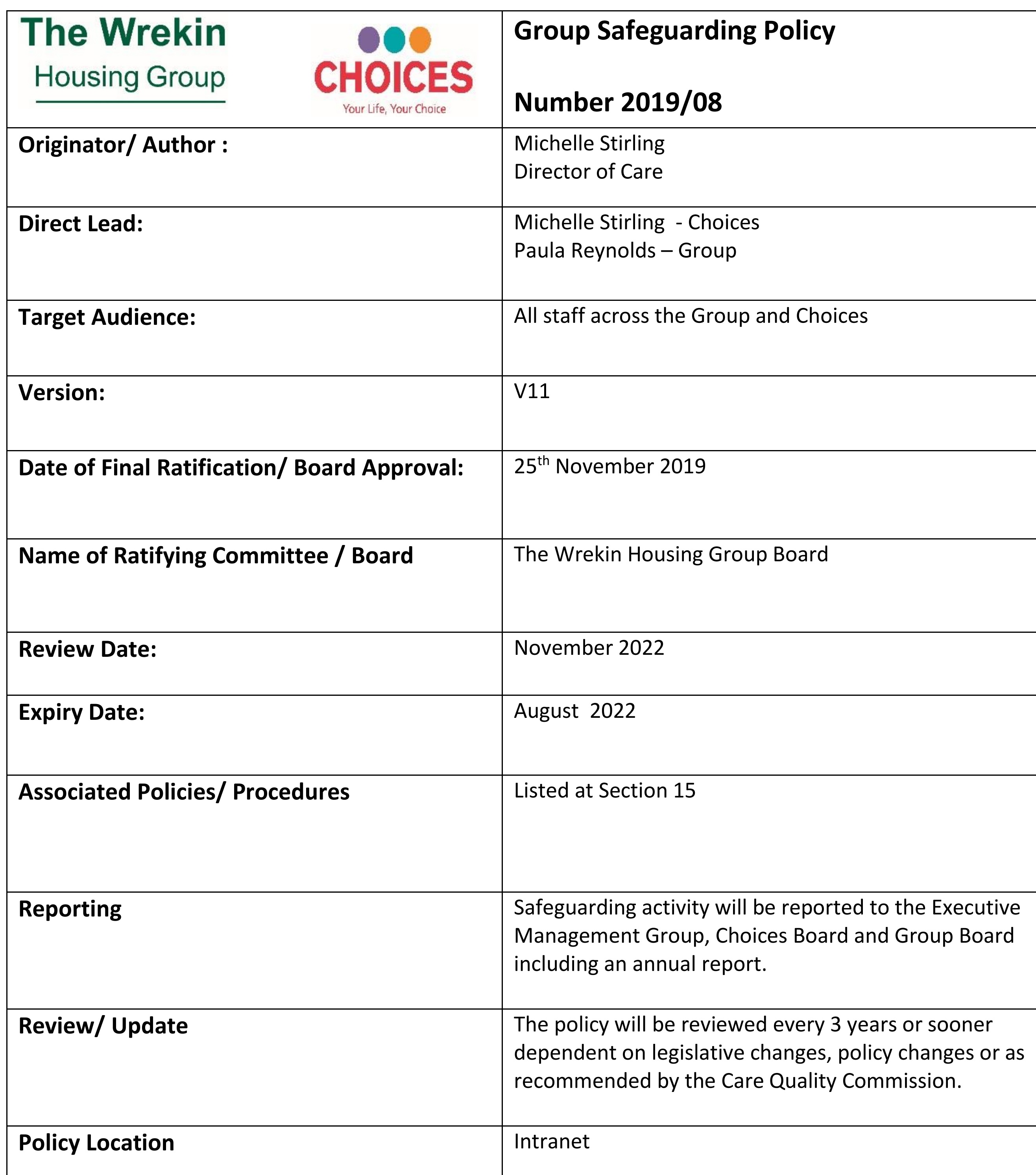

The Wrekin Housing Group / CHOICES Your Life, Your Choice	**Group Safeguarding Policy** **Number 2019/08**
Originator/ Author :	Michelle Stirling Director of Care
Direct Lead:	Michelle Stirling - Choices Paula Reynolds – Group
Target Audience:	All staff across the Group and Choices
Version:	V11
Date of Final Ratification/ Board Approval:	25th November 2019
Name of Ratifying Committee / Board	The Wrekin Housing Group Board
Review Date:	November 2022
Expiry Date:	August 2022
Associated Policies/ Procedures	Listed at Section 15
Reporting	Safeguarding activity will be reported to the Executive Management Group, Choices Board and Group Board including an annual report.
Review/ Update	The policy will be reviewed every 3 years or sooner dependent on legislative changes, policy changes or as recommended by the Care Quality Commission.
Policy Location	Intranet

