Safeguarding Adult Policy

Review

Review Cycle	Date of Current Policy	Author(s) of Current Policy	Review Date
2 yearly	September 2026	Somerset Safeguarding Adults Board	September 2028

Ratification

Role	Name	Signature	Date
Chair of Governors	**Malcolm Gulliver**	Signed at meeting	25.09.26
Safeguarding Governor	**Tracey Richards**	Signed at meeting	25.09.26
Headteacher*	**Swavek Nowakiewicz**	Signed at meeting	25.09.26
Designated Safeguarding Lead (DSL)*	**Swavek Nowakiewicz**	Signed at meeting	25.09.26
Senior Mental Health Lead	**James Holgate**	Signed at meeting	25.09.26
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Details of Policy Updates

Date	Details
Sept 26	Updates to ratification list, DDSL list. Somerset Safeguarding Pathway added as appendix 6

Safeguarding Adults Multi-Agency Policy

Agreed by
Safeguarding Adults Board in BANES, Bristol City, North Somerset, South Gloucestershire, and Somerset agreed July 2023
July 2023
To be read in conjunction with:
Keeping Bristol Safe Partnership Policies which are available at:
https://bristolsafeguarding.org/policies-and-guidance

DOCUMENT CONTROL SHEET
Document Control

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Version Control

Version	Date Reviewer	Changes Made
V2	25/07/22	Full review of document.

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 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.

A requirement under the Equality Act 2010 is for provision and adjustments to enable disabled people equal access to information and advice. Ensuring equality may reduce or remove substantial difficulty. Access to other services for example, translators should always be considered to ensure that the adults are afforded every opportunity to participate and be involved.

DOING NOTHING IS NOT AN OPTION

whoever identifies a safeguarding concern should take responsibility for making the required referral to the adult safeguarding services. 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 Council	Telephone	0300 247 0201
	Email	
	Out of hours	
Bristol City Council	Telephone	01179 222 700
	Email	
	Out of hours	01454 615 165
North Somerset Council	Telephone	01275 888 801
	Email	
	Out of hours	
Somerset County Council	Telephone	0300 123 2224
	Email	adults@somerset.gov.uk
	Out of hours	300 123 23 27
South Gloucestershire Council	Telephone	01454 868 007
	Email	
	Out of hours	

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

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

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Context, principles, and values

Context

This Policy replaces all previous Policy documents for the participating Safeguarding Adults Boards (SABs) and Partnerships and was formally ratified by the relevant multi-agency Safeguarding Adults Boards. It sets out the multi-disciplinary, multi-agency framework for adult safeguarding and describes how agencies and organisations 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 SABs and Partnerships regardless of funding source. There is also a contractual requirement that any providers commissioned by the statutory partners of the SABS/Partnerships will adhere to this policy. Individual agencies and organisations should retain their own Safeguarding Adults Policy which should support and enhance the intention of this document.

The policy was last reviewed in October 2022 and will be reviewed on a formal basis every three years, or sooner considering new guidance, legislation, relevant learning or good practice to emerge nationally or locally.

This policy should be read in conjunction with the KBSP multi-agency procedures https://bristolsafeguarding.org/policies-and-guidance/

- Care Act (2014)
- Care and Support Statutory Guidance
- Domestic Abuse Act 2021
- Supporting Additional Needs of Asylum Seekers

All agencies and organisations need to take responsibility for organisational learning and implement changes to their practice as a result of experience, audits, complaints, Safeguarding Adults Reviews, and most importantly feedback from adults at risk about what works well and what needs to improve provide opportunities for learning from themes and patterns of practice that can add value to learning from good practice and pinpointing necessary changes.

Principles

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

Making Safeguarding Personal (MSP)

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;

[1] Making Safeguarding Personal Toolkit

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, all KBSP undertake to:

- Work with adults (and their advocates or representatives) 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 or Partnership

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

Safeguarding is fundamentally about promoting the safety and well-being of an adult in line with the above six principles. This involves risk management, which is used:

- To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes
- To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'

Effective risk management strategies identify risks and provide an action or means of mitigation against each identified risk and have a mechanism in place for early escalation if the mitigation is no longer viable. Contingency arrangements should always be part of risk management. Risk assessments and risk management should take a holistic approach and partners should ensure that they have the systems in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention.

Where an individual is not able to protect themselves without support, the aim should be to support them to make their own informed decisions which preserve their safety. However, people involved in safeguarding need to acknowledge that there is a balance to be struck between risk and an individual's right to make their own informed decisions, even if others consider the decision to be unwise or puts the individual at risk. The importance of their right to make decisions about their own life, which is part

of an individual's well-being, needs to be considered as well as the safeguarding concerns.

What is safeguarding?

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.

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, 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.

Who do adult safeguarding duties apply to?

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

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities
- Adults who manage their own care and support through personal or health budgets
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support
- Adults who fund their own care and support
- Children and young people in specific circumstances as detailed on page 13

[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 need is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act (2014)

Outside of scope of this policy and procedures:

- Adults in custodial settings i.e., prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these arrangements. The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters. Local Authorities are required to assess for care and support needs of prisoners, which take account of their wellbeing. NHS England has a responsibility to commission health services delivered through offender health teams which contributes towards safeguarding offenders. More information on the role of the Local Authority in relation to safeguarding in prisons.

What is abuse?

The Care and Support 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. Please note none of the following lists are exhaustive.

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.

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.

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
- 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 an adult at risk

Who might abuse?

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 their abuse.

Where might abuse occur?

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, including doorstep or telephone scams

Why abuse may occur?

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)

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

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

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

Safeguarding enquiries

Local authorities have a duty to make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria in 0 **and** is, or is at risk of, being abused or neglected. An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act (2014) (known as a 'Section 42 Enquiry'), in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs. The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes.

Non-statutory enquiries (known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about carers, or about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act (2014). Please refer to local guidance for more information.

