



Hampshire Safeguarding Adults Board

# Guidance on writing an Internal Safeguarding Adults Policy

September 2015

This guidance document has been produced to assist local organisations in writing their own internal policy.

## **1. Introduction**

1.1 This guidance document has been produced to assist local organisations in writing their own internal policy. It also provides reference material for inclusion in internal guidance on adult safeguarding. When developing an internal adult safeguarding policy, it is essential that this is consistent with the statutory guidance to the Care Act 2014 and that it also reflects the Hampshire Multi-Agency Safeguarding Adults Policy and Guidance. Providers of regulated services registered with the Care Quality Commission (CQC) must also have regard to the guidance outlined in Regulation 13 on 'Safeguarding from Abuse'.

## **2. Hampshire Multi-Agency Safeguarding Adults Policy and Guidance**

2.1 The Hampshire Multi-Agency Safeguarding Adults Policy and Guidance was published in May 2015 following wide consultation with organisations across all sectors in Hampshire, Isle of Wight, Portsmouth and Southampton. The multi-agency Safeguarding Adults Policy reflects the statutory adult safeguarding framework introduced under the Care Act 2014. It explains the respective roles and responsibilities of all organisations and professionals who come into contact with adults with care and support needs and sets the expectation that all organisations will produce an internal policy on safeguarding adults so as to ensure that all people working within their organisation – regardless of their role – understand what adult abuse and neglect is and how to recognise it, their duty to prevent abuse or neglect or intervene when this is detected and finally, how to report concerns. The Hampshire Multi-Agency Safeguarding Adults Policy and Guidance can be found on the Hampshire Safeguarding Adults Board website [www.hampshiresab.org.uk](http://www.hampshiresab.org.uk)

## **3. Care Act 2014**

3.1 The Care Act 2014 creates a new legal framework for how local authorities and other parts of the system should work together to protect adults at risk of abuse or neglect. Chapter 14 of the Care Act 2014 introduces a new statutory framework for adult safeguarding which replaces the 'No Secrets' Guidance (2000, Department of Health).

3.2 The Care Act 2014 requires the local authority to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse. The purpose of the enquiry is to establish with the individual and/or their representatives what (if any) action is needed in relation to the situation and to establish who should take such action. The statutory safeguarding duty (section 42 enquiry) applies when a person with care and support needs (whether or not ordinarily resident in the local authority area or whether the local authority is meeting any of those needs) is experiencing or is at risk of abuse or neglect, and as a result of those needs, is unable to protect him/herself.

3.3 The statutory guidance to the Care Act 2014 also outlines a number of fundamental principles that must now underpin social work practice including adult safeguarding as explained below:

- a) The importance of promoting wellbeing when providing support or making a decision in relation to a person.
- b) Supporting people to achieve the outcomes that matter to them in their life by practitioners focusing on the needs and goals of the individual.
- c) Beginning with the assumption that the individual is best placed to make judgments about their own wellbeing.
- d) Taking into account any particular views, feelings or beliefs (including religious beliefs) which impact on the choices that a person may wish to make about their support. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions themselves.
- e) A preventive approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
- f) Ensuring the person is able to participate as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded.
- g) Considering the person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them, and take steps to help others access information or support.
- h) Protecting the person from abuse and neglect and in carrying out any care and support functions professionals consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.
- i) Ensuring that any restriction on the person's rights or freedom of action is kept to the minimum necessary. Where action has to be taken which restrict these, the course followed is the least restrictive necessary.

3.4 In May 2013, the Department of Health published the government’s policy on adult safeguarding. This outlines six key principles for use by local safeguarding adult boards and member agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. These describe in broad terms, the outcomes for adult safeguarding, for both individuals and organisations. The following principles have also been incorporated into the Care Act 2014 statutory guidance and should inform adult safeguarding policy and practice:

| <b>Six Principles of Adult Safeguarding</b> |  |   |
|---|--|---|
| <b>Principle</b>                            | <b>Description</b>   | <b>Outcome for adult at risk</b>  |
| <b>Empowerment</b>                          | Presumption of person led decisions and informed consent.  | “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”  |
| <b>Prevention</b>                           | It is better to take action before harm occurs.  | “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”  |
| <b>Proportionality</b>                      | Proportionate and least intrusive response appropriate to the risk presented.  | “I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.” “I understand the role of everyone involved in my life.”                        |
| <b>Protection</b>                           | Support and representation for those in greatest need.   | “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”  |
| <b>Partnership</b>                          | Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. | “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.” |
| <b>Accountability</b>                       | Accountability and transparency in delivering safeguarding.  | “I understand the role of everyone involved in my life.”  |