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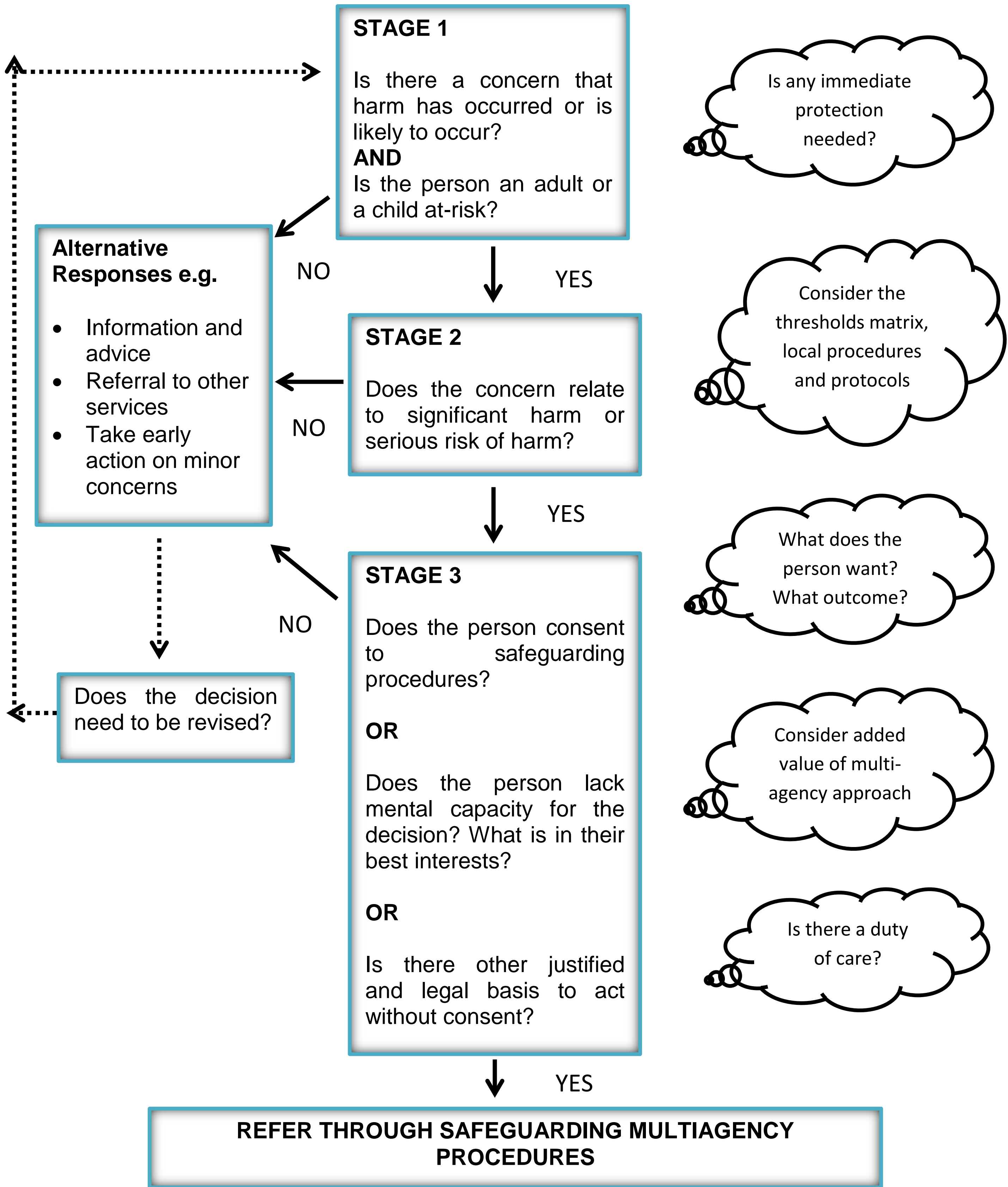
Safeguarding Adults Decision Making Flowchart



1. Introduction

1.1 The Wrekin Housing Trust and Choices Housing Association (the Group) takes its responsibility for Safeguarding Adults and Children at Risk seriously. This policy provides guidance for staff who work for or are connected with the Group and customers with how concerns regarding an adult or child at risk of harm, abuse or neglect (including self-neglect) will be responded to, taking into account a wide range of legislative requirements and guidance, as set out in **Appendix 1**.

1.2 For the purpose of this policy, a child is defined as an individual up to the age of 18. The term 'customer' applies to any tenant, service user or recipient of a service supplied by the Group

1.3 This policy focusses on protection, taking prompt, proportionate, effective and co-ordinated action to stop abuse where it is or may be occurring. The aim of this policy is to ensure that abuse or neglect does not go unnoticed or ignored, that all staff in contact with adults and children are given the mechanisms and are empowered to raise any safeguarding concerns and that robust recording and follow-up processes are in place.

The prevention of abuse is paramount and it is everyone's responsibility to be vigilant and not to enable situations to occur in the first place.

1.4 Safeguarding is built upon 6 'key principles' (empowerment, prevention, proportionality, protection, partnership and accountability) and also involves balancing safety from or prevention of harm with an individuals' capacity to choose and control their lifestyle. A child is not deemed to have capacity therefore their safety is paramount.

1.5 This policy is not a stand-alone policy and operates alongside and in conjunction with other internal policies, which together with our values, forms the Groups' overall framework for Safeguarding assurance

1.6 This policy applies across all areas of the organisation. Safeguarding is everyone's responsibility including all staff, Managers, Directors, Board Members, volunteers, involved tenants/service users, contractors and agents/agency staff working for the Group.

2 Statement of Intent

2.1 The Group has a zero tolerance of abuse wherever it occurs or whoever is responsible. We are committed to acting in compliance with our statutory duties and with integrity to safeguard the people we provide services to in general and in particular adults and children at risk of harm.

3 The Group's Commitment

To demonstrate our commitment to promoting safe practice and protecting people from harm and abuse, we will:

3.1 Develop a culture that does not tolerate abuse and which encourages people to raise concerns.

3.2 Through the application of this policy and procedure, ensure all reasonable and proportionate measures, controls and interventions are in place to safeguard adults and children at risk.

3.3 Respond promptly and proportionately where abuse does occur, to stop abuse from continuing and to ensure the person receives effective support.

3.4 Provide additional support, assistance and guidance to an individual whose wellbeing is at risk, even if their needs do not meet the threshold for intervention related to our statutory duty; where doing so will contribute to the objectives of sustaining tenancies and placements and also supports an individual's health, safety, wellbeing and independence.

3.5 Address Safeguarding issues within initial assessments and that any potential and actual risks are identified and action taken accordingly to minimise the risk.

3.6 Support individuals to safeguard themselves from abuse and where appropriate, will keep their interests at the centre of any Safeguarding activity.