Safeguarding children and young people

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. The Children and Social Work Act 2017 sets out the requirements for local arrangements for safeguarding and promoting the welfare of children, along with establishing a national Child Safeguarding Practice Review Panel and requirements for Child Death reviews.

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.

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.

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, where there is domestic abuse, have complex needs or have learning disabilities. For further information see Working Together to Safeguard Children.

The Domestic Abuse Act (2021) states that children from 16 years are considered victims of domestic abuse in their own right. However, Abusive behaviour directed at a person under 16 should continue to be dealt with as child abuse rather than domestic abuse

In all adult safeguarding work, **all** staff working with the person at risk **must** take a Think Family approach and 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. Think Family recognises and promotes the importance of a whole-family approach:

- No wrong door – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services
- Looking at the whole family – services working with both adults and children consider family circumstances and responsibilities. For example, an alcohol treatment service combines treatment with parenting classes while supervised childcare is provided for the children
- Providing support tailored to need – working with families to agree a package of support best suited to their situation
- Building on family strengths – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing creates a safe environment where families can identify the reasons for problems, to understand the triggers and the impact of associated behaviours so that solutions can be agreed

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

High risk domestic abuse cases should be referred to MARAC (multi-agency risk assessment conference); a regular, confidential, local meeting to discuss high risk domestic abuse cases. It is attended by Police, Health, Child Protection, Housing and other relevant agencies, with victims represented by an Independent Domestic Abuse Advisor (IDVA). All relevant information is shared about the victim, the family and perpetrator, and a coordinated action plan produced for each adult victim. The MARAC will also link with relevant agencies and services to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety

Effective transition

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 (the Mental Capacity Act 2005 applies once a person turns 16).

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.

When someone aged 18 and over 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 need is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act (2014).

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.

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 **must** 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 of a plan, it may be prudent to hold a professionals meeting.

Children and young people who abuse

Abuse towards parents and other relatives (for example, grandparents, aunts, uncles), some of whom may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death.

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.

Young carers

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.

Carers and safeguarding

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

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. Where there is intentional abuse, adult safeguarding under Section 42 of the Care Act (2014) should always be considered.

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.

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.

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

Mental Capacity and Consent

This section will be updated to reflect new Mental Capacity Act Guidance and the Liberty Protection Safeguards once the government has published a date on which they will come into effect. Until then existing legislation and guidance remains in effect and should continue to be followed.

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

All organisations working with adults who are or may be at risk of abuse and neglect, must aim to ensure that they are supporting people to make their own informed and safe decisions as well as taking or prompting action to protect people who are not able to protect themselves. This should underpin every activity through consistent safeguarding adults work. This includes any safeguarding activity that is outside the scope of a Section 42 Care Act (2014) enquiry.

Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to consider 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.

The MCA 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.

The MCA 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 lack 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.

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.

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, as may their ability to execute it as a result of impairment to their executive functioning[3]. If an adult is subject to

[3] Executive functions are the processes associated with managing oneself and one's resources in order to complete a task. Where someone has impaired executive functioning, they may be able to describe a task and the process needed to carry it out in detail, but lack the ability to complete it in practice.

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.

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

The MCA 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)"*

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.

If a person has capacity but is deemed to not be able to make, informed decisions because of high levels of coercion and control **and** are deemed to be at high levels of harm that consideration should be given to the inherent jurisdiction of the Court of Protection.

Consent and information sharing

The Care and Support 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.

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice, but it has been repeatedly highlighted as a difficult area of practice nationally. Fears about sharing information cannot be allowed to stand in the way of the need to protect and meet the needs of adults at risk.

Sharing 'Personal data'[4] or 'Sensitive personal data'[5] between organisations as part of day-to-day safeguarding practice is covered by the common law duty of confidentiality, the General Data Protection Regulation ("GDPR"), Data Protection Act 2018 (which codifies the GDPR into UK law), the Human Rights Act 1998 and the Crime and Disorder Act 1998.

As a general principle professionals must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the Local Authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.

If the information is being shared to ensure safeguarding, for statutory purposes, as part of a task or authority falling within the scope of Article 6(1)(e)[6] or to protect vital interests (Article 6(1)(d))[7]. However, professionals must still consider how the information is shared **and inform the individual that the information has been shared, as long as this would not create or increase any risk of harm.**

Note: The GDPR sets a high standard for consent, and this only applies where individuals are being offered real choice and control.

Where professionals do not have a lawful basis to share the information without seeking consent they must do so before sharing.

Adults may choose to 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

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[4] The GDPR applies to 'personal data' meaning any information relating to an identifiable person who can be directly or indirectly identified in particular by reference to an identifier. Source: Information Commissioner's Office

[5] The GDPR refers to sensitive personal data as "special categories of personal data". The special categories specifically include genetic data and biometric data where processed to uniquely identify an individual. Personal data relating to criminal convictions and offences are not included, but similar extra safeguards apply to its processing. Source: Information Commissioner's Office

[6] Article 6(1)(e) of the UK GDPR provides for processing (including sharing) of data where it is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. This will often be the lawful basis on which organisations who have a formal safeguarding role can rely for necessary and proportionate sharing of data in relation to that function. Source: Information Commissioner's Office

[7] Article 6(1)(d) of the UK GDPR provides for processing (including sharing) of data where it is necessary to protect the vital interests of the data subject or another person. This lawful basis can be relied on where the data sharing is necessary to prevent a legitimate risk to life. Source: Information Commissioner's Office

- 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

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, The Social Care Institute for Excellence (SCIE) lists the following examples of circumstances where a professional can reasonably override a decision by an adult to not give consent for their information to be shared:

- The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act (2005)
- Other people are, or may be, at risk, including children
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
- The person has the mental capacity to make that decision, but they may be under duress or being coerced
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- A court order or other legal authority has requested the information

It is important to keep a careful record of the decision-making process and what, if any, information was shared 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.

