Safeguarding Adults
Multi – Agency Policy

Agreed by
Safeguarding Adults Board in BANES, Bristol City, North Somerset, South Gloucestershire, and Somerset, 22/12/2017

Version, December 2017

To be read in conjunction with the relevant
Local Authority Area's Multi-Agency Procedures

Our commitments

SAFEGUARDING IS EVERYBODY'S BUSINESS

Safeguarding is the responsibility of everyone including statutory, independent and voluntary agencies as well as every citizen. We will work together to prevent and protect adults with care and support needs from abuse and promote wellbeing.

EQUALITY AND DIVERSITY

Each agency and organisation is committed to supporting the right of adults at risk to be safeguarded from abuse and ensuring that all staff and volunteers work together in accordance with this Policy and act promptly in investigating allegations or suspicions of abuse. It is recognised that adults at risk from specific key groups may experience discrimination and less favourable treatment on the grounds of their age; disability; race; colour; ethnic or national origin; financial or economic status; gender or marital status; HIV status; homelessness or lack of a fixed address; political view or trade union activity; religion or belief; sexuality; or unrelated criminal convictions. We will take positive steps to stop any unfair/unlawful discrimination, and carry out positive action where lawful.

DOING NOTHING IS NOT AN OPTION

If we know or suspect that an adult at risk is being abused, we will do something about it and ensure our work is properly recorded. We will share information in a timely way.

REPORTING A CONCERN

If you need to make a safeguarding referral, the numbers for each local area are:

Bath and North East Somerset	Tel: 01225 396000
Bristol City Council	Tel: 0117 922 2700
North Somerset Council	Tel: 01275 88 88 01
South Gloucestershire Council	Tel: 01454 868007
Somerset County Council	Tel: 0300 123 2224

Complaints

If you, as a member of the public, have reason to believe that concerns about a Safeguarding Adults issue have not been appropriately addressed, you may make a formal complaint by contacting the complaints department in the relevant Local Authority.

Bath and North East Somerset Council	Tel: 01225 477000
Bristol City Council	Tel: 0117 922 2723
North Somerset Council	Tel: 01275 882171
South Gloucestershire Council	Tel: 01454 865924
Somerset County Council	Tel: 0300 123 2224

Professionals are encouraged to follow local escalation and resolution processes in the first instance to resolve any disagreements or concerns.

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1 Context, principles and values

1.1 Context

1.1.1 April 2015 marked a significant turning point in relation to Safeguarding Adults due to the implementation of the Care Act 2014. The Care Act 2014 replaced the Department of Health's 'No Secrets' Guidance, and set out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse and neglect.

1.1.2 This Policy replaces all previous Policy documents for the participating Local Authorities and was formally ratified by the relevant multi-agency Safeguarding Adults Boards in December 2017. It sets out the multi-disciplinary, multi-agency framework for adult safeguarding and describes how agencies should proactively prevent abuse occurring and respond if it is identified, suspected or disclosed. It applies to all organisations and agencies working with adults experiencing, or at risk of, abuse or neglect, and to adults living within the boundaries of the participating Local Authority areas regardless of funding source. There is also a contractual requirement that any providers commissioned by the statutory partners of the Safeguarding Adults Boards will adhere to this policy. Individual agencies should retain their own Safeguarding Adults Policy which should support and enhance the intention of this document.

1.1.3 The policy was reviewed in the autumn of 2017 and will be reviewed on a formal basis each year, or sooner in light of new guidance, legislation or relevant learning or good practice to emerge nationally or locally. This policy should be read in conjunction with the relevant area's multi-agency procedures and the following documents:

- Care Act 2014
- Care and Support Statutory Guidance 2016

1.2 Principles

1.2.1 This policy and associated procedures are based on the six principles of safeguarding that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promote resilience a self-determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help

Proportionate	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

1.3 Making Safeguarding Personal (MSP)

1.3.1 The aim of Making Safeguarding Personal is to ensure that safeguarding is person-led and outcome-focused[1]. It engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control; as well as improving their quality of life, wellbeing and safety. It is an approach that sees people as experts in their own lives. In discharging their responsibilities, signatories to this policy undertake to:

- Work with adults (and their advocates or representatives if they lack capacity) at the beginning to identify the outcomes they want to achieve;
- Review with the adult at the end of the safeguarding activity to what extent their desired outcomes have been achieved;
- Develop a range of clear, well-defined and appropriate responses that focus on supporting the adult to meet their desired outcomes and reduce the risk of recurrence of abuse;
- Record and review the outcomes in a way that can be used to inform practice and account to the relevant Safeguarding Adults Board.

[1] Making Safeguarding Personal (2014), and the subsequent toolkit Making Safeguarding Personal: A Toolkit for Response (2015)

1.3.2 Examples of outcomes people might want are to:

- Feel safer;
- Maintain a key relationship;
- Get new friends;
- Have help to recover;
- Have access to justice or an apology, or to know that disciplinary or other action has been taken;
- Know that this won't happen to anyone else;
- Maintain control over the situation;
- Be involved in making decisions;
- Have exercised choice;
- Be able to protect themselves in the future;
- Know where to get help.

2 What is safeguarding?

2.0.1 Safeguarding is defined as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding 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 ensuring the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action. Professionals and other staff should not advocate 'safety' measures that do not take account of individual wellbeing.

2.0.2 The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- Address what has caused the abuse.

2.1 Adult safeguarding duties

2.1.1 Safeguarding duties apply to an adult (aged 18 or over[2]) 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 their care and support needs is unable to protect themselves from either the risk or experience of abuse or neglect

2.2 What is abuse?

2.2.1 The Care Act's statutory guidance lists 10 types of abuse but states that local authorities should not limit their view of what constitutes abuse or neglect to those types, or the different circumstances in which they can take place. These are:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological / emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect

Please refer to Appendix 1 for detailed information on abuse types and indicators.

2.2.2 Abuse can consist of a single or repeated act(s); it can be intentional or unintentional, or result from a lack of knowledge. It can affect one person, or multiple individuals. Professionals and others should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

2.2.3 Patterns of abuse and neglect vary and include:

- Serial abusing, where the perpetrator seeks out and 'grooms' individuals by obtaining their trust over time before the abuse begins – sexual abuse or exploitation commonly falls into this pattern, as do some forms of radicalisation and financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse;
- Opportunistic abuse, such as theft occurring because money has been left lying around;

[2] When someone over 18 is still receiving children's services (for example in an education setting until the age of 25) and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements with children's safeguarding and other relevant partners involved as appropriate. The level of needs is not relevant and the young adult does not need to have eligible needs for care and support under the Care Act

- Situational abuse, which arises because pressures have built up, or because a carer has difficulties themselves affecting their ability to adequately meet a person's needs. These could be debt, alcohol or mental health related, or the specific demands resulting from caring for a vulnerable person.