3.7 Ensure that the Mental Capacity Act 2005 is used to inform any decision making on behalf of individuals who are unable to make particular decisions for themselves.

3.8 Ensure that individuals who have use or have contact with our service understand what abuse is and how to report it.

3.9 We will share information for the purposes of Safeguarding and will comply with the statutory duty, to provide information when requested.

3.10 We will handle data in accordance with the General Data Protection Regulations and the Group's Data Protection policy.

3.11 We will meet our responsibilities in the safe recruitment, selection and vetting of staff by using the Disclosure and Barring Service where appropriate.

3.12 We will develop and implement internal procedures for staff that establish clear lines of accountability, responsibility and procedures for reporting safeguarding concerns.

3.13 Provide staff with appropriate training so that they understand their roles and responsibilities in relation to Safeguarding and are enabled to identify and report the signs of abuse.

3.14 Maintain a training matrix that allows us to ensure that all staffs training needs are monitored and reviewed to ensure we keep up to date and are current.

3.15 Ensure our contractual arrangements and service-level agreements with staff and providers of services include a requirement to work within the intention of this policy and procedure, and to report concerns of abuse.

3.16 Through supervision, team meetings and other communication opportunities, actively champion and raise the profile of the roles and responsibilities of

safeguarding as part of our core business.

3.17 Address any allegations of abuse or suspected abuse, by staff of the Group through formal statutory investigative procedures and our own internal disciplinary procedures.

3.18 Ensure that there are procedures in place to prevent staff from personally benefitting from individuals they have contact with in the course of their work.

3.19 Ensure that staff understand their professional boundaries.

3.20 Provide guidance to staff managing working relationships with young people who may be part of the organisation as volunteers, work placements, apprenticeship or any such work training programme.

3.21 Establish Safeguarding leads with strategic oversight for Safeguarding, with defined roles within our general needs, retirement living, supported living, care & support teams and any other key service areas e.g. property maintenance.

4. Relevant Definitions and Concepts

4.1 Adults at Risk

The Care Act 2014 identifies that safeguarding duties apply to an adult who is over 18 years of age who:

- Has needs for care and support (regardless of whether the local authority is meeting any of those) and
- Is experiencing or at risk of abuse or neglect and
- As a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect.

The Care Act 2014 also recognises informal carers as people with support needs and the Safeguarding framework applies to them.

An adult at risk may be someone who:

- Has a physical disability and/or a sensory impairment.
- Has a learning disability.
- Has mental health needs including dementia or personality disorder.
- Is elderly and frail due to ill health, physical disability or cognitive impairment.
- Has a long term illness condition.
- Is dependent on others to maintain their quality of life.
- Lacks the mental capacity to make particular decisions and is in need of care and support.
- Misuses substances or alcohol.

The extent to which someone is at risk is determined by a range of factors including personal characteristics (e.g. mental capacity, ability to communicate, degree of physical dependency) and factors associated with their situation (e.g. extent of support network).

4.2 **Categories of Abuse**

Abuse is a violation of an individuals' human and civil rights by another person or persons and may result in harm to or the exploitation of the person subjected to it. It may consist of a single act or repeated acts, be deliberate or unintentional or result from a lack of knowledge.

4.3 **Adults - Types of Abuse:** (for further details see 'Safeguarding Procedures' – Appendix 1)

Abuse can take many forms, including -

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

Radicalisation/Extremism – increasingly, radicalism and extremism are being included within multi-agency policy and procedures, with the aim of early identification and early intervention to divert people away from being drawn into terrorist activity.

A further type of abuse is known as 'mate crime' where someone befriends a vulnerable person deliberately to take advantage of, exploiting and/or abusing them. The perpetrator is likely to be perceived as a close friend, a carer or family member and will use the relationship for exploitation.

4.4 **Alerting**

This is the process of reporting concerns of actual or suspected abuse or neglect to the local authority. The local authority has a duty to receive the alert and to decide whether a safeguarding enquiry is necessary or not. Any immediate protection needs will be identified and addressed.

4.5 **Capacity**

This is the ability to make a decision about a particular matter at the time the decision needs to be made. There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, decisions will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice.

4.6 **Children**

These terms are generally used interchangeably and refer to children who have not yet reached their 18th birthday. When someone is 18 or over, but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

4.7 **Children – Types of Abuse:**

Physical Abuse	Psychological/emotional Abuse
Neglect	Sexual abuse, including the sexual exploitation of children and young people.

4.8 **Disclosure**

This is when a person tells someone else of abuse that has happened to them.

4.9 **Enquiry & Section 42 Enquiry**

In adult safeguarding, the local authority will apply the three part 'test' as to whether safeguarding duties apply (see Adult at Risk above). Where the three part test has been met, a Section 42 enquiry is triggered and the local authority must make enquiries, or cause others to do so, in order to establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

4.10 **Investigation**

In adult safeguarding, there is a move away from safeguarding investigations and this term has been replaced by Enquiry and Section 42 Enquiry (see above), except in relation to criminal investigations by the police and where disciplinary investigations are undertaken by employers. In children's safeguarding, the term 'investigation' is still used and refers to the collection of information/evidence about the abuse/neglect that has or might occur. It may also include a criminal or disciplinary investigation.

4.11 **Multi-agency Policies and Procedures**

Each Safeguarding Board is required to develop a multi-agency policy and procedure, providing the local framework for partner organisations to work together, enabling a consistent approach when responding to safeguarding concerns.

4.12 **Multi-agency Public Protection Arrangement (MAPPA)**

A mechanism through which statutory agencies aim to manage, in a co-ordinated way, risks posed by sexual and violent offenders, in order to protect the public.

4.13 **Multi-agency Safeguarding Hub (MASH)**

A model adopted by some Safeguarding Boards which brings together key partners (e.g. local authority, police, health authority) to work as a team, to share information and decision making and to improve the initial response to safety concerns.