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.

Helpful guidance to ensure that information sharing is justified and proportionate is set out in the Caldicott principles.

Advocacy and support

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.

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.

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

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

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 (2014) to help them be involved in the safeguarding process will be crucial.

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 Code of Practice guidance in relation to determining that it is in the adult's best interests to be represented and supported by the advocate.

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 unfriended, 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.

Information sharing and confidentiality

Section 45 of The Care Act (2014) 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 2018, Human Rights Act 1998, and Crime and Disorder Act 1998. The Mental Capacity Act (2005) 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.

A recurring factor in Safeguarding Adult Reviews nationally has been a failure to understand the legislation and guidance surrounding information sharing and a failure to share information effectively. The risk of sharing information is often perceived as higher than it actually is, and it is therefore important that staff consider the risks of not sharing safeguarding information when making decisions.

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

Adults have a general right to independence, choice and self-determination including control over information about themselves (see section 0 on page 18).

Each organisation must comply with the rights of the individual in a fair and consistent manner and in accordance with any specific legislative requirements, regulations, or guidance.

Each organisation must ensure that they have appropriate policies and procedures in place to facilitate both the protection and the exercising of these and other rights.

Each organisation must be clear and open with individuals about how their information will be used. In general terms an individual should be told the identity of the organisation collecting and recording the data. The reasons or purpose for doing so (including any statistical or analytical purposes), and any extra information that an individual needs in the circumstances to ensure that their information is being processed fairly. This is known as a 'Privacy Notice' and complies with Principle 1 of the Data Protection Act 2018 and Principle A of the GDPR.

Each organisation must also inform individuals about their additional rights in respect of legislation and how these may be exercised. This will include the provision of appropriate support in order that individuals may best exercise those rights, for example: Providing information in alternative formats or languages, providing support in the form of advocacy, assisting them to make a subject access request or to request the rectification of inaccurate personal data concerning them.

Please refer to Appendix 3 for the information sharing flowchart 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.

All staff must ensure that when they share information they do so in a way that is compliant with the General Data Protection Regulation (GDPR) which was incorporated in to UK law by the Data Protection Act 2018. The following points are a guide and should be considered alongside Appendix 3:

- The GDPR and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately
- When sharing or requesting personal information from someone, staff must be certain of the basis upon which they are doing so and should always take advice from their organisations data protection officer if unsure
- Staff must be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement and, even when sharing without consent, tell them when information is being shared unless it is unsafe or inappropriate to do so
- Staff should share with consent only where appropriate and where sharing the information does not fall under a different lawful reason. Where staff have consent, they must be mindful that an individual would have the expectation that only relevant information would be shared and must have the option to withdraw their consent
- Staff should consider safety and well-being and base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions
- Information sharing should always be necessary, proportionate, relevant, adequate, accurate, timely and secure: Staff must ensure that the information shared is necessary for the purpose for which they are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, is shared securely, and that is arrangements in place for it to be returned or destroyed
- Staff must **always** keep a record of their decisions and the reasons for them – whether it is to share information or not. If a decision is made to share, then record what you have shared, with whom and for what purpose

Please refer to Appendix 3 for the information sharing flowchart

Duty of Candour

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.

Whistleblowing / Professional reporting

Whistleblowing (also referred to as 'Raising Concerns') 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 reporting will be respected by the investigating body.

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[8].

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

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

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

Record Keeping

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 missing or 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.

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.

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?

A record of all actions and decisions must be made, as record keeping is a vital component of professional practice and is an essential element in documenting the legal justification for decisions. When abuse or neglect is raised, professionals need to look for past incidents, concerns, risks, and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over a period of time. In the case of providers

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

registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action. At a minimum there should be an audit trail of:

- Date and circumstances of concerns and subsequent action
- Decision making processes and rationales
- Risk assessments and risk management plans
- Consultations and correspondence with key people
- Advocacy and support arrangements
- Safeguarding plans
- Outcomes
- Feedback from the adult and their personal support network
- Differences of professional opinion
- Referrals to professional bodies

Risk enablement and management

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.

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.

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.

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.

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.

This involves:

- Assuming that people can make their own decisions (in line with the Mental Capacity Act (2005) 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

Responding to organisational failure and abuse

The Care and Support Statutory Guidance clarifies that the Adult Safeguarding duties under the Care Act (2014) 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
- The core duties of the police to prevent and detect crime and protect life and property

Where it is suspected that a crime has been committed investigations by the police will take primacy other forms of enquiry.

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 or where organisational abuse is suspected. In most areas there will be regular information sharing meetings between commissioners and regulators, for example, the Local Authority, the CQC, Integrated Care Boards, NHS England; or there will be frameworks in place that can call such meetings as and when required.

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 Section 42 of the Care Act (2014) (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.

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 Enquiry to all or groups of individuals in organisational settings.

Training

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.

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

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.

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.

Specific roles and responsibilities

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 deathInvoluntary 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 The new DA act incorporates new offences of Non-fatal Strangulation/Suffocation (NFS) due to the high prevalence of this in assaults • NFS is often a terrifying experience, and many victims report they genuinely believed they were going to die. • NFS is linked to PTSD and other psychiatric conditions. • Some victims lose consciousness, but research has also found that some people don't remember that they had lost consciousness. • Loss of consciousness, even temporary, can cause brain damage, including long term neurological damage such as memory loss and facial droop. • Some victims lose control of bladder, and more rarely bowels, during strangulation. They are unlikely to report this unless asked. Soiled clothing / bedding may be evidence.

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

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, appointee ship or other legal authority	• Unexplained or sudden inability to pay bills • Unexplained withdrawal of money from accounts • Lack of money especially after pay/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 moneylending • 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 • A significant increase in the volume of post/calls being received / talking about winning competitions or lotteries

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 organised 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
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.