2.3 Who might abuse?

2.3.1 Anybody can abuse. Mutually abusive relationships involving two or more adults also exist. The abuser is frequently, but not always, known to the adult they abuse and can include spouses/partners, other family members, neighbours or friends, acquaintances, paid staff or professionals, volunteers and strangers, or people who deliberately exploit adults they perceive as vulnerable to abuse.

2.4 Where might abuse occur?

2.4.1 Abuse can happen anywhere, for example:

- The person's own home (whether living alone, with relatives, or others);
- Day or residential centres;
- Supported housing;
- Work settings;
- Educational establishments;
- Care homes;
- Clinics or hospitals;
- Prisons;
- Via the internet or social media;
- Other places in the community.

2.5 Why abuse may occur?

2.5.1 Abuse can occur for many reasons. The risk is known to be greater when:

- The person is socially isolated;
- A pattern of family violence exists, or has existed in the past;
- Drugs or alcohol are being misused;
- Relationships are placed under stress;
- The abuser or victim is dependent on the other (for finance, accommodation, or emotional support).

2.5.2 Where services are provided, abuse is more likely to occur where staff are:

- Inadequately trained;
- Poorly supervised and managed;
- Lacking support;
- Working in isolation.

2.5.3 Other factors which increase the likelihood of abuse and neglect occurring are:

- Where the person has an illness which causes unpredictable behaviour;
- Where the person has communication difficulties;
- Where the person exhibits challenging behaviour or major changes in personality, disorientation, aggression or sexual disinhibition;
- Where the person concerned needs or requests more than the carer can give;

- Where the family undergoes an unforeseen change in circumstances, e.g. sudden illness, unemployment, bereavement or divorce;
- Where a carer has been forced to change his or her lifestyle unexpectedly as a result of caring;
- Where a carer is isolated and can see no end to, or relief from, caring;
- Where a carer experiences regularly disturbed nights;
- Where the carer has their own health-related difficulties;
- Where the carer is dependent on the victim;
- Where the carer is physically, emotionally or practically unable to care for the individual;
- Where there has been a reversal of role and responsibilities;
- Where there are persistent financial problems;
- Where other relationships are unstable or placed under pressure by caring tasks.

3 Safeguarding children and young people

3.0.1 The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children, and to take action to protect them from abuse and neglect.

3.0.2 Young people who receive leaving care or after care support from children and family services are included in the scope of adult safeguarding, but close liaison with children and family service providers is critical in establishing who is the best person to lead or support young people through adult safeguarding processes.

3.0.3 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions and any services that they contract out to others are discharged having regard to the need to safeguard and promote the welfare of children.

3.0.4 In all adult safeguarding work, staff working with the person at risk must establish whether there are children in the family, and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk or the person alleged to have caused harm.

3.0.5 Children and young people may be at greater risk of harm or be in need of additional help in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning disabilities. For further information see Working Together to Safeguard Children[3].

3.0.6 Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk. In particular, staff may be assisted by using Domestic Abuse risk management tools as well as safeguarding risk management tools. Staff providing

[3] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and vulnerable adults.

3.1 Effective transition

3.1.1 Together the Children and Families Act 2014 and the Care Act 2014 create a new comprehensive legislative framework for transition when a child turns 18 (Mental Capacity Act applies once a person turns 16).

3.1.2 The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

3.1.3 There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria for an adult safeguarding response set out in section 2.3 of this document. The care needs of the young person should be at the forefront of any support planning and requires a coordinated multi-agency approach. Assessment of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

3.1.4 Where there are ongoing safeguarding issues for a young person, and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

- What information / advice the young person has received about adult safeguarding;
- The need for advocacy and support;
- Whether a mental capacity assessment is needed and who will undertake it;
- If Best Interest decisions need to be made;
- Whether any application needs to be made to the Court of Protection.

If the young person is not subject to a plan, it may be prudent to hold a professionals meeting.

3.2 Children and young people who abuse

3.2.1 If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures and a referral and close liaison with children's services should take place.

3.3 Young carers

3.3.1 Section 1 of the Care Act 2014, alongside Sections 96 and 97 of the Children and Families Act 2014, offer a joined-up legal framework to identify young carers and parent carers and their support needs. Both have a strong emphasis on outcomes and wellbeing.

4 Carers and safeguarding

4.0.1 Carers could become involved in a variety of situations requiring a safeguarding response. This includes:

- Witnessing or speaking up about abuse or neglect;
- Experiencing intentional or unintentional harm from the adult they support, or from professionals and organisations that they are in contact with;
- Unintentionally or intentionally causing harm or neglect to the adult they support, either as an individual or with others.

4.0.2 At such points, there should be an assessment of both the carer and the adult they care for. The assessment should include consideration of the wellbeing of both individuals.

4.0.3 A carer's assessment is an important chance to explore the individual's circumstances and consider whether and how it might be possible to provide information or support that prevents abuse or neglect from occurring. An example might be providing training to the carer about the condition that the adult they care for has, or to support them to care more safely.

4.0.4 In circumstances where a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they care for, consideration should be given to:

a) Whether, as part of the assessment and support planning process for the carer and/or the person they care for, support can be provided that removes or lessens the risk of abuse. In some situations the carer may need access to independent representation or advocacy; it is important to recognise the benefit that a carer may obtain from having such support.
b) Whether (and which) other agencies should be involved. In some instances, where it is suspected that a criminal offence has taken place, this will include alerting the police. In other situations, primary healthcare services may need to be involved.

4.0.5 Other key things to consider in relation to carers include:

- Involving carers in safeguarding enquiries relating to the person they care for as appropriate;
- Whether or not a joint assessment is appropriate, and who (including which professionals) should be involved in the assessment;
- The risk factors that may increase the likelihood of abuse or neglect occurring and whether these are present in the situation;
- Whether a change in circumstances alters the risk of abuse or neglect occurring again. It is important to note that a change in circumstances should also lead to a review of the care and support plan.

5 Mental Capacity and Consent

5.0.1 The presumption in the Mental Capacity Act (MCA) 2005 is that adults have the mental capacity to make informed choices about their own safety and how they live their lives.

5.0.2 Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about how they wish to live their lives and the risks they are wanting to take. This includes their ability to understand the implications of their situation and to take action themselves to prevent abuse, and to participate fully in decision-making about interventions.

5.0.3 The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves, and establishes a framework for making decisions on their behalf. It applies to anyone over 16 who is unable to make some or all decisions for themselves. All decisions taken in the adult safeguarding process must comply with the Act. It is essential that in any level of safeguarding enquiry the mental capacity of those involved is clarified at the outset.