4.14 **Protection**

This is a statutory responsibility (resting with social services) to stop or limit abuse once it has already taken place.

4.15 **Safeguarding Adults Review (SAR)**

This term replaces 'Serious Case Review' in Adult Safeguarding. Safeguarding Adult Boards (SABs) must arrange a SAR when an adult in its area dies as a result of, or has experienced, serious abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively together. The aim of the SAR is to identify learning and improvement action.

4.16 **Safeguarding and Promoting the Welfare of Children**

The legal definition of a child is someone under the age of 18. Some legislation in the UK allows young people from age 16 to make certain decisions for themselves however safeguarding legislation applies to anyone under 18 as this is the legal definition of a child. According to *Working Together 2015* the fact that a child who has reached 16 years of age is living independently or is in further education, is a member of the armed forces, is in hospital or custody in the secure estate does not change his/her status or entitlements to services or protection.

HM Government Working Together to Safeguard Children 2015 guidance identifies safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

A child is deemed at risk where there is potential for significant harm to be caused.

4.17 **Serious Case Review (SCR)**

A serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future.

4.18 **Significant Harm**

The Children Act 1989 introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of children.

The Act gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm.

4.19 **Thresholds of Intervention**

These are used by Safeguarding Teams to support decision making and to determine the level of response to an incident (e.g. to invoke safeguarding procedures or to refer back to the service provider). An incident falling below a threshold does not mean it is not serious or can be ignored. Instead, it may mean that the most effective intervention will be via a different service/agency or through

an internal investigation/action by the service provider. Thresholds can also be used by service providers to help in the decision whether to raise a concern in the first instance (see 7 – 'Professional Curiosity').

5. Duty of Care

5.1 Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. A duty of care is fulfilled when all the actions reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care involves actions to keep a person safe from harm, when they are in receipt of care, using services or exposed to an organisation's activities and also includes respecting the individuals' wishes and protecting their rights.

5.2 The nature of an individuals' duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously and owning responsibility to safeguard the individual(s) at risk.

6. Defensible Decision Making

6.1 Effective professional judgement and decision making is the key to responding to safeguarding concerns. A duty of care in relation to those decisions or judgement will be considered to be met when:

- All reasonable steps have been taken.
- Reliable assessment methods have been used.
- Information has been collated and thoroughly evaluated.
- Decisions are recorded, communicated and thoroughly evaluated.
- Policies and procedures have been followed.
- Managers adopt an investigative approach and are consultative and proactive.

6.2 Defensible decision making is about making sure that the reasons for decisions, as well as the decision itself, have been thought through and can be explained.

7. Professional Curiosity

7.1 Professional curiosity is recognised as an important concept in children's services, but is equally relevant to work with adults.

7.2 Professional Curiosity is the capacity and communication skill to explore and understand what is happening with an individual or family. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding one's own responsibility and knowing when to act, rather than making assumptions or taking things at face value.

8. Responsibilities

8.1 Safeguarding is everyone's responsibility. <u>All staff must:</u>

- Ensure they maintain clear professional boundaries at all times.
- Be vigilant to what is happening around them and be aware of the different types and indicators of abuse.

- Be familiar with this safeguarding policy, the supporting procedures and the incident reporting system.
- Undertake training as appropriate to their role.
- Raise any concerns they have promptly without delay.
- Understand the Whistleblowing policy and their duty to report suspected or actual abuse.

8.2 Additionally, all Managers must ensure that:

8.2.1. They contribute to developing a culture that does not tolerate abuse and which encourages people to raise concerns

8.2.2 They listen and support staff raising concerns.

8.2.3 Their staff are familiar with the Wrekin Housing Group's agreed Safeguarding policy and supporting procedures and that they undertake necessary training.

8.2.4 Safeguarding training compliance is monitored.

8.2.5 They periodically monitor staff awareness of their roles and responsibilities.

8.2.6 Safeguarding is included on the agenda of team meetings and supervisions.

8.2.7 Recruitment processes are adhered to in relation to the Disclosure and Barring Scheme, and ensure that the relevant references are gained and checked.

8.2.8 Review all incident reports related to abuse, suspected abuse or poor practice and ensure examples of good practice or required changes of practice are shared via the operational leads.

8.2.9 Safeguarding risks are explicitly addressed within initial assessments, risk assessment and personal housing/support plans.

8.2.10 Individuals and their families are provided with information to support safety, health and wellbeing, how they can reduce the risks of being harmed, support and networks they could use to avoid harmful/abusive situations and on what to do if an abusive situation arises.

8.2.11 All necessary data relating to safeguarding is recorded and monitored.

8.2.12 Detailed, accurate, secure written records of concerns, referrals and outcomes are retained.

8.2.13 Act as an **alerting** manager and/or **nominated** enquirer, where the organisation has been delegated the responsibility to investigate safeguarding concerns on behalf of the local authority (see Safeguarding procedures)

9 Specific Responsibilities

9.1 The Group Board has a responsibility to ensure that there is an overall policy and supporting procedures in place to enable compliance with legislation & guidance, and to safeguard adults and children from abuse.

9.2 The Executive Management Group and the Board of Choices is wholly accountable to the Group Board and are responsible for the delivery, management and monitoring of safeguarding performance throughout their areas of responsibility.

10. Group Safeguarding Leads

10.1 Group Safeguarding Leads have a responsibility to ensure that they are knowledgeable and up to date with current safeguarding legislation and guidance. Group Safeguarding Leads are responsible for ensuring that safeguarding activity and compliance is monitored and reported to the Executive Management Group.