#### 4. 'Regulation 13' Requirements

4.1 The following requirements apply to providers of regulated services registered with the Care Quality Commission. However, these also provide very useful benchmarks for non regulated services when developing their internal adult safeguarding policy:

| Requirement   | Action  |
|---|---|
| <p><b>13(1)</b> Service users must be protected from abuse and improper treatment in accordance with this regulation.</p> | <p>a) All providers must make sure that they have, and implement, robust procedures and processes that make sure that people are protected. Safeguarding must have the right level of scrutiny and oversight, with overall responsibility held at board level or equivalent.</p>  |
| <p><b>13(2)</b> Systems and processes must be established and operated effectively to prevent abuse of service users.</p> | <p>a) As part of their induction, staff must receive safeguarding training that is relevant, and at a suitable level for their role. Training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns.</p> <p>b) Staff must be aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. This includes referral to other providers.</p> <p>c) Staff must understand their roles and associated responsibilities in relation to any of the provider's policies, procedures or guidance to prevent abuse.</p> <p>d) Information about current procedures and guidance about raising concerns about abuse should be accessible to people who use the service, advocates, those lawfully acting on their behalf, those close to them and staff.</p> <p>e) Providers should use incidents and complaints to identify potential abuse and should take preventative actions, including escalation, where appropriate.</p> <p>f) Providers should work in partnership with other relevant bodies to contribute to individual risk assessments, developing plans for safeguarding children and safeguarding adults at risk, and when implementing these plans. This includes regularly reviewing outcomes for people using the service.</p> <p>g) Providers and their staff must understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with people who may lack the mental capacity to make some decisions.</p> |

|  |   |
|--|---|
| <p><b>13(3)</b> Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p> | <ul style="list-style-type: none"> <li>a) Providers must take action as soon as they are alerted to suspected, alleged or actual abuse, or the risk of abuse. Where appropriate, this action should be in line with the procedures agreed by local Safeguarding Adults or Children Boards.</li> <li>b) Providers and staff must know and understand the local safeguarding policy and procedures, and the actions they need to take in response to suspicions and allegations of abuse, no matter who raises the concern or who the alleged abuser may be. These include timescales for action and the local arrangements for investigation.</li> <li>c) Staff must be aware of, and have access to, current procedures and guidance for raising and responding to concerns of abuse. Staff should have access to support from line management when considering how to respond to concerns of abuse.</li> <li>d) Managers and staff must understand their individual responsibilities to respond to concerns about abuse when providing care and treatment, including investigating concerns.</li> <li>e) Staff must understand their roles and responsibilities in supporting the actions the provider takes in responding to allegations and concerns about abuse.</li> <li>f) Providers should make sure that staff are kept up to date about changes to national and local safeguarding arrangements.</li> <li>g) Staff must follow local safeguarding arrangements to make sure that allegations are investigated internally or externally. Providers must make sure that they respond without delay to the findings of investigations.</li> <li>h) When people who use services make allegations of abuse, or actually experience abuse, they must receive the support they need.</li> <li>i) If allegations of abuse are substantiated, providers must take action to redress the abuse and take the necessary steps to ensure the abuse is not repeated. This may involve seeking specialist advice or support.</li> <li>j) When required to, providers must participate in serious case reviews. Any changes to practice and/or recommendations relating to the provider must be implemented.</li> </ul> |
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## **5. Suggested content of an internal adult safeguarding policy**

5.1 The following section outlines the key areas that an internal safeguarding policy should include:

- a) The organisation's role in responding to abuse or neglect
- b) Staff individual responsibilities in preventing, identifying and reporting abuse/neglect
- c) Vulnerability factors
- d) Prevention of abuse
- e) Definition of adult safeguarding
- f) Forms of abuse or neglect and the behaviours that may be demonstrated
- g) Description of who abuses and locations in which this may take place
- h) Mental Capacity Act 2005 principles
- i) Making Safeguarding Personal
- j) Information Sharing
- k) Guidance on making an alert
- l) How to report concerns including out of hours
- m) Preserving evidence
- n) Access to support from line manager
- o) Supporting the adult at risk
- p) Supporting staff members against whom concerns have been raised
- q) Participating in Safeguarding Enquiries (section 42 of the Care Act 2014)
- r) Links to other processes including:
  - Safe recruitment
  - Staff Code of Conduct
  - Staff training
  - Allegations management
  - Whistleblowing
  - Complaints
  - Capacity assessment and best interest decision-making
  - Confidentiality and information sharing
  - Risk assessment and risk management
  - Deprivation of Liberty Safeguards
  - Managing challenging behaviour
  - Restraint