5.0.4 The Mental Capacity Act outlines five statutory principles that underpin the work with adult who may lack mental capacity:

1. A person must be presumed to have capacity unless it is established that they lacks capacity;
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success;
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision;
4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests;
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

5.0.5 Learning from Safeguarding Adults Reviews continues to reveal that staff working with adults who lack mental capacity are not fully complying with the principles of the act. The majority of adults requiring additional safeguards are likely to be people who lack the mental capacity to make decisions about their care and support needs.

5.0.6 Mental capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. **It is time and decision-specific**. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Staff must satisfy themselves that the adult has the mental ability to make the decision themselves. If not, it is best to err on the side of caution, identify the risks and consider support or services that will mitigate the risk. Advocacy support

can be invaluable and may be provided by an IMCA (Independent Mental Capacity Advocate) or other appropriate advocate.

5.0.7 It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect should there be concerns over their ability to give informed consent to:

- Planned interventions and decisions about their safety;
- Their safeguarding plan and how risks are to be managed to prevent future harm.

5.0.8 The Act says that *'...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further a person is unable to make a decision if they are unable to:*

- *Understand the information relevant to the decision;*
- *Retain that information long enough for them to make the decision, or*
- *Use or weigh that information as part of the process of making the decision, or*
- *Communicate that decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).*

5.0.9 Where there are disputes about a person's mental capacity or the best interests of an adult deemed to be at risk and these cannot be resolved locally, legal advice should be sought about whether an application to the Court of Protection is required.

5.1 Consent

5.1.1 The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be the safety and well-being of the adult. Making Safeguarding Personal is a person-centred approach which encourages adults to make their own decisions and be provided with support and information that empowers them to do so. The approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistently within these principles.

5.1.2 It is essential in adult safeguarding to consider whether the adult is capable of giving consent in all aspects of their lives. If they are able, their consent should be sought.

5.1.3 Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be fearful of reprisals, they may fear losing control, they may lack trust in statutory services, or fear their relationship with the abuser will be damaged. Reassurance and appropriate support can help to change their view on whether it is best to share information, and staff should consider the following approaches:

- Explore the reasons for the adult's objections – what are they concerned about;
- Explore the concern and why you think it is important the information is shared;

- Tell the adult with whom you may be sharing the information with and why;
- Explain the benefits, to them or others, of sharing information – could they access better help and support;
- Discuss the consequences of not sharing the information – could someone come to harm;
- Reassure them that the information will not be shared with anyone who does not need to know;
- Reassure them that they are not alone and that support is available to them.

5.1.4 If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

- Whether the adult has the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act;
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- If there is an aspect of public interest (e.g. not acting will put other adults or children at risk);
- Sharing the information could prevent a serious crime;
- If there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been/may be committed);
- The risk is unreasonably high;
- Staff are implicated;
- There is a court order or other legal authority for taking action without consent.

5.1.5 It is important to keep a careful record of the decision-making process in such situations. Staff should seek advice from managers in line with their organisation's policy before overriding the adult's decision, except in emergencies. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent, and whether so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

5.1.6 If none of the above apply and a decision is taken not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options;
- Ensure that they are aware of the level of risk and possible outcomes;
- Offer to arrange for them to have an advocate;
- Offer support for them to build confidence and self-esteem, if necessary;
- Agree on and record the level of risk the adult is taking;
- Record the reasons for not intervening or sharing information;
- Regularly review the situation;

- Seek to build trust to enable the adult to better protect themselves.

6 Advocacy and support

6.0.1 The Care Act 2014 **requires that each Local Authority must arrange**, where appropriate, for an independent advocate (or appropriate person) to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults 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.

6.0.2 A person who is engaged to provide care or treatment for the adult in question in a professional capacity or on a paid basis cannot be an advocate. This includes a GP, nurse, key worker or care and support worker involved in the adult's care and support.

6.0.3 The role of the advocate is to actively support the adult's participation in the safeguarding process. In some cases it is unlikely they will be able to do this, for example:

- Where there is a conflict of interest;
- Where they live at a distance or only have occasional contact with the individual;
- Where they find it difficult to understand the Local Authority's processes themselves;
- Where they express their own opinions rather than those of the individual concerned.

6.0.4 Where the adult does not want support from family or friends, their wishes should be respected and an independent advocate should be provided.

6.0.5 It is critical that the adult is supported in what may feel a daunting process which may lead to some difficult decisions. An individual who is thought to have been abused or neglected may be so demoralised, frightened, embarrassed or upset that independent advocacy provided under Section 68 of the Care Act to help them be involved in the safeguarding process will be crucial.

6.0.6 The adult must consent to being represented and supported by the advocate. If the adult lacks capacity, the local authority must follow the Mental Capacity Act guidance in relation to determining that it is in the adult's best interests to be represented and supported by the advocate.

6.0.7 The local authority has a separate duty to provide an Independent Mental Capacity Advocate (IMCA) in safeguarding enquiries if someone lacks the capacity to fully participate and they are unbefriended, or where there concerns about the person befriended. An adult with dementia, significant learning disability, a brain injury or mental ill health is likely to need an IMCA. The IMCA role is to support and represent the adult at risk of abuse and neglect where necessary and appropriate in the decision-making process and to ensure that the Mental Capacity Act 2005 is being followed. The IMCA is not the decision-maker.

7 Information sharing and confidentiality

7.0.1 Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding but has been routinely highlighted as a difficult area of practice.

7.0.2 The Care Act 2014 s45 'supply of information' duty covers the responsibility of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice is covered in the common-law duty of confidentiality, the Data Protection Act, Human Rights Act, and Crime and Disorder Act. The Mental Capacity Act is also relevant, as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.

7.0.3 Organisations need to share safeguarding information with the right people at the right time in order to:

- Prevent death or serious harm;
- Coordinate effective and efficient responses;
- Enable early interventions to prevent the escalation of risk;
- Prevent abuse and harm that may increase the need for care and support;
- Maintain and improve good practice in adult safeguarding;
- Reveal patterns of abuse that were previously undetected and could identify others at risk of abuse;
- Identify low-level concerns that may reveal people at risk of abuse;
- Help people access the right kind of support to reduce risk and promote wellbeing;
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour;
- Reduce organisational risk and protect reputation.

7.0.4 Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding, these rights can be overridden in certain circumstances such as an emergency or life-threatening situation.

7.0.5 It is good practice to try and gain the person's consent to share information and as long as it does not increase risk, practitioners should inform the person if they need to share their information.

7.0.6 Please refer to relevant local area procedures for any local agreements or protocols setting out the processes and principles for sharing information between organisations. Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instances except in emergency situations.

7.1 Duty of Candour

7.1.1 From October 2014, NHS providers have been required to comply with the duty of candour, meaning providers must be open and transparent with service users and their care and treatment, including when it goes wrong. The duty is part of the fundamental requirements for all providers. It applies to all NHS Trusts, Foundation Trusts and special health authorities, and, from April 2015, to all other providers, including social care.

