



	Date Approved	Date to be Reviewed	Signed by
	04.01.24	04.01.25	<i>Nana Downey</i>

SAFEGUARDING ADULTS AT RISK POLICY AND PROCEDURES 2024

This policy covers the following areas;

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2. Definitions
3. Getaway Girls Adult safeguarding officers
4. Preventing abuse
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1. Commitment/ Principle of safeguarding

1.1 Getaway Girls is committed to safeguarding and promoting the welfare of all adults and recognises its responsibility to take all reasonable steps to promote safe practice and to protect vulnerable adults from harm, abuse and exploitation. Getaway Girls acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse. To enable this to happen the following policies, procedures and guidelines have to be adhered to by all paid staff, Trustees, volunteers and student placements.

1.2 Principles of Safeguarding

These policies and procedures are based on the 6 key principles that underpin all adult safeguarding work and these apply to all sectors and settings, including care and support services.

Empowerment

This involves supporting the Adult at Risk to be in control of their own life. Personalisation and the presumption of person led decisions and informed consent are key to this principle.

Prevention

What action can you take to prevent abuse occurring and minimise the risk of abuse reoccurring in the future?

Proportionality

Staff should respond proportionately and in the least intrusive way to the nature of the allegation or concern and the presenting risk.

Protection

This involves taking action to keep people at risk of abuse and neglect safe. Staff should take into account the use of risk assessments, the Mental Capacity Act 2005, and people's rights to the protection of the law.

Partnership

Working together as partners and communities to respond to and prevent incidents of abuse. Everyone has a part to play in preventing, detecting and reporting neglect and abuse.

Accountability

All Getaway Girls staff need to ensure that they are accountable and transparent in delivering effective safeguarding. This requires ensuring that all decisions can be justified, taking into account duty of care, fair processes and confidentiality.

2. Definitions

Getaway girls takes the following definitions

2.1 What is 'Safeguarding Adults'?

Safeguarding Adults refers to the multi-agency procedure that works to protect adults at risk from abuse or neglect.

2.2 Who is an 'Adult at Risk'?

An Adult at Risk is defined as a person aged 18 years or over, who:

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

An Adult at Risk *may* therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment
- has a learning disability

- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks mental capacity to make particular decisions and is in need of care and support

This list is not exhaustive.

It is not necessary for a person to experience significant harm. The West and North Yorkshire and York Safeguarding Adult Multi-Agency Procedures apply where an incident of abuse has adversely affected the physical, psychological or emotional wellbeing of the vulnerable person.

2.3 What is 'Abuse'?

Abuse of an adult at risk, as defined can take many forms. The following list, is not exhaustive, but rather is illustrative of the kinds of abuse that might be experienced.

Physical abuse - including hitting, slapping, pushing, kicking, misuse of medication, illegal restraint, or inappropriate physical sanctions;

Domestic Violence – including psychological, physical, sexual, financial, emotional abuse; as well as so called 'honour' based violence, forced marriage and female mutilation;

Sexual abuse - including rape and sexual assault or sexual acts to which the Adult at Risk has not consented, or could not consent or was pressured into consenting. Sexual acts would include being made to watch sexual activity;

Emotional/psychological abuse - including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks;

Financial and material abuse - including theft, internet scamming, coercion in relation to an adult's financial affairs or arrangements, such as wills, property, possessions or benefits; the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship;

Modern Slavery – including human trafficking, forced labour and domestic servitude.

Discriminatory abuse - including abuse based on a person's race, gender, gender identity, age, disability, sexual orientation or religion or other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Neglect and acts of omission- including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

Organisational abuse – including neglect and poor practice within, e.g. an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill – treatment. It can arise through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Self-neglect – including a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Some illustrative indicators of abuse, that is those signs and symptoms that indicate that abuse is occurring, are included within Appendix A

2.4 Patterns of Abuse

Patterns of abuse may reflect very different dynamics, such as:

- serial abuse in which someone seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern, as do some forms of financial abuse.
- long term abuse – may occur in the context of an ongoing relationship such as domestic violence between partners or generations or persistent psychological abuse
- opportunistic abuse - such as theft occurring because money or jewellery has been left lying around
- self-neglect – where a person declines support and assistance with their care and support needs, impacting on their individual wellbeing.

Abuse may consist of:

- a single act or repeated acts
- an act of commission or omission
- multiple acts, for example, an adult at risk may be neglected
- being financially abused

Abuse may be intentional or unintentional. A number of abusive acts are crimes and informing the police must be a key consideration.

Who might commit abuse?

This procedure is relevant to all incidents of abuse regardless of who has committed them. Anyone might be responsible for abuse, including:

- a member of staff, a proprietor or service manager
- a member of a recognised professional group
- a client, or other adult at risk
- a volunteer
- a member of a community group such as place of worship or social club
- a spouse, relative, member of the person's social network or an unpaid carer
- a child, including the person's own son or daughter
- a neighbour, member of the public or stranger; or
- a person who deliberately targets adults at risk in order to exploit them

Abuse is “a violation of an individual’s human and civil rights by any other person or persons” (No Secrets, 2000:09)

Abuse may consist of a single act or repeated acts; it may take a range of forms and be committed by any person.

2.5 What is ‘harm’?

There is no specific definition of the term ‘harm’ in the Care Act 2014. In the absence of a specific definition it would be reasonable to consider the following categories: action or inaction constituting or leading to:

- ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- the impairment of, or an avoidable deterioration in, physical or mental health and/or
- the impairment of physical, intellectual, emotional, social or behavioural development

It is important that in deciding what action to take, consideration must be given not only to the immediate impact and risk to the person, but also to the risk of future, longer-term harm.