5.2 Detailed information about some of the areas highlighted above are provided in the following sections.

## **6. Definition of adult safeguarding**

6.1 'Safeguarding means protecting an adult's right to live in safety, free from abuse and 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, feelings and beliefs in deciding any action.

6.2 Organisations must always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things that they want for themselves. Professionals should work with the adult to establish what being safe means to them and how it can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act.'

6.3 Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent. Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of, the individual. In many cases abuse may be a criminal offence. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

6.4 Patterns of abuse vary and include:

- a) Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- b) Long term abuse in the context of an on going family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- c) Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

6.5 Vulnerable adults may be abused by a wide range of people including relatives, family members, partners, neighbours, friends and associates, paid care workers, volunteers, other service users, people who may deliberately exploit vulnerable people and strangers.



## 7. Vulnerability factors

7.1 There may be a number of factors which increase a person's vulnerability to abuse, neglect or exploitation. A needs assessment will provide a useful insight into a person's situation and any vulnerability factors and the support planning process is an opportunity to try and resolve these. The table below gives more information about this:

### Factors which increase a person's vulnerability to abuse and exploitation

| <b>Personal characteristics of a person at risk that can increase vulnerability may include:</b>  | <b>Personal characteristics of a person at risk that can decrease vulnerability may include:</b>   |
|---|--|
| <ul style="list-style-type: none"> <li>• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions</li> <li>• Communication difficulties</li> <li>• Physical dependency – being dependent on others for personal care and activities of daily life</li> <li>• Low self esteem</li> <li>• Experience of abuse</li> <li>• Childhood experience of abuse.</li> </ul> | <ul style="list-style-type: none"> <li>• Having mental capacity to make decisions about their own safety</li> <li>• Good physical and mental health</li> <li>• Having no communication difficulties or if so, having the right equipment/support</li> <li>• No physical dependency or if needing help, able to self-direct care</li> <li>• Positive former life experiences</li> <li>• Self-confidence and high self-esteem</li> </ul> |
| <b>Social/situational factors that increase the risk of abuse may include:</b>  | <b>Social/situational factors that decrease the risk of abuse may include:</b>   |
| <ul style="list-style-type: none"> <li>• Being cared for in a care setting, that is, more or less dependent on others</li> <li>• Not getting the right amount or the right kind of care that they need</li> <li>• Isolation and social exclusion</li> <li>• Stigma and discrimination</li> <li>• Lack of access to information and support</li> <li>• Being the focus of anti-social behaviour.</li> </ul>  | <ul style="list-style-type: none"> <li>• Good family relationships</li> <li>• Active social life and a circle of friends</li> <li>• Able to participate in the wider community</li> <li>• Good knowledge and access to the range of community facilities</li> <li>• Remaining independent and active</li> <li>• Access to sources of relevant information</li> </ul>   |

## 8. Forms of abuse or neglect and the behaviours that may be demonstrated

8.1 Abuse can be something that is done, or omitted from being done. The range of abusive behaviours covered in the local multi-agency safeguarding policy are explained in the following table:

| <b>Types of abuse:</b>              | <b>Behaviours include:</b>   |
|-------------------------------------|--|
| <b>Physical</b>                     | Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.   |
| <b>Sexual</b>                       | 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.                 |
| <b>Psychological</b>                | Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.   |
| <b>Financial or material</b>        | Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.  |
| <b>Neglect and acts of omission</b> | Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.   |
| <b>Discriminatory</b>               | Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.  |
| <b>Domestic abuse</b>               | Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.   |
| <b>Organisational abuse</b>         | Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting. |
| <b>Modern slavery</b>               | Encompassing 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.   |
| <b>Self-Neglect</b>                 | Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.   |

## **9. Mental Capacity, Consent and Best Interests**

9.1 People must be assumed to have capacity to make their own decisions and be given all the practical help they need before they are considered not to be able to make their own decisions. Judgements about someone's mental capacity must always be decision and time specific. This means that a person may have the mental capacity to make decisions about some areas of their life but perhaps not others.