7.2 Whistleblowing / Professional reporting

7.2.1 Whistleblowing is the act of reporting concerns about malpractice, wrongdoing or fraud. All staff, paid or unpaid, who work with an adult who is experiencing, or at risk of, abuse or neglect, have an individual responsibility to raise concerns about poor practice and a right to know that their employer will support them if they are acting in good faith. Wherever possible, the anonymity of the professional reported will be respected by the investigating body.

7.2.2 All agencies should promote a culture of professional reporting and have in place policies which value good practice and encourages this. Professional reporting can be difficult for the member of staff and must be recognised as important and courageous. For further information on Professional Reporting, see Freedom to Speak Up[4].

7.2.3 Agencies should ensure that staff who professionally report in good faith are:

- Supported and reassured when information is shared;
- Provided with ongoing support during any investigation that may follow;
- Supplied with information about external sources of support;
- Supported by their organisation;
- Not treated in ways that might be regarded as punitive.

7.2.4 People providing information outside their own agencies should be appropriately supported in their disclosures.

7.2.5 Support and advice is available via the Whistleblowing Advice Line for Health & Social Care staff (Tel: 08000 724 725).

7.3 Record Keeping

7.3.1 Good record keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual's care and safety. If records are inaccurate, future decisions may be flawed and harm may be caused to the individual. Where an allegation of abuse is made, all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

7.3.2 It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise.

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[4] http://freedomtospeakup.org.uk/the-report/

7.3.3 Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

- What information do staff need to know in order to provide a high-quality response to the adult concerned?
- What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

8 Cooperation

8.0.1 It is important within adult safeguarding for all partners to cooperate and work in a joined-up way, to eliminate the disjointed care that is a source of frustration to adults with care and support needs, other individuals, and staff, and which often results in poor care, with a negative impact on health and wellbeing. All organisations should work together and co-operate where needed, in order to ensure the wellbeing and safety of adults with care and support needs (including carers' support). Co-operation between partners should be a general principle for all those concerned, and all should understand the reasons why such co-operation is important.

8.0.2 The Care Act sets out five aims of co-operation between partners which are relevant to care and support, although it should be noted that the purposes of co-operation are not limited to these matters:

1. Promoting the wellbeing of adults needing care and support and of carers;
2. Improving the quality of care and support for adults and support for carers (including the outcomes from such provision);
3. Smoothing the transition from children's to adult's services;
4. Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect;
5. Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

9 Risk assessment and management

9.0.1 Achieving balance between the right of the individual to control his or her care package and ensuring adequate protections are in place to safeguard wellbeing is a very challenging task.

9.0.2 The assessment of the risk of abuse, neglect and exploitation of people using services should be integral in all assessment and planning processes, including assessments for self-directed support and the setting up of Personal Budget arrangements.

9.0.3 Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

9.0.4 Risk is often thought of in terms of danger, loss, threat, damage or injury, although in addition to potentially negative characteristics, risk taking can have positive benefits for individuals and their communities. As well as considering the dangers associated with risk, the potential benefits of risk-taking should also be identified; a process which should involve the individual using services, their families and health or social care practitioners.

9.0.5 Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.

9.0.6 This involves:

- Assuming that people can make their own decisions (in line with the Mental Capacity Act) and supporting people to do so;
- Working in partnership with adults with care and support needs, family carers and advocates and recognising their different perspectives and views;
- Developing an understanding of the responsibilities of each party;
- Empowering people to access opportunities and take worthwhile chances;
- Understanding the person's perspective of what they will gain from taking risks; and understanding what they will lose if they are prevented from taking the risk;
- Promoting trusting working relationships;
- Understanding the consequences of different actions;
- Making decisions based on all the choices available and accurate information;
- Being positive about risk taking;
- Understanding a person's strengths and finding creative ways for people to be able to do things rather than ruling them out;
- Knowing what has worked or not in the past;
- Where problems have arisen, understanding why;
- Supporting people who use services to learn from their experiences;
- Ensuring support and advocacy is available;
- Sometimes supporting short-term risks for long-term gains;
- Ensuring that services provided promote independence not dependence.

10 Responding to organisational failure and abuse

10.0.1 The Care and Support statutory guidance clarifies that the Adult Safeguarding duties under the Care Act are not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) assuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.

10.0.2 Local areas will have their own arrangements and systems in place designed to respond to quality and safety concerns in provider services, including where there

are allegations against people in positions of trust. In most areas there will be regular information sharing meetings between commissioners and regulators, for example, the Local Authority, the CQC, Clinical Commissioning Groups, NHS England; or there will be frameworks in place that can call such meetings as and when required.

10.0.3 Local quality surveillance frameworks will often need to interface closely and work alongside responses under this procedure. This will need to reflect the individual circumstances of individual cases, but could be, for example, to pass information arising from adult safeguarding concerns and enquiries to commissioners and regulators to inform quality monitoring and regulatory processes, to help to address concerns raised that relate to service quality but that do not meet the criteria for the Section 42 Duty of Enquiry, or to seek to address and remedy underlying service quality concerns that are leading to risk of abuse of neglect in identifiable cases.

10.0.4 It is recognised that in a critical few cases where the service quality and safety issues are so great and pose such a high risk to users of that service that consideration of the duty of Enquiry applying to all or groups of individuals may apply. However, it is expected that such circumstances would be rare, and that the statutory principals of proportionality and protection should be balanced carefully when considering extending the Care Act section 42 duty of Enquiry to all or groups of individuals in organisational settings.

11 Training

11.0.1 It is the responsibility of all organisations to ensure they have a skilled and competent workforce, who are able to take on the roles and responsibilities required to protect adults at risk and ensure an appropriate response when adult abuse or neglect does occur.

11.0.2 Training should take place at all levels within an organisation and be updated routinely to reflect best practice.

11.0.3 This policy aims to help equip the social and health care workforce in statutory, voluntary and other partner agencies with the essential skills, knowledge and value base to prevent and identify adult abuse, and to be able to respond effectively in identified instances of abuse.

11.0.4 Regular face-to-face supervision from skilled managers and opportunities for reflective practice are also essential in enabling staff to work confidently and competently with difficult and sensitive situations.

12 Specific roles and responsibilities

12.0.1 Please refer to Appendix 2 for an overview of specific adult safeguarding roles and responsibilities at all levels.