3. Adult Safeguarding Officers

Senior Management Officer responsible for safeguarding-**Flavia Docherty**, Director
Named Safeguarding Officer responsible Safeguarding officer **Diane Law** Trustee

They will act as a contact between any member of staff who has a concern and the appropriate service/agency who will deal with the problem.

These people will not be expected to be an Adult Protection expert, but will be a channel for information. They will not be expected to deal with any issues on their own.

3.1 The NSO’s responsibilities include:

- Ensuring that the organisation complies with the standards identified and agreed by the Leeds Safeguarding Adults Partnership Board guidance for managing allegations and employing and maintaining a safe workforce.
- Ensuring that **LSAPB** procedures for managing allegations are reflected and implemented within agency procedures
- Ensuring that the workforce is aware of and uses the procedures in relation to the allegations against adults working with or on behalf of vulnerable adults.
- Ensuring that the organisation has in place systems for reviewing cases and identifying and implementing any changes require improving procedures and practice.
- Resolving any inter-agency issues which affect the implementation of LSAPB procedures
- Ensuring that the identify and key roles of NSO and senior manager (organisation’s) are reflected in agency policy and procedures
- Ensure effective recording and reporting arrangements are in place

3.2 Senior Manager within the Organisation (SMO)

The senior manager within the organisation has overall responsibility for ensuring procedures are followed at an operational level. This person may be, or may represent, the employer in an incident of an allegation

The SMO’s responsibilities include:

- Ensuring that **LSAPB** procedures properly applied and implemented
- Providing advice, information and guidance for staff within the organisation
- Being the senior manager within the organisation to whom all allegations or concerns are reported
- Clarify information regarding details of specific allegations
- Gather any additional information which may have a bearing on the allegation e.g.; previous known concerns, care and control incidents, etc
- Liaise with The Adult Social Care Services Safeguarding Manager, for additional support if that is required. contact LSAPB Support Unit Advice Line – 0113 224 3511
- Providing the subject of the allegation with information and advise them to inform their union or professional body in accordance with LADO advice
- Requesting advice from Social Care should the allegation be unfounded as the person may still be in need of services themselves or the police may need to be involved if allegation deemed to be deliberately malicious or invented
- Attend Strategy meetings where required
- Liaise with management team where employers disciplinary action required
- Ensuring that risk assessments are undertaken as and when required
- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome
- Undertaking appropriate checks with data the agency may hold
- Providing reports and information as required by NSO
- Raising awareness of the need to empower adults who are in vulnerable positions by ensuring their agencies produce good whistle blowing and complaints procedures for all service users.
- Ensuring appropriate and relevant training programmes are in place for staff
- Ensuring that relevant support programmes are in place for staff, and service users

4 Preventing Abuse

4.1 Recruitment and Selection of Staff

- Any individual taking up employment with Getaway Girls, who is in contact with children, young people or vulnerable adults, must agree to an enhanced check with the Disclosure and Barring Service (DBS) being obtained prior to their recruitment. This will be made clear on any application form for employment. It will also be stated as part of any interview process and will be a condition before any offer of employment can be confirmed.
- Getaway Girls will always seek at least two references for staff and will not allow a member of staff to start working with service users until it has received written assurance that the staff member is suitable to do so.
- All appointments should be conditional on the successful completion of a probationary period.
- All staff involved in recruitment and selection will have been appropriately trained, with the Chair of the recruitment process trained in Safer Recruitment
- Referees will be asked if they would be prepared to re-appoint the person for whom they are giving the reference.
- Those appointing staff will telephone the referees of the selected candidate before the person is appointed to confirm the written reference (see individual partners' Recruitment and Selection

Policy).

4.2. Staff training

- Getaway Girls will ensure that all staff are properly trained in issues around Safeguarding/ adult Protection.
- Initial training will form part of the induction training, where the reading and understanding of the adult safeguarding and protection policy and procedures is compulsory.
- Within 2 months of starting in post the worker will need to attend LSCB level 1 Safeguarding training.
- Other related training needs and a personal development plan will be developed through individual support, supervision and appraisal procedures

4.3 DBS Checks

- Staff, volunteers and Trustees will complete DBS checks appropriate for their roles every 2 years

4.4 Service Delivery

Getaway Girls will also ensure that:

Young women are treated at all times with dignity and respect and with recognition of their rights to privacy and confidentiality

There is a clear agreement between young women about support to be offered

Young women supported to gain information and skills to prevent abuse, e.g. assertiveness skills,

Young women have information about how to make a complaint and how to report abuse

Services are tailored according to a person's assessed needs and choice, and amended as a person's needs or circumstances change and with their consent.

Young women's forums contribute to decisions about how services are managed and delivered

Young women are able to make decisions about their own lives and the services they receive.

Young women who are unable, due to reasons of mental capacity or communication difficulties to make decisions about their own lives and the services they receive; will have decisions made in their 'best interests' under the Mental Capacity Act.

Assessments of mental capacity and 'best interest decisions' are appropriately recorded

4.5 Confidentiality and Disclosure

All young women that Getaway Girls works with should always be made aware of the **Confidentiality Policy**. If a service user tells you that they have something to tell you that must be kept a secret, or that no one else can be told, it is vital that they are reminded of the policy. If they do not wish to proceed at this point then this must be respected, but the situation must be closely monitored. They may not be ready to disclose at that time, but they may wish to do so in the future.

If information is disclosed before you have had a chance to explain confidentiality, then you must do so at the first opportunity. They may then want to retract any information shared. They have the right to do this but if the worker feels that the information is of such gravity that the Risk Assessment Procedures must be implemented then the service user must be made aware of what action you are taking.