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Sexual exploitation	Sexual exploitation occurs when someone is deceived, coerced or forced to take part in sexual activity. Ways in which someone could be sexually exploited include but aren't limited to: prostitution, brothels, escort agencies, pole/lap dancing, forced marriage, webcamming, phone sex lines, internet chat rooms, mail order brides, pornography and sex tourism. 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.	• appear to be guarded, accompanied, or have their movement restricted • show signs of physical abuse, such as cigarette burns, bruises or untreated medical conditions • are not allowed to keep or have limited access to the money they make • show evidence of being forced, intimidated or coerced into providing sexual services • show psychological signs of emotional trauma such as: fear, anxiety, isolation, confusion, or a lack of self-esteem. Spotting one of these signs may not mean that someone is being exploited or trafficked but seeing one should be a reason to be suspicious. The more signs you see, the more likely that this person is being controlled, exploited and trafficked.

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

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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

Criminal Exploitation (including Cuckooing)

Criminal exploitation of children and adults at risk 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.

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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 adults to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local adults who they identify as being vulnerable to exploitation 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, 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 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
- 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 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 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 Partnership (LSCP)	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. Working Together to Safeguard Children 2018 removed the requirement to establish LSCBs on Local Authorities, and replaces it with a requirement that the three safeguarding 'partners' in an area (Local Authorities with Children's Social care responsibilities, Integrated Care Board(s), and police) establish new local arrangements from September 2019. Please refer to information published by your LSCB on arrangements from September 2019 for further information and guidance.
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 (2014). 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 Integrated Care Board (ICB) (formerly Clinical Commissioning Group- CCG) 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 ICB, 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. If you are concerned that an adult is in immediate danger or if there is a crime in progress involving an adult, then contact the police on 999. If you believe that a criminal offence has occurred, but it is not in progress, and no one is in immediate danger, then contact police using 101 or report online. Professionals can also report safeguarding concerns to the Avon and Somerset Constabulary Lighthouse Safeguarding Unit. Please follow your internal policies relating to when to notify police about a death (typically when unexpected and/or suspicious circumstances).

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) • 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 Deprivation of Liberty Safeguards (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 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 Integrated Care Boards, Local Authorities 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 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 Integrated Care Board. 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 ensuring information is shared with within their own organisation and across local partnerships and networks.

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 (Healthwatch England), 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 (2014) 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 Homes England. 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 at risk of 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

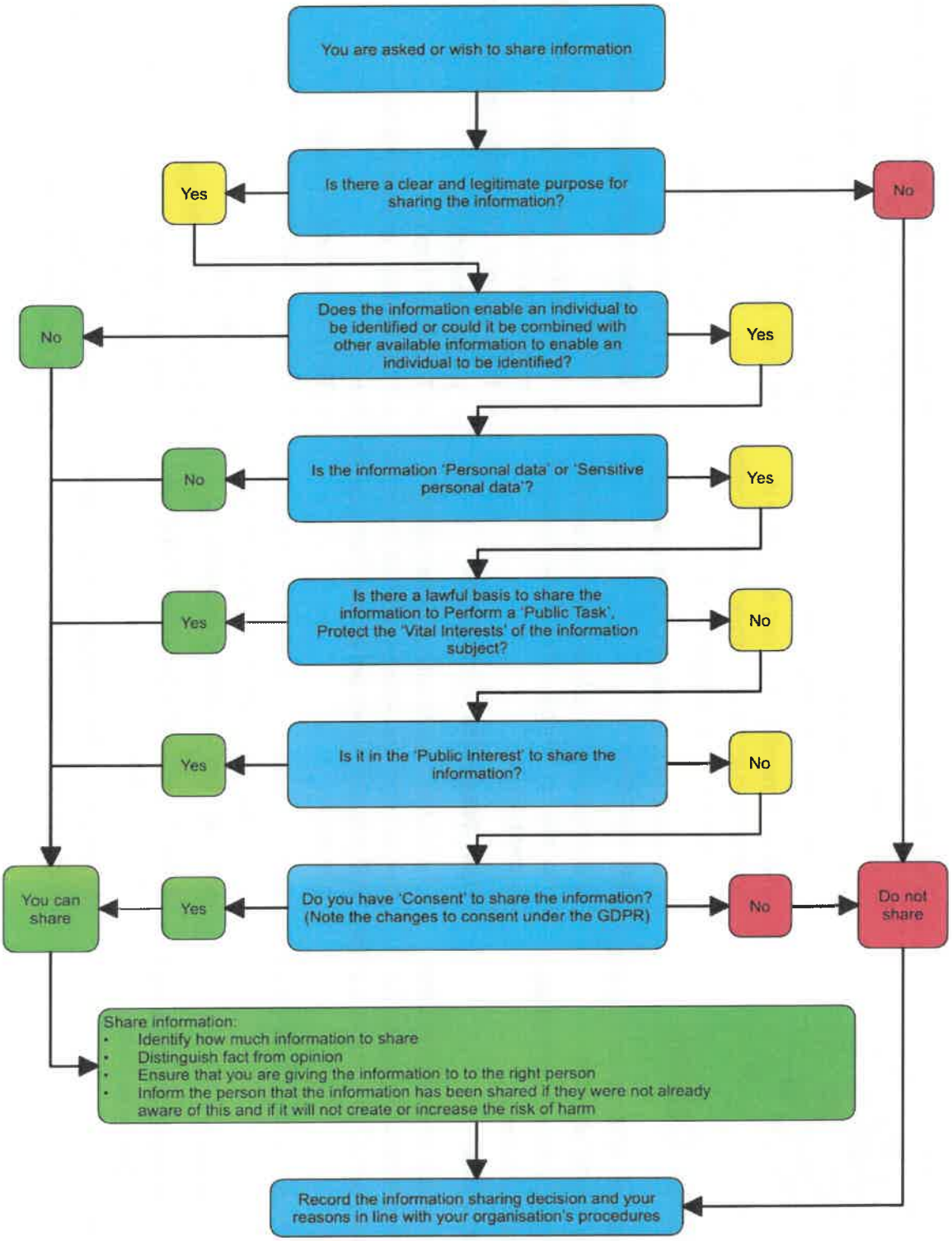
	• Be working with persons who are unable to protect themselves from abuse or neglect due to their care and support needs, but who are not already known to Adult Social Care Services • Identify individuals experiencing or at risk of abuse or neglect and raise concerns • Be the first professionals to whom 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 Safeguarding Adults Board • 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 and Social Care.
National Probation Service	The delivery of Probation Services is carried out by the National Probation Service (NPS). 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. They are also responsible for supervising low and medium risk of serious harm offenders on licence and community orders, Community Payback, Accredited Programmes, and other interventions. 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 NPS 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 NPS 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 Integrated Care Boards (ICBs) 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