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Physical abuse	• Hitting, slapping, punching, kicking, hair-pulling, biting, punching • Rough / inappropriate handling and other forms of assault that may not leave visible signs of injury, but may cause pain or discomfort • Biting, deliberate burns, scalding • Physical punishments / beating • Inappropriate or unlawful use of restraint • Making someone purposefully uncomfortable (e.g. Opening a window and removing blankets) • Stabbing, strangulation, poisoning and wounding (breaking the skin) and other forms of assault that cause serious injuries or death • Involuntary isolation or confinement • Withholding, inappropriately altering or administering medication or other treatments • Forcible feeding or withholding food • Restricting movement (e.g. tying someone to a chair)	• Unexplained or inappropriately explained injuries • Adult exhibiting untypical self-harm • Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia • Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing • Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body • Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance • Unexplained or inappropriately explained fractures at various stages of healing to any part of the body • Medical problems that go unattended • Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication • Adult flinches at physical contact • Adult appears frightened or subdued in the presence of particular people • Adult asks not to be hurt • Adult may repeat what the person causing harm has said (e.g. ‘Shut up or I’ll hit you’) • Reluctance to undress or uncover parts of the body • Person wears clothes that cover all parts of their body or specific parts of their body • An adult without capacity not being allowed to go out of a care home when they ask to • An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Domestic abuse	The cross-government definition of domestic violence and abuse is: “any incident of pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality”. The abuse can encompass, but is not limited to: • psychological • physical • sexual • financial • emotional. It also includes so called ‘honour’-based violence, female genital mutilation and forced marriage. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.	• Low self-esteem • Feeling the abuse is their fault when it is not • Physical evidence of violence such as bruising, cuts, broken bones • Verbal abuse and humiliation in front of others • Fear of outside intervention • Damage to home or property • Isolation – not seeking friends or family • Prevented from seeing friends or family or attending college/work/appointments • Prevented from leaving the home • Being followed or continually asked where they are • Limited access to money • Disclosure/s and retraction/s

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Sexual abuse	• 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 • Sexual acts to which the adult has not consented or was pressured into consenting • Offensive or suggestive sexual language or action It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker) may also constitute sexual abuse.	• Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained • Adult appears unusually subdued, withdrawn or has poor concentration • Adult exhibits significant changes in sexual behaviour or outlook • Adult experiences pain, itching or bleeding in the genital/anal area • Adult's underclothing is torn, stained or bloody • A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant • Sexual exploitation. The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them. Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Psychological / Emotional abuse	Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.). • Use of threats or fear to override a person's wishes • Lack of privacy or choice • Denial of dignity • Deprivation of social contact or deliberate isolation • Being made to feel worthless • Threat(s) to withdraw care or support, or contact with friends • Humiliation, blaming • Use of coercion, control, harassment, verbal abuse • Treating an adult as if they were a child • Cyber bullying • Refusal to allow person to see others alone or to receive telephone calls / visits on their own • Removing mobility or communication aids, or intentionally leaving someone unattended when they ask for assistance • Preventing someone from meeting their religious or cultural needs • Preventing stimulation or meaningful occupation or activities	• Extreme submissiveness or dependency • Sharp changes in behaviour in the presence of certain people • Self-abusive behaviours • Loss of confidence • Loss of appetite • Untypical ambivalence, deference, passivity, resignation • Adult appears anxious or withdrawn, especially in the presence of the alleged abuser • Adult exhibits low self-esteem • Untypical changes in behaviour (e.g. continence problems, sleep disturbance) • Adult is not allowed visitors/phone calls • Adult is locked in a room/in their home • Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches) • Adult's access to personal hygiene and toilet is restricted • Adult's movement is restricted by use of furniture or other equipment • Bullying via social networking internet sites and persistent texting

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Financial or material abuse	• Theft, fraud, internet scamming • Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills / property / inheritance / financial transactions • Misuse or misappropriation of property, possessions and/or benefits • Deceiving or manipulating a person out of money or property • Withholding or misusing money, property or possessions • Misuse of benefits by others • Someone moving into a person's home and living rent free without agreed financial arrangements • False representation, using another person's bank account, cards or documents • Exploitation of person's money or assets (e.g. unauthorised use of a car) • Misuse of power of attorney, deputy, appointeeship or other legal authority	• Unexplained or sudden inability to pay bills • Unexplained withdrawal of money from accounts • Lack of money especially after benefit day • Personal possessions going missing • Contrast between known income and actual living conditions • Unusual interest by friend / relative / neighbour in financial matters • Pressure from next of kin for formal arrangements being set up • Illegal money-lending • Mis-selling / selling by door-to-door traders / cold calling • Recent changes of deeds / title of house or will • Disparity between assets/income and living conditions • Recent acquaintances expressing sudden or disproportionate interest in the adult and their money • Power of attorney obtained when the adult lacks the capacity to make this decision • The recent addition of unauthorised signatories on an adult's accounts or cards • Unexplained loss / misplacement of financial documents

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
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 • A large number of active organized crime groups are involved in modern slavery, but it is also committed by individual opportunistic perpetrators • Someone is in slavery if they are: – Forced to work (through mental or physical threat) – Owned or controlled by an 'employer', usually through mental or physical abuse, or the threat of abuse – Dehumanised, treated as a commodity, or bought and sold as 'property' – Physically constrained or has restrictions on his or her freedom of movement. Contemporary slavery takes various forms and affects people of all ages, gender and races Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.	• Physical appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn • Isolation – victims may rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work • Poor living conditions – victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address • Few or no personal effects – victims may have no identification documents, have few personal possessions and always wear the same clothes day in, day out. What clothes they do wear may not be suitable for their work • Restricted freedom of movement – victims have little opportunity to move freely and may have had their travel documents (e.g. passports) retained • Unusual travel times – they may be dropped off/collected for work on a regular basis either very early in the morning or very late at night • Reluctance to seek help – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportment, fear of violence to them or their family

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Discriminatory Abuse	• Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as protected characteristics under the Equality Act 2010) • Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader • Harassment or deliberate exclusion on the grounds of a protected characteristic • Sub-standard service provision relating to a protected characteristic	• Acts or comments motivated to harm and damage, including inciting others to commit abusive acts • Lack of effective communication provision, e.g. interpretation • The adult being subjected to racist, sexist, ageist, gender based abuse • Abuse specifically about their disability • The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • An adult making complaints about the service not meeting their needs

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Organisational Abuse	• Run-down, over-crowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Inadequate staff training and/or guidance • Insufficient staff or high turnover resulting in poor quality care • Abusive and disrespectful attitudes towards people using the service • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication	• Lack of care plans • Contact with outside world not encouraged • No flexibility or lack of choice, e.g. time when to get up in a morning or go to bed, or what to eat • Routines are engineered for the benefit of staff • Lack of personal effects • Strong smell of urine • Staff not visiting for allocated time due to pressure resulting in some tasks not being fully carried out • Poor moving and handling practices • Failure to provide care with dentures, glasses, hearing aids • Discouraging / refusing visits or the involvement of relatives, friends • Lack of flexibility or choice for adults using the service • Inadequate staffing levels • People being hungry or dehydrated • Poor standards of care • Lack of personal clothing and possessions, and communal use of personal items • Lack of adequate procedures • Poor record-keeping; missing documents • Few social, recreational and educational activities • Public discussion of personal matters or unnecessary exposure during bathing or using the toilet