10.2 They are also responsible for:

- Advising the Executive Management Group of any significant changes to legislation and practice which will need to lead to corresponding policy and procedure updates.
- Ensuring that systems are in place to accurately and appropriately record and monitor safeguarding incidents
- Leading local quarterly review meetings.
- Providing managers and services with advice and support including how to improve safeguarding systems.
- Setting objectives in relation to safeguarding.

The Group Safeguarding Leads are: the Managing Director (Choices), the Head of Operational Services (WHG), the Head of Property (WHG), the Head of Continuous Improvement (WHG) and the Head of Housing (WHG), each of whom represents each area of the Group's Operations.

10.3 Registered Managers/Care Managers, Area Managers and Maintenance Supervisor

They will be responsible for:

- Making decisions on the need to proceed with the safeguarding process using the thresholds criteria or identifying alternative responses.
- Managing any immediate protection issues.
- Co-ordinating referrals and the safe transfer of responsibilities.
- Co-ordinate any alternative actions.
- Ensuring that any records, photographic evidence and chronology of events/discussions are available for a strategy meeting and/or investigation, which may be arranged.
- Implementing any recommendations and lessons learned, ensuring that these are forwarded by the responsible service line for wider dissemination.

10.4 Performance and Compliance Managers, Operational Managers and Tenancy Services Manager

All Senior Managers have operational responsibility for safeguarding within the services/teams they directly manage. They have the responsibility for:

- The management and oversight of complex safeguarding cases.
- Being available to all staff for advice and support around safeguarding issues.
- Assess and highlight the extent to which their services prevent abuse from taking place.

- Ensure appropriate recording systems are in place and that these provide a clear audit trail of the decision making process and any recommendations arising from investigations.
- Conduct random file audits to assess safeguarding practice and record keeping, developing action plans to address any gaps.
- To compile and analyse records of all concerns to determine whether a number of low level concerns are accumulating to become more significant.
- Compile a quarterly position report using agreed core criteria.
- Advise on any referral to the DBS service or other regulatory bodies such as the NMC.
- Ensuring a high standard of investigation and presentation of report evidence are achieved in any safeguarding enquiry delegated to the Group.

10.5 Group Head of Human Resources

The Head of Human Resources has the following specific responsibilities:

- Ensuring that recruitment agencies used by the Group offer safe recruitment and selection processes.
- Ensuring that the necessary DBS (Disclosure and Barring Service) checks are undertaken when recruiting staff.
- Reviewing existing employment checks as required.
- Ensuring a commitment to safeguarding is included in all employment contracts and job descriptions.
- Sharing information on staff found to be unsuitable to work with adults or children at risk by referring their details to the DBS.
- Ensuring compliance with the Staff Code of Conduct – leading on relevant HR policies and procedures (e.g. Whistleblowing, Recruitment & Selection, Disciplinary) ensuring these are suitable referenced in staff training and Codes of Conduct.
- Supporting and advising on information sharing practice in relation to HR issues.

10.6 Group Head of Marketing

The Head of Marketing will be responsible for handling any media interest in a safeguarding case.

10.7 Group Head of Property

The Head of Property will be responsible for ensuring that

- Contractors and sub-contractors are aware of their responsibility and the agreed procedure for raising concerns
- Suppliers adhere to the highest standards of ethics and demonstrate they are compliant with the Modern Slavery Act.

11. Training and Support

All staff within the Wrekin Housing Group will receive relevant training in accordance with the Statutory and Mandatory Training Policy and the Group's Training Matrix.

Staff may also be required to attend additional training provided by Safeguarding Adults and Children's Boards as required based on their role.

Managers will allow time for the discussion of safeguarding issues at team meetings and all supervisions with staff.

12. Policy Review and Revision Arrangements

This policy will be reviewed every 3 years (unless an earlier review is required following a change in legislation). The review will take account of:

- Changes to statutory/regulatory guidance and developing good practice.
- Any recommendations/guidance from CQC.
- Any learning as a result of safeguarding incidents arising within the Group.
- Organisational changes or changes in other relevant policies.

13. Dissemination and Implementation

This document will be made available to all staff via the intranet. Line Managers are expected to discuss the content of this document with their staff.

The content of this document will also be disseminated via programmes of induction and refresher safeguarding training.

14. Monitoring Compliance and Reporting Arrangements

Safeguarding activity will be reported to the Executive Management Group, the Board of Choices and the Group Board at agreed frequencies, including the production of an annual report. Reports will include the following information:

- The number and type of safeguarding concerns made to local authorities and the number and type accepted as Safeguarding Enquiry (Section 42) by the Local Authority.
- The number and job role of staff who have been subject of a safeguarding concern, investigation and/or action.
- Any learning outcomes.
- Compliance with safer recruitment processes and duties.
- External audits from regulators.
- Results from random file audits.
- Any serious case reviews we've been involved in and the learning and improvements which were made as a result.
- In addition, data will be provided to the Executive Management Group on a monthly basis and the Choices Board on a quarterly basis.

15. Associated Documents and Further Reading

Safeguarding is not a standalone policy or a separate activity but rather operates alongside other policies and procedures.

This policy is therefore to be read in conjunction with the following policies, procedures and guidance:

- Safeguarding Adults and Children (procedures)
- Whistleblowing (policy)
- Consent to Care and Treatment (policy)

- Duty of Candour (policy and procedure)
- Mental Capacity Act (policy)
- Deprivation of Liberty Safeguards (policy)
- Recruitment and Selection (policy)
- DBS Risk Assessment (guidance)
- Disciplinary (policy)
- Personal and Professional Boundaries (policy)
- Person Centred Planning (policy)
- Data Protection (policy)
- Statutory and Mandatory Training (policy)
- Anti-Social Behaviour (policy)
- Domestic Abuse (policy)
- Local Authority Multi-Agency Safeguarding Adults and Children (their policies, protocols and guidance for each area of the Group's operations, including the thresholds matrix).
- Positive Behaviour Support and Restrictive Intervention.