(See Confidentiality Policy)

5. Risk Assessment Procedures.

5.1 The Risk Assessment Procedure (RAP) is a procedure to be taken by the worker if a service user presents an issue during any session or contact which may seem to suggest a serious risk to themselves or to another person (as detailed in **Confidentiality Policy**; which will be displayed in the centre).

If such an issue is presented the worker will immediately inform the young woman of the **Confidentiality Policy** and examples of when the RAP may be implemented.

The worker should ascertain the gravity of the issue and inform the client of implications in terms of confidentiality. When considering the implementation of the RAP the worker should undertake to discuss possible options with the client at this stage and if RAP is to be implemented the client must be informed.

5.2 PROCEDURE

(See Referral Pathways Flow Chart)

Any member of staff (or volunteer) who is told of abuse, witness's abuse or suspect's abuse has a responsibility to act. Doing nothing is not an option.

Your responsibilities are:

1. To take action to keep the person safe if possible.
 - Is an urgent police presence required to keep someone safe – call 999
 - Does the person need urgent medical assistance, do they need an ambulance – call 999
2. If a crime has occurred, be aware of the need to preserve evidence
3. Always inform your line manager. You cannot keep this information secret, even if the person asks you to.
4. Clearly record what you have witnessed or been told, record your responses and any actions taken.

If consulting with your manager will lead to an undue delay and thereby leave a person in a position of risk, or you do not feel your manager is taking the issue seriously, then you should consider undertaking the safeguarding adult referral yourself.

5.3 Referral –

Senior management Officer responsibilities are:

1. Consider if there are any actions you can take to keep the person at risk safe
 - Does anyone need urgent medical attention? Do you need to call an ambulance?
 - Is an urgent police presence required to keep someone safe?
- 2a. Consider if a safeguarding adult referral is required:

- Has the person been treated in a way that is causing them harm? or
- Is the person being treated in a way that is placing them at risk of harm?

A safeguarding adult referral may lead to a person from Adult Social Care or an NHS organisation investigating the concerns/allegations and supporting the adult risk to be safe.

2b. Consider, wherever practicable, the person's wishes about a safeguarding referral:

It is important wherever possible to involve the person at risk about decisions affecting them. If possible or practical, talk to them about their need for support and get their consent to make a safeguarding adult referral. In some circumstances it is appropriate to make a safeguarding referral even if the person does not wish for this to happen, for example:

- If there are other 'adults at risk' at risk of harm, you will need to make a safeguarding adult referral.
- If a person does not have the mental capacity to decide about a safeguarding adult referral, due to dementia or a learning disability for example, you will need to decide in their 'best interests' whether to make a safeguarding adult referral.
- If the person appears to be being unduly influenced or intimidated such that they cannot give consent you will need to make a safeguarding adult referral.
- If the person appears to be at risk of serious harm you may need to make a safeguarding adult referral even if the person has not consented to this.

3. Clearly record what you have witnessed or been told and any decisions you have made.

4. If you are unsure what to do, seek advice. Consult your manager and or contact the Leeds Safeguarding Partnership Support Unit Advice Line (below):

Safeguarding Adult Partnership Support Unit Advice Line – 0113 224 3511 Action Guidelines

Where staff, volunteers or Trustees think an Adult is at Risk they should:

Raise an internal concern with their Line Manager

They must raise an internal concern within the same working day wherever possible.

In the event that this is not possible, they must raise a concern immediately, the next working day.

Complete the internal Getaway Girls Safeguarding form. Completing this form will ensure that a record is kept both of the concern raised and of all related information and actions undertaken. Completion of the form will also assist with completion of the SA1 form should the need to raise a concern be required. A copy of this form must be attached to the relevant case file and also sent to the Manager.

Decide and Record whether raising a concern with Adult Social Care is required. The named safeguarding manager must decide whether it is necessary to raise a concern with Adult Social Care, and must inform Getaway Girls . The decision to raise a concern with Adult Social Care, as well as the decision not to, should always be recorded.

6.How to raise a concern with Adult Social Care

6.1 Ring Adult Social Care: phone numbers below

6.2 Complete the safeguarding form

Forward all related paperwork to the to be stored in the Getaway Girls safeguarding Adults File and recorded on the Safeguarding Adults Raise a Concern Log. The log is used to track concerns raised, case work undertaken and outcomes.

6.3 Keep copies of all forms, and document all conversations, in relevant case files.

6.4 What might happen once a concern has been raised?

Adult Social Care should provide feedback within 2 weeks of receiving a concern. If feedback has not been provided, this needs to be reported to the relevant Line Manager and followed up with Adult Social Care.

If the concern is subject to further investigation, Getaway Girls should be notified of this and within 2 months, should be invited to attend a multi-agency case conference.

The Line Manager will discuss, with the allocated Safeguarding Adults Co-ordinator or Social Worker, the extent to which the organisation will take part in the Safeguarding Adults Procedure; e.g. whether they will carry out an internal investigation in co-ordination with any other investigations (e.g. by police).

Where appropriate, named Line Managers for each organisation will suggest what part staff can play, for example in supporting young woman.

Following a concern being raised, and during the process of supporting the person who experienced the abuse, independent advocacy will be offered. The aim of such advocacy will be to minimise any potential compromise to the work being undertaken. It will be the choice of the person experiencing the abuse to determine whether or not this offer of independent advocacy is taken up.

If the person is considered to lack mental capacity in important decision- making areas, Getaway Girls will support or recommend the instruction of an Independent Mental Capacity Advocate to ensure that the person's choices and preferences are properly taken into account.

7. Record keeping

.A Cause for Concern pro forma is provided for any workers to use when recording information that relates to any areas of concern or disclosures. This should be completed as fully as possible.

. All concerns will be recorded, along with any other non specific or further information, observations or incidents relating to previous disclosures or areas of concern.

