, especially in cases where others are or may be at risk if nothing is done, or where it is in the public interest to take action because a criminal offence has occurred. The safeguarding procedures must be followed in **all** cases.

In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role must understand their own role and responsibility and have access to practical and legal guidance advice and support.

Front Line Staff

All operational front line staff within DCA are responsible for identifying and responding to allegations of abuse and neglect and substandard practice. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to a suspicion or allegation.

It is not for front line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns.

Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring the immediate safety and well-being of the adult. Where the source of abuse or neglect is a member of staff, it is for the Line Manager/Senior Manager to take immediate action and record what they have done and why (similarly for volunteers and or students).

Line Managers/Senior Managers

Line Managers have a central role in ensuring high standards of practice in safeguarding, and in ensuring Front Line Staff are properly equipped, supported and guided. Line Managers/Senior Managers need to have a good understanding of the range of abuse and neglect issues that can affect adults.

Guidance should include information on:

- Identifying adults who are particularly at risk; recognising risk from different sources and in different situations and recognising abusive or neglectful behaviour from other service users, colleagues, and family members;
- Routes for making a referral and channels of communication within and beyond the agency;
- Organisational and individual responsibilities for whistleblowing;
- Assurances of protection for whistle blowers;
- Working within best practice as specified in contracts;
- Working within and co-operating with regulatory mechanisms; and,
- Working within agreed operational guidelines to maintain best practice in relation to:
 - Challenging or distressing behaviour;
 - Personal and intimate care;
 - Control and restraint;
 - Gender identity
 - Sexual orientation;
 - Disability
 - Medication;
 - Handling of people's money; and
 - Risk assessment and management.

3.2 CONFIDENTIALITY AND INFORMATION SHARING:

Sharing of information will be based on the welfare of the adult, or of other potentially affected adults. This should be consistent with the principles set out in DCA's Policies and Procedures:

- Information will only be shared on a 'need to know' basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement
- It is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then staff must consider whether there is an overriding public interest that would justify information sharing. Examples of this may include:

- If the person lacks capacity to make the decision
- For the prevention and investigation of the crime

- To prevent serious harm, distress or threat to life
- If there is a risk to others
- If there is a risk to children
- If the person is under duress, coercion or undue influence
- If staff are implicated
- Domestic Abuse which meets the MARAC threshold (or professional judgement)
- If there is a court order or other legal authority in place instructing you to do so
- Where the alleged source of risk has care and support needs and may be at risk

Where information is not shared because the adult declines to consent and there is no lawful authority to breach this, staff must seek to establish why this is and ensure that the adult is given information on how to access support in case they decide to seek support in the future.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of the organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 1998 where this applies.

TRAINING:

It is the responsibility of DCA to ensure employees are appropriately trained to support implementation and application of these policy and procedures.

SAFEGUARDING PROCEDURES:

3.4 STATEMENT OF PURPOSE:

These procedures aim to promote wellbeing and safety, prevent harm and facilitate effective responses to concerns raised about abuse and neglect.

An explanation of wellbeing can be found in Chapter One of the Care Act 2014 Guidance, which also identifies that “the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life.”

All safeguarding processes must follow the principles set out in the Safeguarding Statutory Guidance.

The principles are; **empowerment, prevention, proportionality, protection, partnership and accountability.**

Safeguarding responses should be swift and personalised and should involve the adult in the enquiries and decision making from the start. Central to this is having a genuine conversation with the adult to understand how we can help them to achieve the outcomes most important to them. The adult should experience the safeguarding process as empowering and supportive. This should encourage proportionate responses and improve outcomes for the adult concerned.

No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult’s welfare and believes they are experiencing or likely to experience abuse or neglect then they should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed.

3.5 RAISING AN ALERT/REPORTING:

An alert is a concern or allegation which has been reported by a member of staff to their Line Manager/Senior Manager.

Involving the adult

When an adult reports an allegation it is important that the person responding explains to the adult that the concern/allegation will be shared with the local authority and other organisations such as the police.

Where a concern has been identified, **the person with concerns should speak to the adult** to ascertain their views and wishes, and to explain that a safeguarding referral will be made.

If the person is not able to understand the concerns it is important to ascertain their wishes from an advocate or family member where possible. Caution needs to be exercised if this would place a person at any further risk.