16. References

- West Midlands Editorial Group: Adult Safeguarding. Multi-agency Policy and Procedures for the Protection of Adults with Care and Support Needs in the West Midlands – 2016.
- Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership: Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures 2019.
- SCIE: Safeguarding Adults for Housing Staff (published 2015, updated 2018).
- Telford and Wrekin Thresholds Guidance: A Partnership Framework for Assessment and Support – 2019.
- East Cheshire CCG, NHS UK. Thresholds for Initiating Adult Safeguarding Referrals and Care Concerns – 2012.
- Adass Safeguarding Threshold Guidance – 2011.
- Housing LIN: How to Promote Good Adult Safeguarding Practice – 2015.

APPENDIX 1

Legislation and Statutory Responsibilities

The standards in this policy build on and incorporate legislation and government guidance in respect of both adults and children.

The following legislation and guidance applies –

Children Act (1989 and 2004) - legislation regarding the safeguarding of children. Section 11 of the Children Act 2004 places duties on a range of organisations, including housing providers 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.

Working Together to Safeguard Children (updated 2015) – sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the 1989 & 2004 Acts. It provides a national framework within which agencies and professionals at local level – individually and jointly – draw up and agree on their own ways of working together.

The Care Act 2014 – introduces a legal framework for adult safeguarding for the first time. Since April 2015, each local authority has been required to:

- *Make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.*

- *Setup a Safeguarding Adults Board with core membership from the local authority, the Police and the NHS and the power to include other relevant bodies.*

- *Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.*

- *Co-operate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect, including the provision of preventative services.*

Care & Support Statutory Guidance (updated 2016) – sets out how the provisions of the Care Act should be implemented. It replaces 'No Secrets', the previous point of reference for adult safeguarding practice. The Guidance is clear that a wide range of organisations, including housing and care organisations must:

- *Have clear operational policies and procedures in place for adult safeguarding.*

- *Ensure their staff:*
  - *Are familiar with the six principles underpinning adult safeguarding.*

- *Are trained in recognising the symptoms of abuse/neglect.*
- *Are vigilant and able to respond to adult safeguarding concerns, including where to go locally to get help and advice.*
- *Understand the need for clear and accurate record keeping.*

- *Stress the need for preventing abuse and neglect wherever possible.*

- *Support the local authority in its responsibility to carry out enquires e.g. by providing relevant information. Although the local authority is the lead agency for making enquiries, it may also require other organisations to undertake them.*

- *Have a senior manager taking a lead role in organisational and inter-agency safeguarding arrangements.*

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 – The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- *Neglect*
- *Subjecting people to degrading treatment*
- *Unnecessary or disproportionate restraint*
- *Deprivation of liberty*

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

CQC can prosecute for a breach of some parts of this regulation (13(1) to 13(4)) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to a significant risk of harm. The CQC do not have to serve a Warning Notice before prosecution. Additionally, CQC may also take any other regulatory action https://www.cqc.org.uk/guidance-providers/regulations-enforcement/glossary-terms-used-guidance-providers-managers#regulatory-action

See the offences section https://www.cqc.org.uk/guidance-providers/regulations-enforcement/offences for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Human Rights Act (1998) – includes a duty on public bodies to intervene proportionately to protect the rights of citizens.

General Data Protection Regulations 2018 – governs the protection of personal data. It is not a barrier to sharing information but provides a framework to ensure that personal information about a person is shared in the right way.

The Mental Capacity Act (2005) – the Mental Capacity Act (2005) and supporting Code of Practice (2016), provide a framework to empower and protect people who may lack capacity to make decisions for themselves.

Protection of Freedoms Act (2012) – this Act established the Disclosure and Barring Service (DBS) by merging the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The primary aim of the DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Further guidance is available at: https://www.gov.uk/disclosure-barring-service-check

Public Interest Disclosure Act (1998) - places a duty on everyone to report something that leaves someone at risk.

The Wrekin Housing Group

Safeguarding Procedures

Safeguarding Procedures

Key Principles to follow:

- All staff have a duty of care to adults and children at risk.
- If you have any concerns then you must raise these without delay.
- If you are unsure, seek advice.
- Ensure to keep clear, written records.

Information Sharing

When sharing information you must ensure that:

- It is necessary to share the information.
- It is shared only with those people who need to have it.
- It is accurate and up to date.
- It is shared in a timely manner.
- It is shared securely.

Whenever possible you should seek consent to make a safeguarding referral from the person you believe to be suffering or at risk of abuse. Be open and honest with the person (and their family where appropriate) about why, what, how and with whom information will be shared with and seek their agreement unless it is unsafe or inappropriate to do so.

Whistleblowing

The Wrekin Housing Group is bound by the Public Interest Disclosure Act 1998, which protects staff who 'blow the whistle' about wrongdoing.

Staff working within the organisation may become aware of safeguarding concerns or disclosures but may be concerned about expressing these as they feel that speaking up would be disloyal to their colleagues.

If you have these concerns, then you must refer immediately to the Group Whistleblowing policy.

Key Procedural Details

Responsibilities of All Staff; Responding to a Safeguarding Concern

Every member of staff (paid or unpaid) has a duty of care within this safeguarding procedure to act on any concerns that an adult or child has been harmed, abused or neglected or is at risk of being harmed, abused or neglected.

If an adult or child discloses abuse to a staff member directly, the following principles must be followed:

- Assure them that you are taking the concerns seriously.
- Do not be judgemental or jump to conclusions.
- Listen carefully to what they are telling you. Stay calm and get as clear a picture as you can. Use open-ended questions.
- Explain that you have a duty to tell your Line Manager/designated alerting Manager.
- Reassure the person that they will be involved in any decisions about themselves.

Immediate Action By the Person First Raising the Concern

The person who raises the concern has responsibility to first and foremost safeguard the individual.