. This information will be kept confidential and in a locked filing cabinet that is only accessible to the Director and in their absence the Chair or named Safeguarding Officer within trustees

8. Volunteers and Placements.

(For further detail see Volunteer policy)

All volunteers must register and provide two satisfactory references.

All volunteers and placements must be satisfactorily DBS check before any contact work is allowed with service users.

All volunteers and placements must be made aware of the Safeguarding Adults policy as part of their induction training.

It is recommended that all volunteers must attend Safeguarding/ Protection training.

9. WORKING WITH OTHER ORGANISATIONS.

When working and delivering work with other organisations it is important to find out what their adult safeguarding policy is to ensure that if an incident arose during the joint working then there are still clear procedures and the service user involved is not confused by separate procedures. If there are any discrepancies between the two policies then a decision must be made as to what procedures are followed in the case of an incident or concern.

10. Monitoring

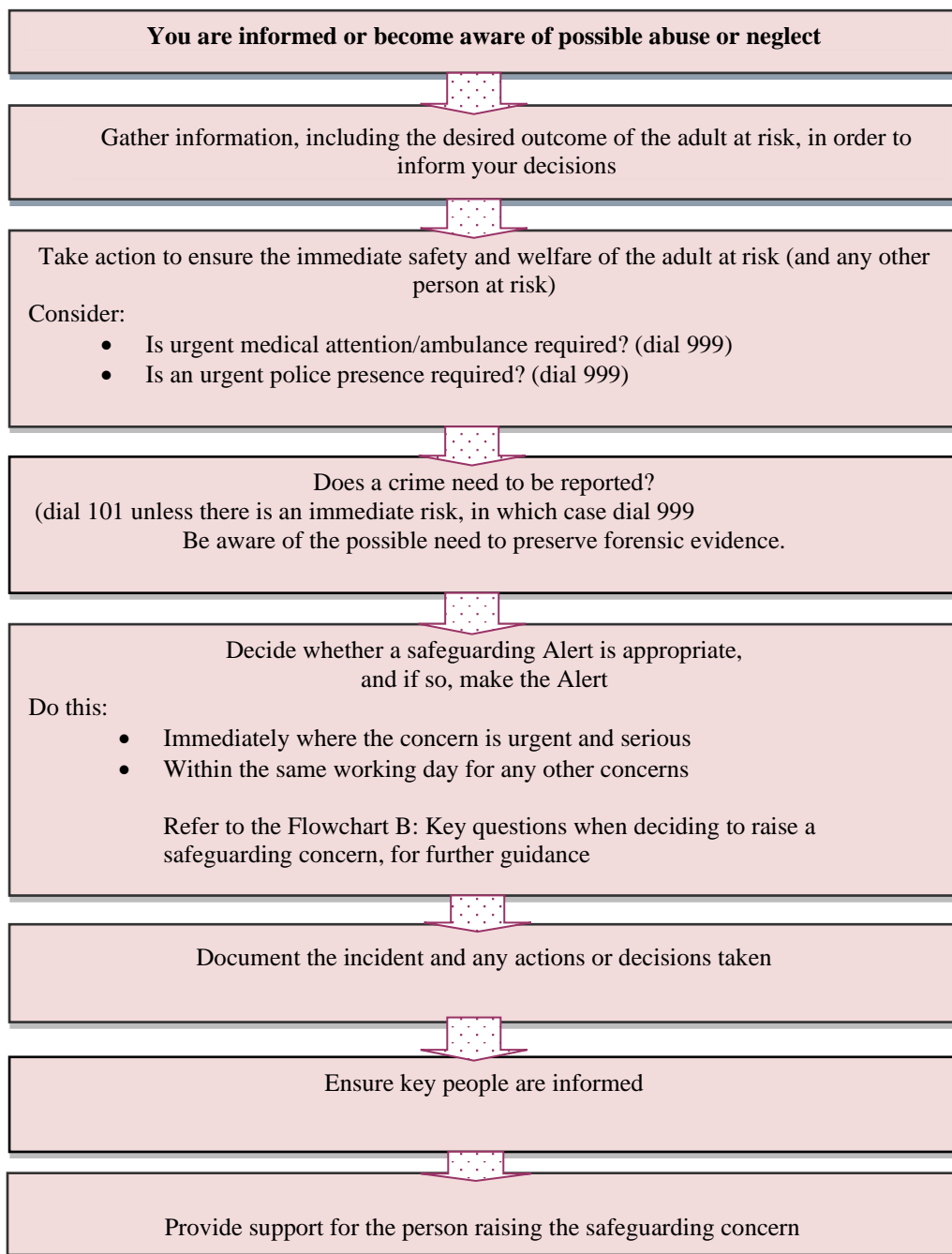
Getaway Girls will monitor the number of Safeguarding Adults Concerns raised and any follow up action taken, specifically:

- The number of internal concerns that have been raised, and whether or not they were raised with Adult Social Care. This will form part of the Annual Audit and will subsequently be reported to the Trustee Board to determine any additional need for resources to address Safeguarding Adults issues.
- The details should include the reasons for the decision to raise a concern/not raise a concern and the response received from Adult Social Care.
- If there have been difficulties regarding the concern or actions arising from it (e.g. lack of contact from Adult Social Care, lack of cooperation from other agencies) this should also be recorded.

All safeguarding cases will be subject to case review, as with any other casework. Particular focus will be on the process followed, from first raising a concern right through to conclusion; the role played by Getaway Girls and its staff; any lessons to be learned that would improve the experience for young women; and any changes that may need to be made to Getaway Girls policy and procedures as a consequence.

Such outcomes are to be presented to the Board of Trustees.