The decision to carry out a safeguarding enquiry does not depend on the adult's eligibility to access or receive services.

It is important that the views of the adult are gathered at this time if at all possible. There may be times where it is not appropriate to speak to the adult, for example where to do so would increase the risk to the adult or to the concerned persons own safety, or where the adult is not well enough to give their views. In such cases, it may be necessary to speak to the person's advocate/representative or where an adult does not have anyone to advocate for them, to advise the local authority that an advocate is required.

The person with concerns should discuss this with their line manager or agency safeguarding lead, as soon as is practicably possible. This must be done on the same working day or within 24 hours.

This discussion will involve consideration of whether the concerns meet the statutory criteria for the local authority to make safeguarding enquiries. If the concerns do meet these criteria, a referral should be made to the local authority within that day. If the Line Manager is not available, the person with concerns should make a safeguarding referral directly to the local authority.

It is the responsibility of the person with concerns to take action to ensure the immediate safety of the adult. For example, if there is a criminal offence or the adult is injured, contact should be made with the relevant emergency services. Staff should have the authority to appropriately contact 999, without fear of reprisals. In any case where a member of staff encounters abuse and is uncertain about the next steps, contact should be made with their Line Manager as soon as possible for advice.

It is important to record the concerns or disclosure by the adult. If the person with concerns has witnessed anything, there should be a record made of what they have observed, when, where and who was involved. Records should be completed on the same day, be factual, accurate and include the views and wishes of the adult's preferred outcomes.

3.6 MAKING REFERRALS (Also see Appendix 1):

A referral is the formal notification by that the statutory safeguarding criteria is met for an adult who is in need of care and support.

Referrals to **Derby City Council** will be made by telephone in the first instance, via the Multi-agency Safeguarding Hub (MASH) on 01332 642855 or minicom on 01332 640666 during the hours of 09.00 and 17.00 Monday to Friday. Outside of these hours calls should be made to Careline on 01332 786968. The referral process will be finalised by the completion of the safeguarding adults referral form, which is available at:

<http://www.derby.gov.uk/health-and-social-care/safeguarding-adults-at-risk/safeguarding-vulnerable-adults/>.

This form can be completed electronically as an [e-form](#), or can be downloaded and faxed to Derby City Council on 01332 643299, ensuring a fax header is attached. If you have a secure email address that uses the Criminal Justice Secure Mail system (such as those ending with @gov.uk, @gsi.gov.uk, @gsx.gov.uk, @gcsx.gov.uk, @nhs.net, and @pnn.police.uk) you can send your referral form by email securely to AdultsMASH@Derby.gov.uk.cjism.net.

Referrals to **Derbyshire County Council** will be made by telephone in the first instance, via Call Derbyshire on 01629 533190 (08456 058 058) or minicom on 01629 533240 during the hours of 08.00 and 20.00 Monday to Friday. Outside of these hours calls should be made to 01629 532600 minicom 01629 533240. The safeguarding adults referral form is available at:

<https://www.saferderbyshire.gov.uk/what-we-do/safeguarding-adults/make-a-referral/make-a-referral.aspx>.

Both verbal and written referrals need to be as comprehensive as possible and all relevant factual information should be provided. **All questions on the referral form should be completed in as much detail as possible, with particular attention to the following key points:**

- Is the adult safe?
- Is the statutory safeguarding criteria met?
- Details of the alleged abuse/concerns/disclosure/risk of abuse or neglect
- Details of any friends, family or advocacy who may be able to assist the adult
- Information about any communication needs in respect of the adult
- Indication of concerns about the adult's capacity to understand the safeguarding process

Where it is believed that a crime has been committed, the safeguarding referral may be information exchanged with the Police. This information exchange will be focussed on sharing information relevant to the specific safeguarding concern, in a timely manner which is negotiated on a case by case basis.

3.7 REFERRING TO THE POLICE:

Where there are concerns that a crime has been committed, this information must be shared with the police who will lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance.

A criminal investigation by the police takes priority over all other enquiries, although a multi-agency plan should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing. The local authority has an on-going duty to promote the wellbeing of the adult in these circumstances. This may include the local authority taking immediate action to safeguard the adult in the interim.