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Neglect and acts of omission	• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care • Failure to provide care in the way the person wants • Failure to allow choice and preventing people from making their own decisions • Failure to ensure appropriate privacy and dignity Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or within an institution. Repeated instances of poor care may be an indication of more serious problems.	• Poor hygiene/cleanliness of the person who has been assessed as needing assistance • Repeated infections • Dehydration / unexplained weight loss / malnutrition • Repeated or unexplained falls or trips • Withholding of assistance aids, e.g. hearing aids or walking devices • Pressure sores or ulcers • Untreated injuries and medical problems • Inconsistent or reluctant contact with medical and social care organisations • Accumulation of untaken medication • Uncharacteristic failure to engage in social interaction • Inappropriate or inadequate clothing • Soiled or wet clothing • Exposure to unacceptable risk

Appendix 1. Abuse types and indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Self-neglect	• Covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings • Includes behaviour such as hoarding • Inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community 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.	• Dehydration • Malnutrition • Untreated or improperly attended medical conditions and poor personal hygiene • Hazardous or unsafe living conditions or arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water) • Unsanitary or unclean living quarters (e.g. animal / insect infestation, no functioning toilet, faecal / urine smell) • Inappropriate and/or inadequate clothing • Lack of the necessary medical aids (e.g. glasses, hearing aids, dentures, walking aids) • Grossly inadequate housing or homelessness • Hoarding large numbers of pets • Portraying eccentric behaviour / lifestyles NB. Poor environments and personal hygiene may be a matter of personal or lifestyle choice, or other issues such as insufficient income. When a person has capacity, it is important to work with them and to understand their wishes and feelings. If the person lacks capacity to make relevant decisions best interest decision making may be necessary whilst still taking into account of the person's wishes as far as these can be ascertained.

Appendix 1. Abuse types and indicators

In addition, it is helpful to be aware of the following:

Hate Crime

A hate crime is any criminal offence motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identify. Hate crime can take many forms including:

- Physical attacks such as physical assault, damage to property, offensive graffiti and arson;
- Threat of attack including offensive letters, emails, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints;
- Verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying at school or in the workplace;
- The use of electronic media to abuse, insult, taunt or harass.

If the adult meets the criteria set out in section 2.3 of the Safeguarding Adults Policy, then any safeguarding concern that is also a hate crime should also be reported to the local police.

For further information please refer to Home Office guidance on hate crime

Mate Crime

Mate crime occurs when a person is harmed or taken advantage of by someone they thought was their friend. Mate Crime can become a very serious form of abuse. In some cases victims of Mate Crime have been badly harmed or even killed. Surveys indicate that people with disabilities can often become the targets of this form of exploitation.

Mate Crime may involve financial abuse (such as a perpetrator demanding or asking to be lent money and then not paying it back), physical abuse (the person may be kicked, punched etc. for the amusement of the perpetrator and others), emotional abuse (the perpetrator might manipulate or mislead the person), or sexual abuse (the person might be sexually exploited by someone they think is their partner or friend).

Adults at risk often do not recognise they have been the subject of Mate Crime. The focus of enabling safety needs to be on encouraging an understanding for the individual of their right to make choices, but also their right to remain free from abuse.

Forced marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process.

In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

For further information please refer to Home Office Guidance for Professionals

Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and must be treated as such.

It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk, and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

For further information please refer to multi-agency statutory guidance on FGM for more information

PREVENT – Preventing radicalisation to extremism

The Prevent strategy forms part of the UK's Counter Terrorism and Security Act (2015). The Government's revised Prevent strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, prevent people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

The scope of the Prevent Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

Prevent defines extremism as: "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces".

Radicalisation is defined by the UK Government within this context as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups."

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted / or radicalised by violent extremists.

For further information please refer to Section 2 of the Channel Guidance

Appendix 1. Abuse types and indicators

Criminal Exploitation (including Cuckooing)

Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity. It is a harm which is relatively little known about or recognised by those best placed to spot its potential victims.

County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or "deal lines". It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources. One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in county lines activity to stop someone carrying out a threat to harm his/her family.

For further information please refer Home Office guidance on the Criminal exploitation of children and vulnerable adults

Community Safety Partnerships (CSPs)	CSPs are made up of representatives from the 'responsible authorities', which are the police, local authorities, fire and rescue authorities, probation service, and health. The responsible authorities work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like antisocial behaviour, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.
Health and Wellbeing Boards	The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. They are an important feature of the NHS reforms and are key to promoting greater integration of health and local government services. Boards strike a balance between status as a council committee and role as a partnership body.
Local Safeguarding Children Board (LSCB)	Section 13 of the Children Act 2004 requires each Local Authority to establish a LSCB for their area and specifies the organisations and individuals (other than the Local Authority) that should be represented on the LSCBs. The Police and Health are core members of both the LSCB and the SAB.
Quality Surveillance Groups (QSGs)	QSGs are primarily concerned with NHS commissioned services, those services funded by the NHS including relevant public services. There are strategic links between Safeguarding Adults Boards and QSGs. The QSGs are supported by NHS England. They provide an open forum for local supervisory, commissioning and regulatory bodies to share intelligence and give the opportunity to coordinate actions to ensure improvements in services. Its purpose is to ensure quality by early identification of risk.
Safeguarding Adults Board (SAB)	All Local Authorities must establish a SAB as set out in the Care Act. The Act (Schedule 2) gives the local SAB three specific duties it must do: • Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member is to do to implement that strategy. In developing the plan it must consult the Local Healthwatch organisation and involve the community. • Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any SARs including any ongoing reviews • Decide when a SAR is necessary, arrange for its conduct and if it so decides, to implement the findings.

Senior Strategic roles, strategic leadership and practice leadership	The Care Act 2014 prescribes that each SAB should include the Local Authority, the Clinical Commissioning Group and the Police. Each SAB member agency should appoint a senior manager to take the lead strategic and inter-agency role in safeguarding arrangements, including the SAB. Within each partner agency, clearly understood roles should be created for practice leadership in safeguarding. Principal Social Workers are well-placed to provide professional leadership and to provide additional advice and guidance to social workers in complex and contentious cases. Healthcare providers should have in place named professionals to provide additional advice and support in complex and contentious cases within their organisations. There should be a designated professional lead within the CCG, to act as the lead in the management of complex cases and to provide advice and support to the governing body. Arrangements should be made to enable officers investigating safeguarding concerns to access advice from specially trained investigators and/or units within the Police.
The police	Although the police are a mandatory member of the SAB, they are not an agency responsible for the provision of care. The police role in adult safeguarding is related to their policing function. The core duties of the police are to prevent and detect crime, keep the peace, and protect life and property. The police are the lead on all criminal matters and must be consulted about any additional proposed action.
The Coroner	Coroners are independent judicial office holders responsible for investigating violent, unnatural deaths or deaths of unknown cause, and deaths in custody or otherwise in state detention, which must be reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories: • Where there is an obvious and serious failing by one or more organisations; • Where there are no obvious failings, but the actions taken by organisations require further exploration or explanation; • Where a death has occurred and there are concerns for others in the same household or setting (such as a care home) or Deaths that fall outside the requirement to hold an inquest but follow-up enquiries or actions are identified by the Coroner or his/her officers. Changes introduced through the Policing and Crime Act 2017 mean people who die while deprived of their liberty under the DoLS or a Court of Protection order are no longer classed as having died in ‘state detention’. This means the deaths do not trigger an automatic requirement for an inquest.