4.7.1. Appendix A - Managing Safeguarding Concerns Flowchart



Q1. Does the adult have care and support needs? (refer to Section 1.1 of the Policy)

Q2. Is the person experiencing, or at risk of, abuse and neglect?

- | | | | | | |
|---------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Domestic abuse | <input type="checkbox"/> | Modern slavery | <input type="checkbox"/> | Neglect or acts of omission | <input type="checkbox"/> |
| Physical abuse | <input type="checkbox"/> | Discriminatory abuse | <input type="checkbox"/> | Self-neglect | <input type="checkbox"/> |
| Sexual abuse | <input type="checkbox"/> | Organisational abuse | <input type="checkbox"/> | Another form of abuse | <input type="checkbox"/> |
| Psychological abuse | <input type="checkbox"/> | Financial or material abuse | <input type="checkbox"/> | | |

NB: Abuse may sometimes occur without any intent to cause harm

Q3. What is the nature and seriousness of the risks?

Consider:

- The person's individual circumstances
- The nature and extent of the concerns
- The length of time it has been occurring
- The impact of any incident
- The risk of repeated incidents for the person
- The risk of repeated incidents for others

Q4. What does the adult at risk want to happen now?

Wherever possible, consider the wishes and desired outcomes of the adult at risk. In other words, what do they want to happen next, what do they want to change about their situation and what support do they want to achieve that

Sometimes it will be necessary to Raise a Concern even if this is contrary to the wishes of the adult at risk. Any such decision should be proportional to the risk, for example:

- It is in the public interest e.g. there is also a risk to others, a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care
- The person lacks mental capacity to consent and it is in the person's best interests
- The person is subject to coercion or undue influence, to extent that they are unable to give consent
- It is in the person's vital interests (to prevent serious harm or distress or life threatening situations)

If you remain unsure whether to raise a safeguarding concern, seek advice:

- Contact your organisations safeguarding adults lead.
- Contact your local safeguarding services (See Section 9.4 for contact details)

Appendix C - Indicators of Abuse

Indicators of abuse are the suspicious signs and symptoms that draw attention to the fact that something is wrong. The presence of one or more indicators does not confirm abuse. However, a cluster of several indicators should lead one to question whether the person is alright, and enquire accordingly. The lists of indicators are not exhaustive.

Physical abuse - Possible signs and symptoms:

- Any injury not fully explained by the history given
- Injuries inconsistent with the lifestyle of the Adult at Risk
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns or reflecting the shape of an article
- Burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns, cigarette burns.
- Multiple fractures, lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Misuse of medication.

Sexual abuse - Possible signs and symptoms:

- Significant change in sexual behaviour or attitude
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Poor concentration
- Adult at Risk appears withdrawn, depressed, stressed
- Unusual difficulty or sensitivity in walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area
- Bruising to thighs or upper arms
- Self-harming behaviour.
- Sexually transmitted diseases, urinary tract or vaginal infection, 'love bites'

Emotional/psychological abuse - Possible signs and symptoms:

- Change In Appetite
- Low Self Esteem, Deference, Passivity, and Resignation
- Unexplained Fear, Defensiveness, Ambivalence
- Emotional Withdrawal
- Sleep Disturbance
- Self-Harming Behaviour.

Financial abuse - Possible signs and symptoms:

- Unexplained sudden inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Lasting Power of Attorney or Enduring Power of Attorney obtained when the Adult at Risk is unable to comprehend and give consent
- Carer withholding money
- Recent change of deeds or title of property
- Unusual interest shown by family or others in the Adults at Risk assets
- Evasiveness from the person managing financial affairs

Neglect and acts of omission - Possible signs and symptoms:

- Physical condition of the Adult at Risk is poor, e.g. bedsores, unwashed, ulcers
- Clothing in poor condition, e.g. unclean, wet, ragged
- Inadequate physical environment
- Inadequate diet

- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Malnutrition when not living alone
- Inadequate heating
- Failure to give prescribed medication
- Poor personal hygiene.

Discriminatory Abuse i.e. abuse which may be related to an individual's, age, mental capacity, gender, ethnicity, sexual orientation, religious belief - Possible signs and symptoms:

- Lack of respect shown to an individual
- Signs of a sub-standard service offered to an individual
- Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
- Failure to follow the agreed care plans, which can result in the Adult at Risk being placed at risk.

Organisational Abuse – Possible signs and symptoms:

- Inappropriate or poor care
- Misuse or inappropriate use of medication
- Neglect of client(s)
- Misuse of restraint or inappropriate restraint methods
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc
- Lack of respect for personal dignity
- Restricted access to toilet or bathing facilities
- Restricted access to appropriate medical or social care
- Lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Denial of visitors or phone calls
- Lack of privacy
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff and clients
- Poor professional practice
- High number of complaints, accidents or incidents
- An unauthorised Deprivation of Liberty
- Non-adherence to the Mental Capacity Act

Appendix D – Mental Capacity

The prime principle that underpins both current law and medical practice with regard to issues of mental capacity is that people should be

“enabled and encouraged to take for themselves those decisions which they are able to take” (Law Commission Report No. 231 (1995), para 2.46).

All adults are presumed to have legal capacity unless there is clear evidence to the contrary. The Mental Capacity Act defines a person lacking mental capacity as follows:

“if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.”
Mental Capacity Act 2005, Sect 2(1)

This definition reflects the current legal position that capacity must be assessed in relation to the particular decision the individual makes.

The Act also defines the following key principles:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

Before the act is carried out, or the decision is made, regard must be paid 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.

Therefore the test of capacity to give consent to medical treatment may differ from the test of capacity to make a gift or draw up a will. It is essential that in situations where an Adult at Risk is thought to lack capacity, both medical and legal advice is sought at the earliest opportunity.