	• 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 ICB 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 (OPG)	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 and Social Care Act 2012 set out the legislative framework for the changes to the health and care system that led to the transfer of responsibility for most public health duties at a local level to local government, with the remainder transferring to Public Heath England. From October 2021 Public Health England ceased to

	exist and its responsibilities were split between the Office for Health Improvement and Disparities and The UK Health Security Agency.
Trading Standards	From and Adult Safeguarding perspective Trading Standard services have a key role in safeguarding focus should be protecting victims of scams and rogue traders. This includes both promoting awareness of, and disrupting, these types of criminal activity and working with partners to prosecute offenders when identified. Trading Standards also provide advice for businesses and is responsible for enforcing laws covering the safety, descriptions and pricing of products and services.
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.

Appendix 3: Information Sharing flowchart



Appendix 4

Mate Crime

This leaflet explains what Mate Crime is and what you can do about it.

We have also published other leaflets about adult safeguarding.

What is Mate Crime?

Mate crime is a type of disability hate crime when someone pretends to be your friend and then they commit a crime against you.

They may even persuade or trick you into doing things.

A 'Mate' can be anyone.

They might be someone you have met recently, or you might have known them for a long time.

They could be:

- A friend
- A family member
- Someone that helps you

Please remember that not everyone is pretending to be your friend and is going to commit a crime against you.

Most of them, if not all of them, will be good people.

It is important you know who to tell if you are not happy with the way a friend is treating you.

How does Mate Crime start?

Mate Crime starts with people saying they want to be your friend but moves to bullying and other behaviour that you do not want.

Some people who are victims of Mate Crime are scared of losing their friends if they say "No" to what is happening.

A real friend won't get upset if you say "No" to them.

Mate Crime often happens in private so that it is not seen by others.

Sometimes people pretend to be your friend online as well.

How does Mate Crime happen?

Some of the things that this friend may try to do are:

- Take money from you without asking
- Ask to borrow money from you and not give it back
- Use all your credit on your mobile phone
- Take you out but ask you for lots of money in return
- Take you out but expect you to always pay for everything
- Take your food
- Have parties in your house
- Hurt you
- Tell you to hurt yourself
- Tell you to take drugs or drink alcohol
- Tell you to have sex with them or with their friend
- Tell you to do things that you are not happy about. This could be when you are with them or online

A real friend does not need to be bought, and someone who takes your money, asks you to pay for lots of things, or

makes you feel uncomfortable is not a true friend.

If someone who says they are your friend hurts you, steals from you or makes you do something you don't want to do, you should tell someone you trust right away.

How can other people spot Mate Crime?

If you notice any of these things it could mean the person is a victim of Mate Crime:

- Changes in routine, behaviour, relationships, appearance, finances, and household. This could include new people visiting or staying over, lots of new "friends", lots more noise or rubbish than there normally is.
- Unexplained injuries
- Being involved in sexual acts that have not been agreed to
- Self Neglect
- Bills not paid for, short of money
- A friend that appears to bully the person
- Suddenly short of money, losing possessions or changing their will
- The person says that they are "doing what they are told to" by a "friend"
- Signs of mental ill health
- Not being with their usual friends or family or not doing the things they normally do each week
- Missing appointments
- Packages turning up at the person's house and being collected by someone else soon after

What can I do to stop it and how do I get help?