Local Authorities	Local Authorities have statutory responsibility for safeguarding. In partnership with the NHS, they have a duty to promote wellbeing within local communities, and to cooperate with each of its relevant partners in order to protect adults and children experiencing or at risk of abuse or neglect.
Care Quality Commission (CQC)	The CQC regulates and inspects health and social care services, including domiciliary services, and protects the rights of people detained under the Mental Health Act (1983). It has a role in identifying situations that give rise to concern that a person using a regulated service is or has been at risk of harm, or may receive an allegation or complaint about a service that could indicate potential risk of harm to an individual or individuals. The CQC should raise a safeguarding concern when appropriate to the safeguarding contact point. Health and adult social care regulated services all have a key role in safeguarding vulnerable children and adults at risk. The CQC will monitor how these roles are fulfilled through its regulatory processes by assessing the quality and safety of care provided based on the things that matter to people. It does this using five key lines of enquiry to ensure that health and social care services provide people with safe, effective, caring, responsive and well led services. Specifically, it considers safeguarding within the 'safe' key line of enquiry. The CQC will be directly involved with the Safeguarding Adults process where: • One or more registered people are directly implicated; • Urgent or complex regulatory action is indicated; • A form of enforcement action has commenced or is under consideration in relation to the quality of the service involved.

Commissioners	Commissioners from the Clinical Commissioning Group, Local Authority and NHS England are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they procure and ensure that contracts have explicit clauses that hold providers to account for preventing and dealing promptly with any concerns of abuse and neglect.
The Crown Prosecution Service (CPS)	The CPS is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. Support is available within the judicial system to support adults at risk to enable them to bring cases to court and give best evidence. If a person has been the victim of abuse that is also a crime, their support needs can be identified by the police, the CPS and others who have contact with the adult at risk. Witness Care Units exist in all judicial areas and are run jointly by the CPS and the police.
Court of Protection	The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs. In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the Best Interests Checklist and any disagreements can be resolved informally. However, it may be necessary and desirable to make an application to the Court in a safeguarding situation where there are: • Particularly difficult decisions to be made • Disagreements that cannot be resolved by any other means • On-going decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves • Matters relating to property and/or financial issues to be resolved • Serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration • Concerns that a person should be moved from a place where they are believed to be at risk • Concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Adult safeguarding actions may amount to a deprivation of liberty outside of a care home or hospital.
Educational settings	Although local authorities and the police hold the lead responsibility for responding to allegations of abuse in relation to adults and coordinating the local inter-agency framework for safeguarding adults, educational settings should assure the safe and secure provision for children, young people and learners. Safeguarding the welfare of children, young people and some vulnerable adult learners is part of their core business, and all staff should be aware of their responsibilities in this regard. Other agencies should alert educational settings of any concerns and ensure they are included in the safeguarding response.

Environmental Health	Environmental Health is responsible for health and safety enforcement in businesses, investigating food poisoning outbreaks, pest control, noise pollution and issues related to health and safety. Local authorities are responsible for the enforcement of health and safety legislation in shops, offices, and other parts of the service sector.
General Practitioners (GPs)	GPs have a significant role in safeguarding adults. This includes making referrals should they suspect or know of abuse or neglect, playing an active role in planning meetings and safeguarding plans, and supporting safeguarding actions where there is organisational abuse and/or neglect.
Health Providers	All health providers are responsible for the safety and quality of services. Health providers are required to demonstrate that that they have safeguarding leadership, expertise and commitment at all levels. Health providers are required to have effective arrangements in place to safeguard adults at risk of abuse and neglect, and to assure themselves, regulators and their commissioners that these are effective and meet the required standards. Safeguarding arrangements mirror those of the CCG. All health providers are required to be registered with the Care Quality Commission.
Named Professionals (health)	Named health professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's Safeguarding Lead, designated professionals and the SAB. Safeguarding Adult Leads support and advise commissioners on adult safeguarding within contracts and commissioned services. They also have responsibility to improve systems and embed referral routes for adults at risk across the health system. Pressure ulcer management and quality of care in care settings are further areas that health staff are able to use their clinical judgements about whether or not abuse and neglect has or is likely to arise. As they make repeated visits to their patients, they are also in a good position to review risks and the effectiveness of safeguarding plans in response to concerns.
Healthwatch	Healthwatch is the consumer champion in health and care and must be consulted on the Safeguarding Adult Board's strategic plan. It operates at both local and national levels, and has significant statutory powers to ensure the voice of the consumer is strengthened. It challenges and holds to account commissioners, the regulators and providers of health and social care services. It identifies common problems with health and social care based on people's experiences, recommends changes they know will benefit people, and holds services and decision-makers to account and demands action. As a statutory watchdog, its role is to ensure that health and social care services, and the government, put people at the heart of their care.

Housing Providers	The Care Act states that a Local Authority must consider cooperating with Social Housing Providers in order to exercise its care and support duties. An authority must do this in particular when protecting adults at risk of harm and neglect and when identifying and sharing lessons to be learned from cases of serious abuse or neglect. Social Housing Providers are registered with, and regulated, by the Homes & Communities Agency. They are also known as Registered Providers of Social Housing (RPs) or registered social landlords (RSLs). They include Local Authority landlords, arm's-length management organisations (ALMOs) that manage council housing stock, private for-profit or not-for-profit housing providers, and Voluntary Sector Providers such as alms houses. Most not-for-profit RPs are also known as Housing Associations. RPs provide a wide range of housing and housing-related services. They provide much of the supported accommodation in England, such as sheltered housing, care homes, supported living scheme housing, extra care schemes, hostels, foyers for young people, domestic abuse refuges, etc. Beyond the core service of providing housing, RPs may also engage in initiatives that enhance their customers' wellbeing and create sustainable communities, such as: housing support, community safety, better neighbourhoods, responding to antisocial behaviour, employment & training, domestic abuse, self-neglect & hoarding, fraud awareness, debt & financial inclusion, reducing isolation, tenancy sustainment support, etc. Local Authorities must take into account that the suitability of accommodation is a core component of wellbeing and good housing provision can variously promote that wellbeing. This includes minimising the circumstances, such as isolation, which can make some adults more vulnerable to abuse or neglect in the first place. The nature and diversity of RPs' work, therefore, can mean that their staff are often well placed to: • Have a good knowledge of the individual and the communities with whom they work • Be working with persons who are unable to protect themselves from abuse or neglect due to their care and support needs, but who are not already known to Adult Social Care Services • Identify individuals experiencing or at risk of abuse or neglect and raise concerns • Be the first professionals to whom individuals might first disclose abuse or neglect concerns • Be the only professionals working with the adult at risk • Provide essential information and advice regarding the adult at risk • Contribute actively to person-led safeguarding risk assessments and arrangements to support and protect an individual, where appropriate • Carry out a safeguarding enquiry, or elements of one • Work with agencies to support someone who is hoarding • Work together with agencies to resolve issues with someone who refuses support or self-neglects, or when someone may not be eligible for a safeguarding service or social care support