The Act defines the following test for assessing capacity. An individual must have the ability:

- to understand the information relevant to the decision,
- to retain that information,
- to use or weigh that information as part of the process of making the decision,

and

- to communicate his decision (whether by talking, using sign language or any other means).

An adult's mental capacity may fluctuate or change over time. If a decision is not required immediately and the person's capacity is likely to be restored at some point then the decision can be deferred until that time.

All assessments of an adult's capacity should be recorded in their written record case file.

Independent Mental Capacity Advocacy

In cases where a person lacks capacity and does not have anyone to represent them, an Independent Mental Capacity Advocate can be appointed to advocate on their behalf. In the case of a Safeguarding Adults Concern, this service can be approached if there is no alternative appropriate person to represent the person who lacks capacity, e.g. the only person available is implicated in the abuse that is being investigated.

Appendix E – Useful Telephone Numbers

Raising A Safeguarding Adult Concern

To Raise a Safeguarding Concern ring:
Leeds Adult Social Care: Contact Centre
Textphone for Deaf and Hard of Hearing people:

Tel: 0113 222 4401
Tel: 0113 2224410

(Mon-Fri 8am – 6pm; excluding bank holidays)

In the event of an emergency when Adult Social Care action is needed immediately concerns can be raised outside of the Contact Centre opening times, by ringing:

Emergency Duty Team
(Bank Holidays and all other times)

Tel: **0771 210 6378**

**Leeds Safeguarding Partnership Support Unit Advice Line:
(Provides advice in relation to safeguarding adult issues)
(Mon-Thurs. 9am-5pm, Fri 9am-4.30pm, excluding Bank
Holidays)**

Tel: **0113 224 3511**

Email: safeguarding.adults@leeds.gov.uk
Secure email (from a secure email):
safeguarding.adults@leeds.gcsx.gov.uk
(Mon – Fri, Office Hours)

**Making A Child Protection Referral
Children and Young People’s Social Care**
(Mon-Fri 8am – 6pm)

Tel: **0113 222 4403**

Emergency Duty Team

Tel: **0113 240 9536.**

Contacting the Police

Police Call Centre

If the person is in imminent danger

Tel: 999 (Emergency Service)

If you need to report a crime, but the person is not in imminent danger

Tel: 101 (Non-Emergency Service)

Notifying Regulators

Care Quality Commission

Tel: 03000 616161

Charities Commission

www.cqc.org.uk

Tel: 0845 300 0218.

Notifying Contracting Authority

Public Health

Tel: 0113 3950486

Related Advice Lines or Support Services

National Domestic Violence Freephone Helpline

Tel: 0808 2000 247

Leeds City Councils Anti-Social Behaviour Unit

Tel: 0113 222 4402

Stop Hate Crime

Tel: 0800 138 1625 (24hrs)

Trading Standards Services: West Yorkshire Joint Services: Tel: **08454 04 05 06**
Consumer Direct: <http://www.ts.wyjs.org.uk/>

Employment Related Advice Lines

Public Concern at Work (An independent authority on whistle-blowing) Tel: 020 7404 6609.
www.pcaaw.co.uk

Disclosure and Barring Service Tel: 01325 953795
<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Support for Victims of Abuse

Victim Support Helpline

(A national charity with local branches that support victims and witnesses whether or not the crime has been reported). Tel: **0845 3030 900**
www.victimsupport.org.uk

Surviving Trauma after Rape (STAR)

Tel: 01924 292 361
www.starproject.co.uk

VOICE UK (National charity supporting people with learning disabilities and other vulnerable people who experienced crime or abuse. Also supports their families, carers and professional workers)

Tel: **0808 8028686**
www.voiceuk.org.uk

Samaritans (Confidential counselling service for people undergoing trauma in their lives)

[Tel:01132456789](tel:01132456789)

SARSVL -

Support After Rape and Sexual Violence Leeds

(confidential support for women and girls whose lives have been affected by sexual violence)

Tel: 0113 202 1844
(Mon Tues Wed Fri 6 – 8 pm)

Action on Elder Abuse (Run by Action on Elder Abuse and funded by the Department of Health this confidential helpline gives information to anyone and emotional support for those involved in Adult Abuse situations)

Tel: 0808 808 8141
www.elderabuse.org.uk

Respond (Challenging vulnerability and sexual abuse in the lives of people with learning disabilities. Telephone help line for people who have been hurt or touched in a way they don't like and for people who are worried that they might hurt someone else)

Tel: 0808 808 0700
www.respond-uk.co.uk

Ann Craft Trust (ACT) (providing advice to anyone who has a query about the protection of vulnerable children and adults, including professionals, parents, carers and family members).

Tel: 0115 951 5400

Carers UK (Assisting unpaid carers to get the financial, emotional and practical support they need. Offers advice and guidance on a range of issues facing carers across the UK)

Tel: 0808 808 777
www.carersuk.org

Appendix F – Additional Information Resources

- Leeds Safeguarding Adults Partnership Multi Agency Policy and Procedures – see www.leedssafeguardingadults.org.uk for details of the Leeds Partnership Multi-Agency policy and procedures.
- Leaflets for staff and clients on safeguarding adults – see www.leedssafeguardingadults.org.uk for leaflets that can be ordered or downloaded to support your organisation
- Information on Mental Capacity Act and Deprivation of Liberty Safeguarding – see www.leedssafeguardingadults.org.uk or www.publicguardian.gov.uk
- Care Act 2014 statutory guidance - <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
- Disclosure Barring Service (DBS)RB
- <https://www.gov.uk/disclosure-barring-service-check/overview> for further information on DBS checks
- Independent Safeguarding Authority
<http://www.isa.gov.org.uk> for further information on the Safeguarding Vulnerable Groups Act (2006) and the work of the Independent Safeguarding Authority