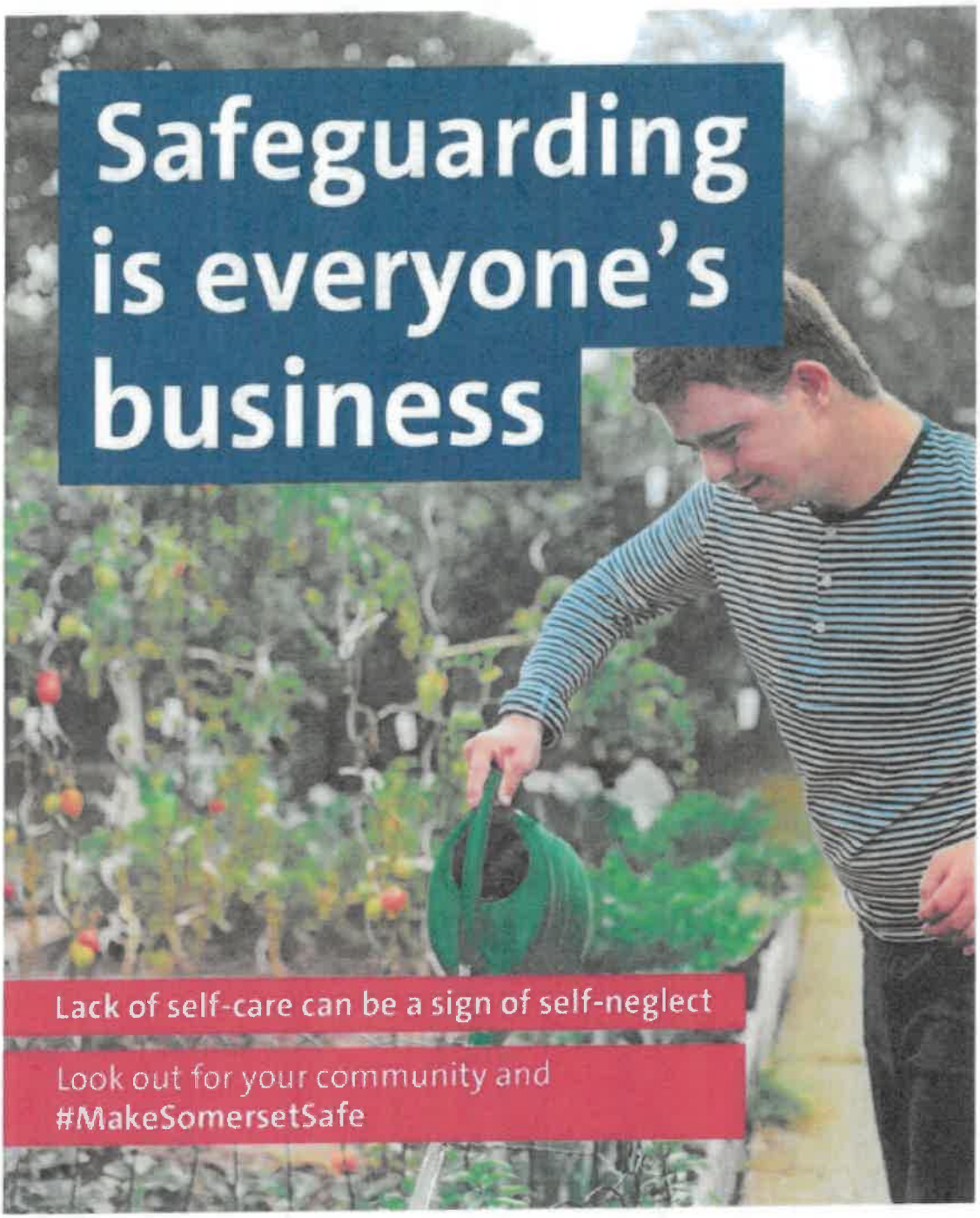
Talk to someone that can help:

- Tell someone you trust who is not involved in the Mate Crime.
- Tell the Police:
  - **You can call them using 101** or in an emergency 999
- Tell Somerset County Council's Adult Safeguarding Team by calling Somerset Direct
  - **You can call them on 0300 123 22 24** (Monday to Friday 8.30am to 5.30pm, Saturday and Sunday closed)
  - **You can email them using: adults@somerset.gov.uk**
  - The phone number for Adults and Mental Health out of hours is **0300 123 23 27**

Further information:

Please use the following link to view other leaflets on our website: **bit.ly/SSABLeaflets**

Appendix 5



SOMERSET SAFEGUARDING ADULTS BOARD

www.somersetsafeguardingadults.org.uk
0300 123 2224
adults@somerset.gov.uk

Somerset Council

Somerset Safeguarding Pathways Guidance

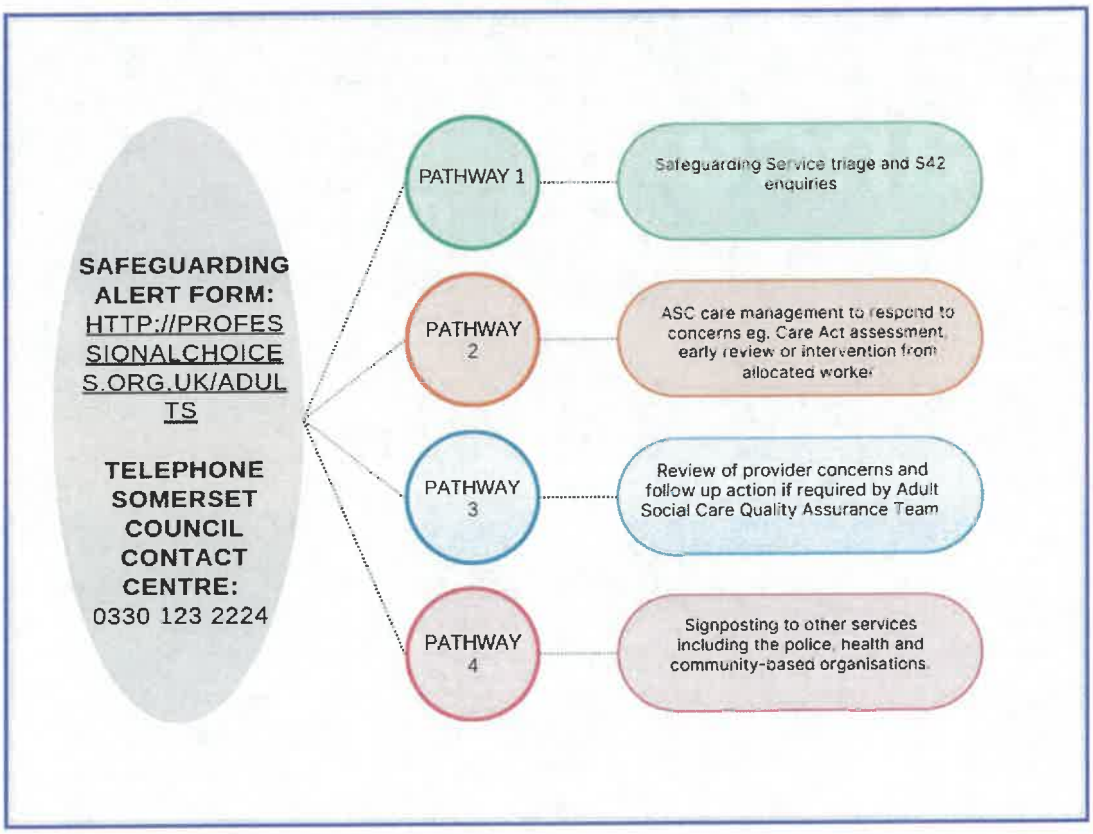
Contents

- How to make a safeguarding referral – p2
- Screening of referrals – p3
- Outcomes from screening – p3
- Contact Centre escalation process – p4
- Post-screening pathways – p4
- Safeguarding pathway meetings - p6
- Other meeting types – p7