If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This information can be shared under s.115 of the Crime and Disorder Act 1998, as there is a duty on professionals to share information with the police to assist with the prevention and investigation of crime. This information sharing is especially important where there is concern that the alleged perpetrator may pose a risk to others.

Information sharing with the police will enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

4.1 RECORDING:

It is important that clear, factual records are maintained and where opinion is given, it should be identified as such. The adult, or their representative, should be consulted fully and their views recorded. Decision making should be clear and based on the facts available, with a rationale explaining why the specific decision has been made and what alternatives have been considered.

Each agency should have clear procedures in place for recording concerns and allegations, and all actions taken. Staff should understand what information should be recorded and in what format.

4.2 RESOURCES AND INFORMATION:

See chapter 3 of the [Care Act Guidance](#) on Information and advice, which should be read in conjunction with chapter 14 of the Care Act Guidance on Safeguarding Adults.

Further information can be found at the following web sites:

For Derbyshire County residents:

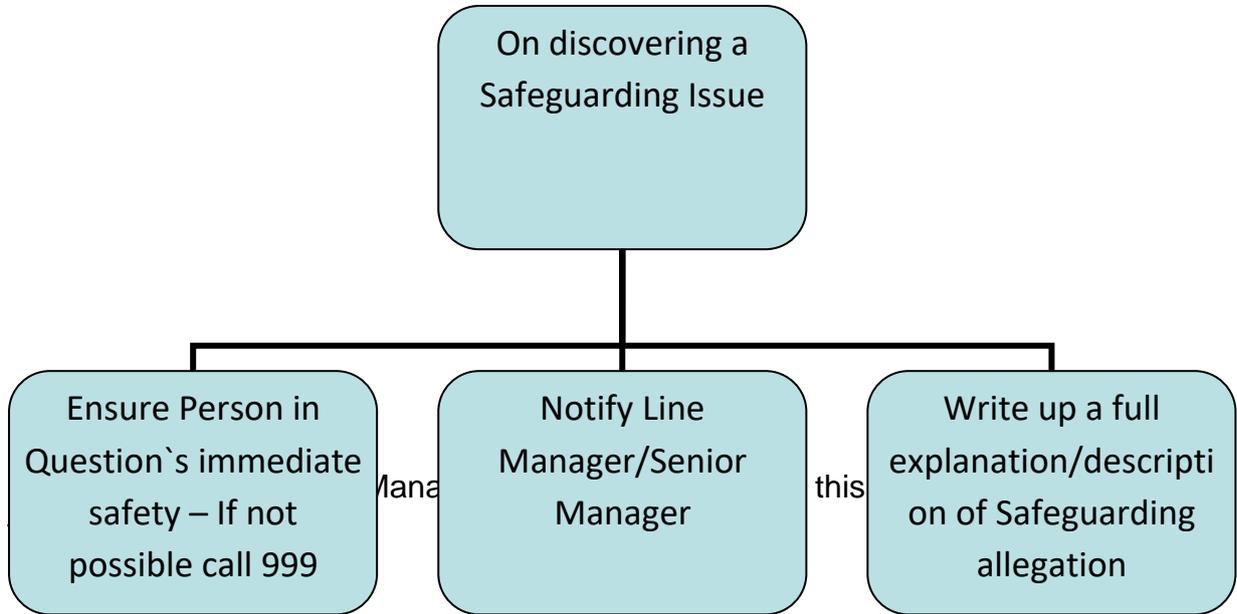
http://www.derbyshire.gov.uk/council/complaints/adult_care/default.asp

For Derby City residents:

<http://www.derby.gov.uk/council-and-democracy/complaints/adult-social-care-complaints/>

Appendix 1

Safeguarding Procedure Flowchart;



Safeguarding - Initial cause for concern form (Appendix 2)

Date

Time

Name of individual cause for concern is about

D.O.B/ age (if known)

Address (if known)

.....
.....

<p>Describe your concern and action taken</p> <p>Observations to support cause for concern</p> <p>Description and location of any visible marks, bruising etc</p> <p>Name of alleged abuser and relationship with vulnerable adult (if known)</p>
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Signature of person completing the form:

Witness:

Date:

APPENDIX 3

BODY MAPPING DIAGRAM

State if front or back;