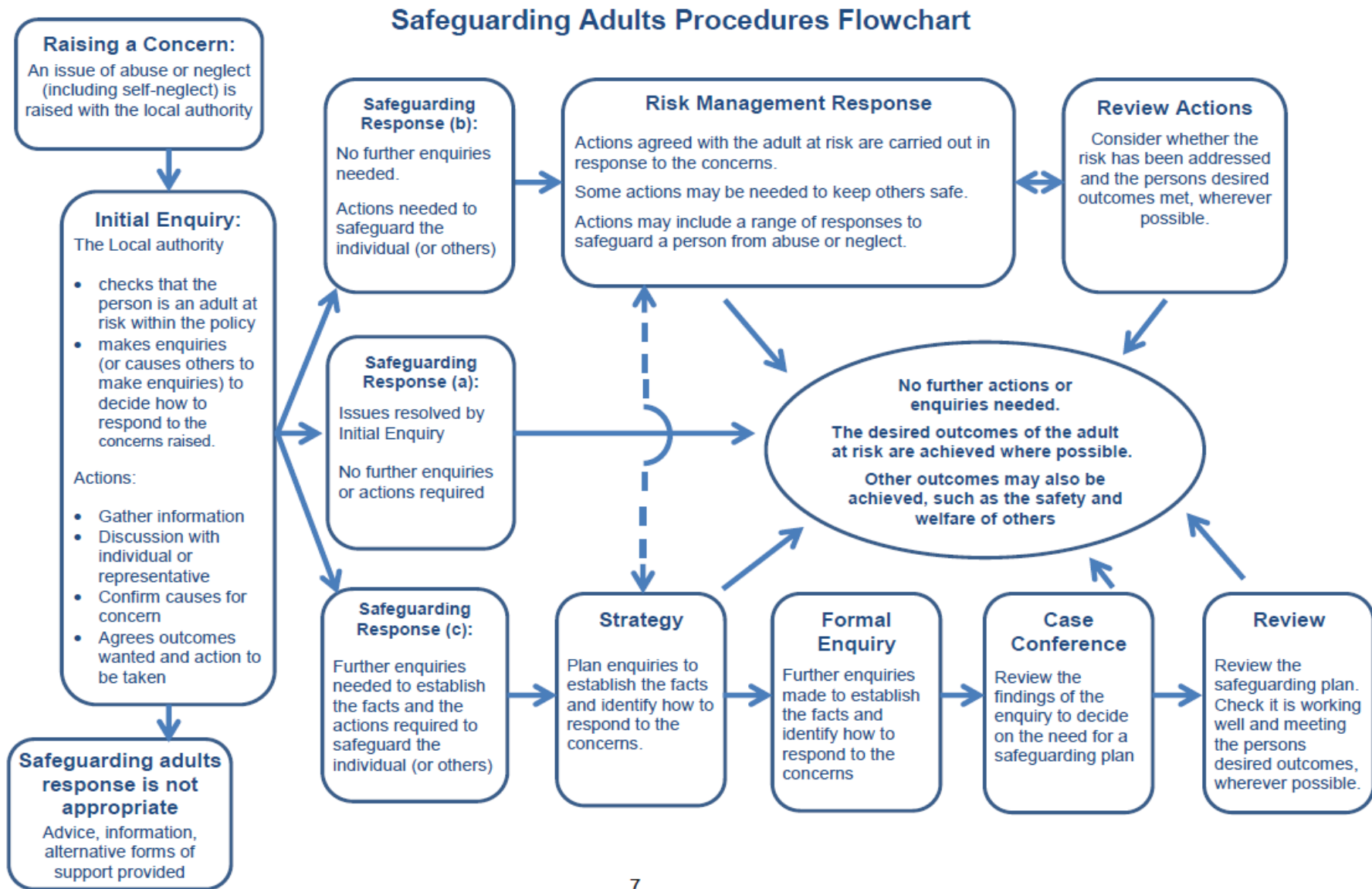
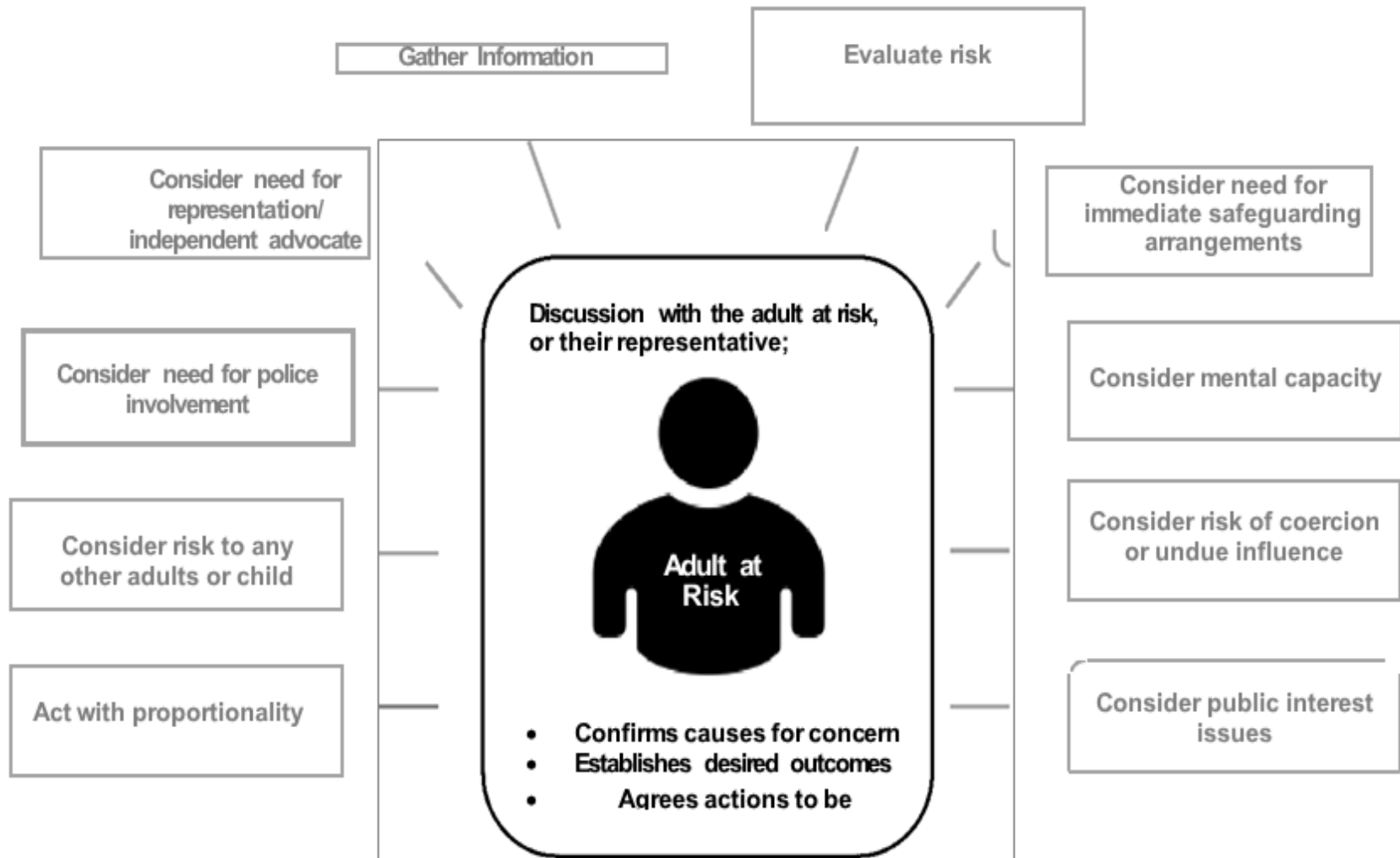