How to make a safeguarding referral

Safeguarding concerns can be reported to the Somerset Council Contact Centre via the following methods:

- Complete the Professional Choices Safeguarding Alert Form: http://professionalchoices.org.uk/adults
- Telephone Somerset Council Contact Centre: 0330 123 2224



Abbreviation notes: ASC refers to Adult Social Care

Screening of referrals

Safeguarding concerns are screened by the Somerset Council Customer Contact Centre. Please note that the term 'safeguarding concern' is sometimes called a 'safeguarding referral'. The purpose of the screening process is to identify the most appropriate pathway to respond to concerns.

Concerns are considered against part of the criteria set out in Section 42 of the Care Act:

1. Does the person have or appear to have care and support needs regardless of whether or not Adult Social Care is meeting those needs?
2. Is the person, experiencing or at risk of abuse, neglect or self-neglect?

As part of the screening process, Contact Centre screeners refer to the Risk Decision Making Tool SSAB-Risk-Decision-Making-Tool V3.1.1 2025, gather information from a range of sources and seek advice and guidance from the Somerset Council Adult Safeguarding Service when required.

Outcomes from screening

The Contact Centre will identify one of 4 potential pathways as an outcome from the screening process.

Pathway 1

If the concern appears to meet the criteria set out in S42 of the Care Act, the concern is forwarded to the Adult Safeguarding Service for a Triage Pathway Decision using S42(1).

Pathway 2

If the concern could be addressed through a care management approach including a Care Act assessment, early review or follow up from an allocated worker, the concerns and request are forwarded to the relevant Adult Social Care Team (Neighbourhood, Mental Health, Learning Disability, Health Interface, Intermediate Care or Transitions team).

Pathway 3

Concerns relating to provider quality are forwarded to the Somerset Council Quality Assurance Team.

Pathway 4

The Contact Centre can signpost to other services including community-based services such as Thrive (Village Agents, Talking Cafes and Carers Service) and Open Mental Health, as well as statutory services including GPs and the police.

The Contact Centre will communicate the outcome of screening and actions taken to the referrer by sending a feedback email.

Escalation Process

To discuss Contact Centre screening outcomes or to escalate a concern, respond to the Contact Centre feedback email.

The Contact Centre will escalate concerns to a Contact Centre Manager, Safeguarding Service Manager or another manager within Adult Social Care depending on the nature of the concern.

Pathways

Pathway 1 – Adult Safeguarding Service

The Adult Safeguarding Service's triage team gathers further information using section S42(1) of the Care Act. This process includes information gathering, checking records/systems, phone calls and/or visits.

Triage workers discuss their findings with the safeguarding manager on duty and a Safeguarding Pathway Decision is made. The target for this decision is 2 working days from when the concern is received by the Adult Safeguarding Service.

Safeguarding Pathway Decision outcomes include:

- The concern is accepted as meeting the criteria for progression to a S42(2) safeguarding enquiry.
- The concerns do not meet S42(2) criteria however due to the level of risk, the concerns are accepted for a non-statutory S42 enquiry.
- The concerns do not meet the criteria for a S42(2) enquiry and can be addressed through a care management or provider quality assurance approach. The outcome of the Safeguarding Pathway Decision and request

for further action such as a Care Act assessment, early review, allocated worker follow-up or actions from the Quality Assurance Team is sent to the relevant Adult Social Care Team.
- The concerns do not meet the criteria for a S42(2) enquiry and no further action is required from Adult Social Care.

The Safeguarding Service communicates the Safeguarding Pathway Decision Outcome and actions being taken to the referrer.

Pathway 2 – Other Adult Social Care Teams

Adult Social Care Teams (Neighbourhood, Mental Health, Learning Disability, Transitions, Hospital, Intermediate Care) triages requests and concerns forwarded to them by the Contact Centre.

Either:

- A worker is allocated/an existing worker follows up
- Advice, guidance or onward referral is provided, or
- No further action is indicated

To further discuss concerns or actions being taken by an Adult Social Care Team, please contact the relevant team directly. If you do not have the contact details for a team or worker, get in touch with the Contact Centre on 0300 123 2224 or by responding to the Contact Centre feedback email.

Pathway 3 – Adult Social Care Quality Assurance Team

The Quality Assurance Team screens concerns and considers other recent intel to decide on the most appropriate course of action.

Actions that can be taken include:

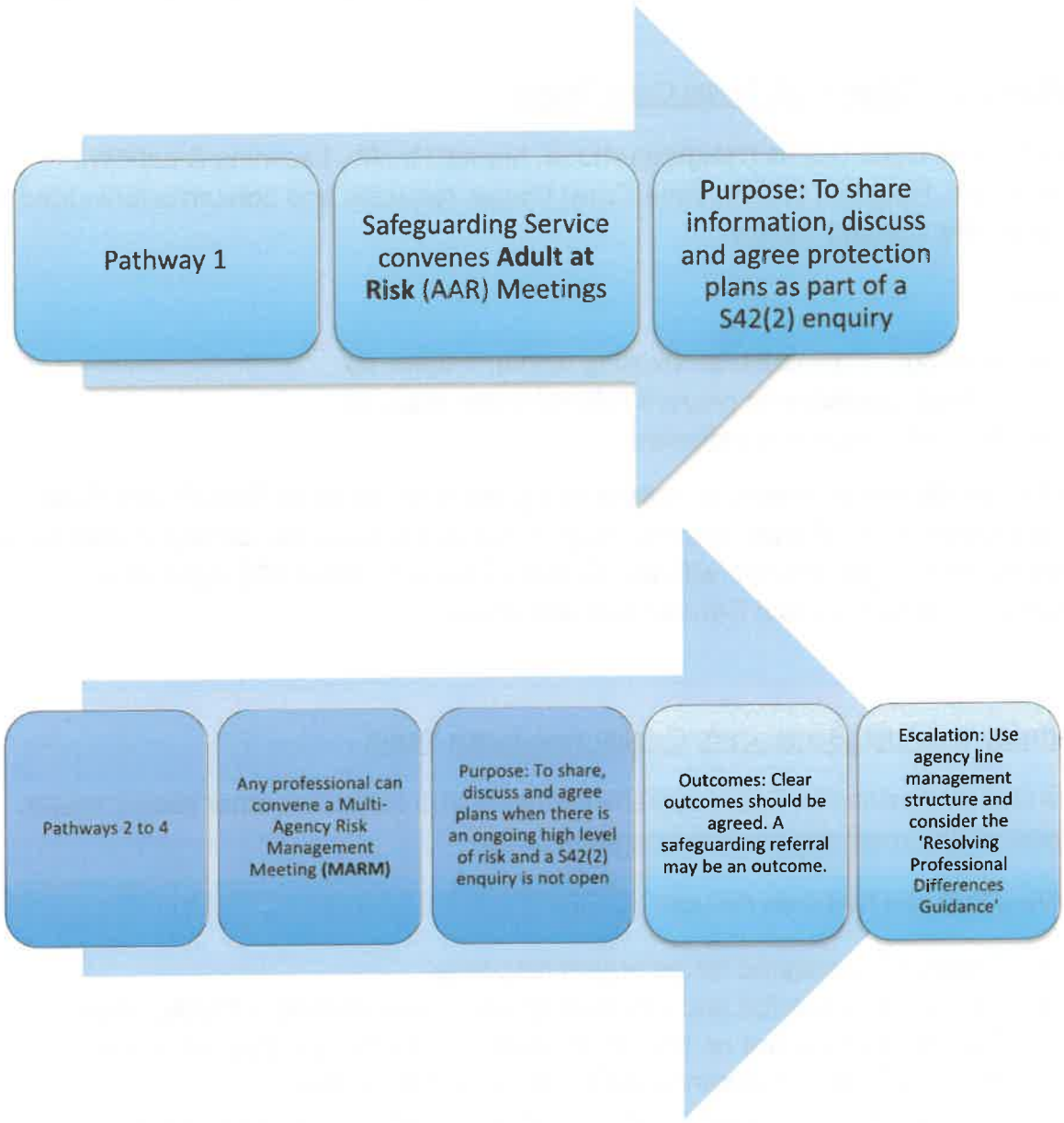
- Concern is accepted for an urgent response.
- Concern is accepted and followed up which may include a Quality Visit
- Concern is recorded on Quality Assurance Intel log and passed to the relevant Quality Assurance Officer for information only.
- Concern is recorded on Quality Assurance Intel log and no action is taken.

To further discuss concerns or the actions being taken, contact the Quality Assurance Team by email: AscProviderQualityAssurance@somerset.gov.uk

Pathway 4 – Other Services

Contact should be made directly with relevant services.

Safeguarding Pathway Meetings



Multi Agency Risk Management Meetings (MARM)

MARM meetings are intended to empower all agencies (in their management of risk) to feel confident to instigate multi-agency risk management meetings in relation to people with complex needs or circumstances who do not require or meet the criteria for a local authority led adult safeguarding enquiry under Section 42 the Care Act (2014).

MARM Guidance: Practice guidance and resources

***How to invite Adult Social Care to a MARM* Meeting:** Email adults@somerset.gov.uk with the following in the subject line: MARM Meeting, the persons initials and NHS number if available.

Resolving Professional Differences Guidance

The Resolving Professional Differences Guidance explains how professional differences relating to the safety of adults at risk of abuse should be resolved. It is applicable to all individuals and organisations who have a role in the safeguarding of adults at risk of abuse and supports Somerset's Multi-Agency Safeguarding Adults policy.

Further information including how to make a referral SSAB Resolving Professional Differences June 2025

Other Meeting Types

Other meeting types such as Multi-agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) do not replace Safeguarding Pathway Meetings (Adult at Risk, MARM, Resolving Professional Differences); rather they run alongside them when appropriate.

MARAC

MARAC is a partnership approach, its core objective is to share information about domestic abuse victims, perpetrators and families on the highest risk domestic abuse cases between representatives of Children's Social Care, Adult Social Care, Police, Housing, Education, Specialist Domestic Abuse Services and Mental Health and other specialists from the statutory and voluntary sectors. The primary focus of the MARAC is to safeguard the adult victim.

Further information including how to make a referral: Multi-agency Risk Assessment Conference (MARAC)

MAPPA

MAPPA is the process that the Police, Probation and Prison Services use to work with other agencies to manage the risks posed by violent and sexual offenders living in the community.

Further information including how to make a referral: Multi-Agency Public Protection Arrangements

Professionals' Meetings

Professionals' meetings provide an opportunity to talk with other professionals. A professionals' meeting might be arranged to facilitate multi-agency coordination, share assessments, risk and planning. These meetings are not part of the formal safeguarding pathway in Somerset.

Adult at Risk Meetings and Multi-Agency Risk Management Meetings (MARM) are part of safeguarding pathways in Somerset.

- Adult at Risk Meetings can be convened by the Somerset Council Adult Safeguarding Service.
- When there is not an active S42 safeguarding enquiry open, any professional with concerns about an ongoing high level of risk can convene a Multi-agency Risk Management Meeting (MARM).

Title	Somerset Safeguarding Pathways Guidance
Author	Carolyn Smith, Principal Social Worker/Strategic Manager Safeguarding and DoLS
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