- Make an evaluation of the risk and take steps to ensure that the individual is in no immediate danger.
- Arrange any medical treatment *(note that offences of a sexual nature will require expert advice from the Police).*
- If a crime is in progress or life is at risk, dial the emergency services.
- Take steps to preserve any physical evidence if a crime may have already been committed.
- Ensure that other people are not in any danger.
- Inform your Line Manager/designated Alerting Managers.

Reporting

It is the responsibility of any staff to report any concern or disclosure to the designated Alerting Manager without delay. If the concern relates to the Alerting Manager, then the concern must be raised with an alternative or more senior Manager.

An Alerting Manager is a Manager within the organisation who will ordinarily be responsible for:

- Deciding whether to raise a Safeguarding concern with the local authority.
- Taking immediate actions, wherever possible, to ensure the individual is safe.

However, where a situation is urgent or serious, any member of staff (or volunteer) may need to undertake these actions, particularly where:

- Contacting the Alerting Manager would result in undue delay and thereby place someone at risk.
- The Alerting Manager has been contacted and they have not taken action.
- The concern relates to the Alerting Manager and there is no alternative Manager to contact.

You have authority in your own right to decide whether to raise a Safeguarding concern and professional/service practice allows for this.

If a staff member does not report his/her concerns of abuse or disclosures of abuse through the required channels then he/she could be viewed as colluding with the abuse.

The Role of an Alerting Manager

An Alerting Manager is a person within the organisation designated to make referrals to the Local Authority, however anyone can refer if discussion with the Alerting Manager would involve a delay in a high-risk situation.

Once the concern has been raised with the Alerting Manager they must decide without delay the appropriate course of action.

Supporting Immediate Needs

When a concern is raised the Alerting Manager must decide what the nature of the alleged abuse is, decide whether this is an incident of possible or actual abuse, or whether other alternative courses of action are to be explored.

Make an immediate evaluation of risk and where appropriate:

- Decide whether any medical attention/examination is needed. A record of any physical injuries is to be made using the template (see Appendix 2).
- Take steps to ensure the individual is in no immediate danger.
- Make sure that other individuals are not at risk.
- Consider referring to the police if the abuse suspected is a crime.
- If the matter is to be referred to the police, discuss risk management and any potential forensic consideration.
- If the person causing harm is also an adult at risk, arrange for a member of staff to attend to their needs.
- Take steps to preserve any physical evidence and preserve evidence through recording.
- If the matter is reported to the Police, the allocated crime number must be recorded.

Speaking to the Individual at Risk

Where it is appropriate for the Alerting Manager to speak to the adult or child at risk, to do this the Alerting Manager should consider:

- Speaking to them in a private and safe space, and inform them of any concern.
- Getting their views on what has happened and what they want to do about it.
- Giving them information about the Safeguarding process and how that could help them.
- Supporting them to ask about issues of confidentiality.

- Explaining how they will be kept informed

Deciding to Make the Referral

This decision is to be made in accordance with the thresholds guidance contained in Appendix 3, along with a consideration of the following:

- The mental capacity of the individual at risk, to make decisions about his/her own safety.
- The vulnerability of the individual.
- The nature and extent of the incident/possible abuse.
- The impact on the individual.
- The risk of repeated or increasing serious acts involving the person causing harm.

If the Alerting Manager is still unsure whether this is an incident of actual or possible abuse, they must contact the organisation's Safeguarding Lead or the relevant Safeguarding team of the Local Authority where the possible abuse has occurred for advice.

Alternatively, if it is felt that the threshold has not been met, then the actions taken and the rationale for this must be clearly and robustly recorded on the concerns form (see Appendix 4).

Alternative Safeguarding Responses

Where it is determined that the threshold for adult referrals has not been met, other alternative courses of action are to be explored with the individual at all times. The least intrusive and effective response is to be made. This is a matter for professional judgement, taking account of the individual circumstances and the wishes and view of the individual, and may include:

- Actions to address any issues about the quality of service provision and/or poor practice.
- A referral to the social worker/care manager for reassessment and review of the individuals' needs, view and care plan or where appropriate, a mental capacity assessment.

- Action taken under the complaints procedure.

- Action taken under Human Resources' disciplinary procedures and referral to professional bodies, statutory regulatory bodies and/or the Disclosure and Barring Service (DBS) where appropriate.

- Referral to an advocacy service.

- Referral to another service/agency.

- Risk management intervention in relation to self-neglect.

- A strategy to manage risks within a complex living environment and the management of challenging behaviour.

- No further action.

A combination approach of two or more of the above may be taken.

Recording Information

Safeguarding concerns must be fully documented by the first person to report the suspected abuse and at all subsequent stages by those involved with the adult or child.

As much information as possible is to be recorded as this information will form the basis of a subsequent referral and will also be required if the criteria for a Section 42 Enquiry is met. The written record will need to include:

- Date and time of the incident.

- Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you.

- Appearance and behaviour of the person at risk.

- Any injuries observed.

- Name and details of any witnesses.

- Any witness to the incident is to write down exactly what they saw.

- Details of the outcome the person wants.

- The record needs to be factual, but if it does contain an opinion or an assessment, it must be clearly stated as such and be backed-up by factual evidence.

All information must be recorded on the Safeguarding Referral Form (Appendix 5 and a note made on the person's records relating to the concern.

When a decision to make a referral to the relevant Local Authority is made, the concern should be made to the authority where the incident took place. It is then the relevant Local Authority's responsibility to liaise across boundaries.

The Alerting Manager contacting the Local Authority (and/or Police) must make a full written record of the following:

- The date and time contact was made.

- Name and full details of those contacted.

- Reference number and/or crime number.

- Details of who should be contacted for further follow-up/agreed further action.