9.2 Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process. All staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005 which is based on the following five principles:

- 1) Presumption of mental capacity
- 2) Helping and encouraging people to make decisions
- 3) Respecting that people are entitled to make unwise decisions
- 4) Any decisions made for a person without capacity must be based on their best interests
- 5) The least restrictive option must always be adopted.

## **10. Making Safeguarding Personal**

10.1 Making Safeguarding Personal is about responding in safeguarding situations in a way that enhances the involvement, choice and control of the person being safeguarded as well as improving their quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery.

10.2 Making Safeguarding Personal encourages staff to take a more creative approach when responding to safeguarding situations may help to resolve situations more satisfactorily by helping the person achieve the outcomes they want. The Making Safeguarding Personal Toolkit (4th Edition, Local Government Association, 2015), is designed to provide a resource for practitioners to develop a portfolio of responses they can offer to people who have experienced harm and abuse so that they are empowered and their outcomes are improved.

## 11. Statutory Safeguarding Enquiries

- 11.1 Section 42 of the Care Act 2014 places a duty on the Local Authority to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse. Safeguarding duties apply when an adult:
- a) has needs for care and support (whether or not the Local Authority is meeting any of those needs) and;
  - b) is experiencing or is at risk of abuse or neglect; and
  - c) 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.
- 11.2 The safeguarding duty does not depend on the adult's eligibility for services. There is a duty to carry out whatever enquiries are necessary in order to decide whether any further action is needed. The duty to make enquiries (or to cause them to be made) does not hinge on a request by the adult or anybody else and is not negated by a third party's refusal to grant access to the adult, or by the adult's refusal to participate.
- 11.3 The purpose of the safeguarding enquiry is to establish with the individual and/or their representatives, what (if any) action is needed in relation to the situation and to establish who should take such action. It could range from a conversation with the adult or their representative or advocate (for example, if they lack capacity or have substantial difficulty in understanding the enquiry) right through to a much more formal multi-agency plan or course of action.
- 11.4 The Local Authority has a lead co-ordinating role for all safeguarding enquiries but has the power to cause enquiries to be made by another organisation or person for example where the adult already has a relationship with another professional and/or the enquiry relates to the organisation's particular area of responsibility.
- 11.5 Where the Local Authority causes an enquiry to be made, it still retains overall responsibility and must assure itself that the enquiry carried out satisfies its duty under section 42 to decide what action (if any) is necessary to support and protect the adult and to ensure that such action is taken.
- 11.6 If another organisation or person is requested to undertake the safeguarding enquiry the information gained during the safeguarding enquiry by another organisation or person **MUST** be shared with the Local Authority at its request in line with the information sharing requirements outlined in section 45 of the Care Act 2014.

11.7 Where the Local Authority has asked another organisation or person to undertake the safeguarding enquiry, it is able (as part of its lead co-ordinating role) to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

11.8 The Local Authority has a duty to arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they would have 'substantial difficulty' to understand and take part in the enquiry or review and to express their views, wishes, or feelings. This provision relates to people with capacity. A person lacking capacity can access advocacy via existing provisions under the Mental Capacity Act 2005 and a person subject to the Mental Health Act 1983 can access advocacy via the provisions of this legislation.

## **12. Making a safeguarding alert**

12.1 An alert is a concern that a person with care and support needs is experiencing, or is at risk of abuse, neglect or exploitation by a third party, or where a person at risk may be being harmed by others usually in a position of trust, power or authority. Alerts may be made to Adult Services by anyone and should be made when:

- The person has needs of care and support and there is a concern that they are being or are at risk of being abused, neglected or exploited
- There is concern that the adult has caused or is likely to cause harm to others
- The adult has capacity to make decisions about their own safety and wants this to happen
- The adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult who lacks the mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systemic abuse
- The person causing the harm is also has care and support needs.