Diagram: Initial Enquiry: Summary of actions and considerations



Safeguarding Adults Concern Supporting Information



To Raise A Safeguarding Adult Concern contact: **Adult Social Care Contact Centre** on **0113 222 4401** (Monday-Friday 8am-6pm) (Textphone for deaf and hard of hearing people: 0113 222 4410).

Where urgent and outside of these hours ring the Emergency Duty Team on 0113 240 9536.

You will be asked for details about the concern. A worker from the appropriate team will then contact you to discuss the concerns and advise you to whom this Supporting Information form should be sent.

**Please complete this form with as much information as possible.
Leave blank those questions you are unable to answer.**

Date Safeguarding Concern Raised:

1. Who is the Adult At Risk?

ESCR/CIS ref (if known):

Title:	First Name(s):	Surname:	Date of Birth: Age:
Address:		NHS Number (if known):	
		Date of Death (if applicable):	
		Gender:	
		Language spoken:	
Post Code:		Ethnicity:	
Tel:		Religion:	
		Marital status:	

Primary Support Reason:

Physical support needs (exc. sensory support needs) <input type="checkbox"/>	Mental health support needs (excluding dementia) <input type="checkbox"/>	Support for learning disability <input type="checkbox"/>
		Support for substance misuse <input type="checkbox"/>
Sensory support needs <input type="checkbox"/>	Support with memory / cognition (including dementia) <input type="checkbox"/>	Other (please specify below) <input type="checkbox"/>
Carer support needs <input type="checkbox"/>		_____

Record details of their Professional Support Network (e.g. GP, District Nurse, CPA Coordinator, Social Worker)

Name	Organisation	Contact Details

2. What existing care/support services is the person receiving (if any)?

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3. Details of the alleged incident

(A) Describe what has happened, when and where. (B) What are the adults at risk's views on the incident
(C) Describe any injuries or harm experienced by the adult at risk

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All information contained within this document is strictly confidential. It should not be used for any purpose other than the protection or care of the adult(s) concerned.

Name / DoB of the Adult at Risk:

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Please tick here if a Body Map has been completed

Type(s) of abuse

Physical	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>	Financial / Material	<input type="checkbox"/>
Neglect / Acts of omission	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>	Organisational	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	Self-Neglect	<input type="checkbox"/>
Modern slavery	<input type="checkbox"/>	Sexual exploitation	<input type="checkbox"/>	Tick all that apply	

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4. What does the adult at risk want to happen now?

4a. What are the desired outcomes of the adult at risk? That is, what do they wish to achieve from the support they might receive, such as feeling safe at home or having no contact with certain individuals

Has the adult at risk given consent for the concerns to be raised with the local authority safeguarding services? Yes No Not Sure

Has an assessment of mental capacity been undertaken? Yes No Not Sure

Is the safeguarding concern being raised in the best interests of the adult in line with the Mental Capacity Act? Yes No Not Sure

5. Actions taken in relation to the safeguarding concerns?

Details of action taken:

Have the police been informed? Yes No Crime Ref. Number:

Has medical intervention been sought? Yes No From where/whom?

6. Details of the person or organisation alleged to have caused harm

Name:		Date of Birth:	
Address:		Gender:	
Post Code:		Does the person/organisation know that a safeguarding allegation has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
What is their relationship to adult at risk?		Is this person also an adult at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they known to the adult at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional information, such as previous concerns:			

7. Any other relevant information

Include any safety **or confidentiality** issues that may impact on how the concern is acted upon

8. Details of the person completing this form

Name:		Job Title:	
Address:			
Post Code:			
Tel:		Date:	

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Name / DoB of the Adult at Risk:

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