	• Work with Local Authorities to promote safeguarding awareness, information and prevention campaigns • Be instrumental in helping a Local Authority to successfully exercise its safeguarding and well-being duties Housing Providers should ensure that they develop a safeguarding culture through: • Board and Leadership commitment & ownership of safeguarding responsibilities • Policies or guidance that promote the 6 principles of adult safeguarding • Policies that reflect the adult safeguarding framework set out by a SAB • Staff being vigilant about adult safeguarding concerns • Learning and development for staff on adult safeguarding and the Mental Capacity Act 2005 enabling them to fulfil their roles and responsibilities • Sharing information appropriately to safeguard adults at risk and engaging with Information Sharing Agreements where required • Developing inter-housing networks as well as multi-agency mechanisms
Ambulance Service	There are a number of ways in which Ambulance Service staff may receive information or make observations which suggest that an adult at risk has been abused, neglected or is at risk of abuse and neglect.
Fire Service	The fire and rescue service can become aware of safeguarding concerns in a number of ways, not only when responding to emergency calls but also during community safety preventative work such as home fire safety visits.
Prisons	Adult safeguarding in prisons means keeping prisoners safe and protecting them from abuse and neglect. This is underpinned by six key principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. Prison staff have a common law duty of care to prisoners that includes taking appropriate action to protect them. Prisons have a range of processes in place to ensure that this duty is met. These also ensure that prisoners who are unable to protect themselves as a result of care and support needs are provided with a level of protection that is equivalent to that provided in the community. Definitions of abuse and neglect are based on those used in the Care and Support Statutory Guidance issued by the Department of Health.
Community Rehabilitation Companies	Since 1st June, 2014 the delivery of Probation Services has been carried out by the National Probation Service (NPS) and Community Rehabilitation Company (CRC). NPS are responsible for supervising high and very high risk of serious harm offenders on licence and community orders, and/ or those subject to Multi-Agency Public Protection Arrangement (MAPPA), preparing pre-sentence reports for courts, preparing parole reports, supervising offenders in approved premises, and delivering sex offender treatment programmes, support to victims of serious violent and sexual offences through the Victim Liaison Unit.

	The CRC are responsible for supervising low and medium risk of serious harm offenders on licence and community orders, Community Payback, Accredited Programmes and other interventions. Both services have a remit to demonstrate a continuous focus on assessment and risk of harm, to protect adults at risk, children and young people, and victims of crime. One of their key objectives is to evidence that routine checks are completed (with appropriate agencies) and information accessed is used to inform the assessment and management of risk in all cases. The NPS works in partnership with other agencies through the Multi Agency Public Protection Arrangements (MAPPA). The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public. The responsible authorities in respect of MAPPA are the police, prison and the National Probation Service that have a duty to ensure that a local MAPPA is established and the risk assessment and management of all identified MAPPA offenders is addressed through multi-agency working. Although not a statutory requirement, representation from the National Probation Service and the Community Rehabilitation Company on the Safeguarding Adults Board should be considered.
NHS England	The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England has a statutory requirement to oversee assurance of CCGs in their commissioning role. The mandate from Government sets out a number of objectives which NHS England is legally obliged to pursue. The objectives relevant to safeguarding are: • Continuing to improve safeguarding practice in the NHS; • Contributing to multi-agency family support services for vulnerable and troubled families; and • Contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime. NHS England is also responsible for ensuring, in conjunction with local CCG Clinical Leads, that there are effective arrangements for the employment and development of a named GP/named professional capacity for supporting Primary Care within the local area
Office of the Public Guardian	The OPG was established under the Mental Capacity Act 2005 to support the Public Guardian and to protect people lacking capacity by: • Setting up and managing separate registers of lasting powers of attorney, and of court- appointed deputies • Supervising deputies • Sending Court of Protection visitors to visit individuals who lack capacity and also those for whom it has formal powers to act on their behalf • Receiving reports from attorneys acting under lasting powers of attorney and deputies • Providing reports to the Court of Protection • Dealing with complaints about the way in which attorneys or deputies carry out their duties.

	The OPG can carry out an investigation into the actions of a deputy, of a registered attorney (lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks capacity, and report to the Public Guardian or the court.
Providers	All commissioned service provider organisations should produce their own guidelines that are consistent with the multiagency Safeguarding Adults policy and local area procedures. These should set out the responsibilities of staff, clear internal reporting procedures, and clear procedures for reporting to the local Safeguarding Adults process. In addition, provider organisations' internal guidelines should cover a whistleblowing policy which sets out assurances and protection for staff who raise concerns, how to work within best practice as specified in contracts, how to meet the standards in the Health and Social Care Act 2008 and the Care Quality Commission Regulations 2009, how to fulfil their legal obligations under statutory processes, robust recruitment arrangements, and training and supervision for staff.
Public Health	The Health & Social Care Act 2012 set out the legislative framework for the changes to the health and care system that led to the creation of Public Health England and the transfer of responsibility for most public health duties at a local level to local government. Public Health England (PHE) was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service, for the first time combining health protection and health improvement in one organisation. From April 2013 responsibility for public health transferred from the NHS to local government and Public Health England.
Trading Standards	Trading Standards provide advice for businesses and is responsible for enforcing laws covering the safety, descriptions and pricing of products and services. Trading Standards Officers have particular skills in dealing with fraud, tricks and scams.
The Voluntary or Community Sector	Non-profit or not for profit sector organisations should include safeguarding adults within their induction programmes. Safeguarding should be integral to policies and procedures, for example: • Staff and volunteers are aware of what abuse is and how to spot it; • Having a clear system of reporting concerns as soon as abuse is identified or suspected, with lead officers in place; • Respond to abuse appropriately respecting confidentially; • Prevent harm and abuse through rigorous recruitment and interview process. The VCS can promote safeguarding and support statutory organisations through consultations on policy and developments, work on prevention strategies and promoting wider public awareness.