12.2 If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert must be made. This would include situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- Where there is a high risk to the health and safety of the adult
- The person lacks capacity to consent
- The adult would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others
- If the adult is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the alerter must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

12.3 Not all alerts will necessarily result in a safeguarding process for example, where there is no abuse, or the person requires signposting to another service or a review of their current care. In order to prevent a delay in raising concerns, alerts to the Local Authority should usually be made by contacting:

|               |               |
|---------------|---------------|
| Hampshire     | 0300 555 1386 |
| Isle of Wight | 01983 814980  |
| Portsmouth    | 02392 680810  |
| Southampton   | 02380 833003  |

12.3 Immediate action to be taken by the person raising the alert:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger.
- Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment.
- Consider contacting the Police if a crime has been or may have been committed and do not disturb or move articles that could be used in evidence.
- Contact Children's Services if a child is also at risk.
- The first concern must be to ensure the safety and well-being of the adult thought to have been harmed. However, in situations where there has been or may have been a crime and the Police have been called it is important that evidence is preserved wherever possible. The Police will attend the scene, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost.

## 12.5 Principles of securing evidence:

- Secure the scene, for example lock the door, whilst not disturbing the area.
- Preserve other potential evidence, e.g. documents by locking them away if possible.
- Try not to ask the victim too many questions, but do give them reassurance.
- If in doubt about securing evidence get advice from the Police.

## 12.6 Medical treatment and examination:

In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidentally). Medical or specialist advice should be sought. If medical treatment is needed, an immediate referral should be made to the person's GP, Accident and Emergency or a relevant specialist health team. If forensic evidence needs to be collected, the Police should always be contacted and they will normally arrange for a Police surgeon (forensic medical examiner) to be involved. The consent of the person at risk should be sought. Where the person does not have capacity to consent to medical examination, a decision should be made on the basis of whether it is in the person's best interest for a possibly intrusive medical examination to be conducted.

## 12.7 Obtaining the consent of the adult at the alert stage:

The mental capacity of the adult and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant, but not the only factor in deciding what action to take. The test of capacity in this case is to find out if the person at risk has the mental capacity to make informed decisions about:

- A safeguarding alert
- Actions which may be taken under the multi-agency Safeguarding Policy and Procedures
- Their own safety or that of others, including an understanding of longer term harm as well as immediate effects
- Their ability to take action to protect themselves from future harm.

## 12.8 Raising an alert when the adult does not want any action:

If the adult has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The adult will need to be informed that an alert will still need to be raised and as a minimum a record must be made of the concern, as well as the adult's decisions with reasons. A record should also be made of what information the person at risk was given.

## 12.9 Making a record:

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court. An accurate record should be made at the time, including:

- Date and time of the incident
- Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- Appearance and behaviour of the person at risk
- Any injuries observed
- Name and details of any witnesses
- Any witness to the incident should write down exactly what they saw
- The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
- Information from another person should be clearly attributed to them
- Name and signature of the person making the record.

## 12.10 When raising an alert, where possible, provide the following information:

### **Details of the referrer**

- Name, address and telephone number
- Relationship to the vulnerable adult
- Name of the person raising the alert if different
- Name of organisation, if referral made from a care setting
- Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details.

### **Details of the adult(s) at risk**

- Name(s), address and telephone number
- Date of birth, or age
- Details of any other members of the household including children
- Information about the primary care needs of the adult, that is, disability or illness.
- Funding organisation, if relevant
- Ethnic origin, religion and cultural needs
- Gender (including transgender and sexuality)



- Communication needs of the adult due to sensory or other impairments (including dementia), including any interpreter or communication requirements
- Whether the adult knows about the referral
- Whether the adult has consented to the referral
- If consent not given, explain the grounds upon which the decision was made to refer
- What is known of the adult's mental capacity and their views about the abuse, neglect, exploitation and what they want done about it (if that is known at this stage)
- Details of how to gain access to the person and who can be contacted if there are difficulties
- Details of any immediate plan in place to protect the adult from further harm.

### **Information about the abuse, neglect or exploitation**

- How and when did the concern come to light?
- When did the alleged abuse occur?
- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult?
- What is the adult saying about the abuse?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult to find out what is happening?
- Is a child (under 18 years) at risk?

### **Details of the person causing the harm (if known)**

- Name, age and gender
- What is their relationship to the adult?
- Are they the adult's main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- Which organisation do they work or volunteer for?
- Are there other people at risk from the person causing the harm?

### **Any immediate/subsequent actions that have been taken, for example:**

- Were emergency services contacted? If so, which?

- What is the crime number if a report has been made to the Police?
- Have Children's Services been informed if a child (under 18 years) is at risk?
- Has the CQC been informed (if a regulated service)?
- Have patient safety incident processes been actioned?