For those authorities who do not request the completion of a referral form, then the document within Appendix 3 must be completed. All records completed will be processed in accordance with the Group's Incident Reporting process.

All updates and outcomes from concerns/referrals must be recorded and included in the internal Safeguarding reports.

Any information in relation to a safeguarding concern, referral and/or investigation must be stored in the confidential section of the individuals' files/records. The principles of confidentiality must be strictly followed.

Managing Disclosure and/or Concerns Involving Staff

If the person raising the concern is concerned that the person causing harm is a member of staff, then s/he must discuss this with their Line Manager or if the person causing harm is the Line Manager, with a Senior Manager.

In such circumstances, the person raising the concern may also wish to refer to the Whistleblowing policy.

The alleged abuser must not be informed of the details of the allegation until the relevant Local Authority or Police have agreed a course of action.

Where a concern indicates that a member of staff may have caused harm, the Line Manager must also decide whether in-line with the organisation's disciplinary procedures, the staff suspected of abusing an adult/child at risk should be suspended, removed from duty or allocated alternative duties within the organisation. The Line Manager must discuss this with a more Senior Manager and the HR Manager attached to the relevant service and the decision must be informed by a risk assessment (Appendix 6) of the circumstance on a case-by-case basis. This also applies to volunteers.

If the member of staff chooses to resign, the Safeguarding procedures must still be observed. This will also include a referral to the DBS.

Where allegations involve agency workers, the relevant agency is to be informed and involved.

Responding to Repeat Disclosures of Abuse:

In situations where repeat disclosures are made, each disclosure must be considered on its own merit. Where an adult or child makes repeated disclosures that have been investigated and decided to be unfounded, the organisation expects the person to be treated without prejudice. Where there are any patterns or similar concerns being raised by the adult or child, then a multi-agency risk assessment and risk management plan should be developed and a local process agreed for responding to further concerns of this nature.

Responding to Historical Disclosures of Abuse:

Disclosures of historical abuse must also be investigated under these procedures.

Investigating Abuse: the Nominated Enquirer Role (NER)

When the Local Authority receives a Safeguarding concern that implicates a service operated by or on behalf of the organisation, and the concern meets the criteria for a Safeguarding enquiry, then the organisation may be requested to carry-out an enquiry and produce a report.

The request to appoint and carry-out the role of a Nominated Enquirer will be made by the Local Authority to the respective Manager who raised the concern.

Where such requests are made, the Manager must contact their Line Manager and the Human Resources Department in order for them to be supported.

The Nominated Enquirer Role (NER) can be undertaken by a person who is already involved with the individual or has been asked to become involved in an enquiry.

Any conflict of interest issues must be considered before identifying a Nominated Enquirer. Examples of conflict of interests, where it may be better for an independent person to be appointed to undertake enquiries are where organisational abuse is alleged, where the Manager may be implicated or may be biased.

The Line Manager is required to approve the Nominated Enquirer report before it is shared with the Local Authority.

Training

Staff must participate in the mandatory safeguarding training and ensure they understand how to: recognise abuse; use the procedure and their role within it.

Line Managers are responsible for ensuring staff are trained and updated as required and must keep records of this.

Employees are responsible for attending the required training at the required interval.

Supervision, Appraisal and Team Meetings

Safeguarding issues are to be discussed with every member of staff during his/her regular supervision sessions. The Supervisor/Line Manager will be responsible for monitoring all safeguarding cases, both in supervision and the individual's records.

Supervisors and Line Managers must review their Supervisee's training and competence in safeguarding matters as part of the staff members' annual appraisal.

In addition, safeguarding is to be an agenda item at each team meeting, this is to include the examining of practice reflectively. Working this way will help teams to take a conscious look at actions and responses and use this information to reach a higher level of understanding of ways to address and prevent abuse occurring in care and support services. Detailed guidance on team meetings is available and must be referred to.

Sharing Information, Consent and Confidentiality

An adult or child may disclose that abuse is occurring and then request that it remains confidential. This cannot ever be guaranteed.

The sharing of information held by the organisation with regard to individuals at risk and if applicable their families/carers must meet the requirements of the General Data Protection Regulations. It is the responsibility of the organisation's staff to ensure that in taking action under this policy, they are complying with the law.

Information held by the organisation is subject to the legal 'duty of confidence' and should not normally be disclosed without the consent of the persons who have provided the information or are the subject of the information. However, the public interest in maintaining confidentiality can be overridden by the public interest to safeguard an adult or child at risk.

Disclosure without consent in all instances must therefore be justifiable in each case and the information disclosed must be the minimum necessary and pertinent to the identified risk and aim.

Examples of situations where there may be a need to override consent:

- The likelihood of further harm is high.
- There is a significant risk to other adults and/or children.
- There is reasonable evidence or information to indicate that a crime has been committed.
- There is substantial opportunity to prevent a crime.
- There is a significant query regarding the individuals' capacity to make an informed decision and therefore their ability to give or withhold consent.

The reason for disclosing information without consent must be recorded within the individuals' notes.

If there are concerns regarding the individuals' capacity to consent, an assessment of capacity to consent to the sharing of this information is required which meets the requirements of the Mental Capacity Act (MCA) 2005.

Specific Issues Relating to Children

In accordance with the Children Act 2004, staff should always try to discuss the raising of a safeguarding concern with the child and their parent(s)/guardian(s), as long as doing so will not put the child at risk of further or significant harm. The reasons for the concerns should be discussed and agreement sought from the parties involved for raising a concern. (Parent(s)/guardian(s) must not be informed of the intent to raise a concern if sexual abuse, forced marriage or honour-based violence is suspected or disclosed.)

In circumstances where the child, their parent(s) or guardian(s) do not want a concern to be raised, staff must be mindful of the capacity of the child to make a decision on their own behalf.

Where a child is less than 16 years of age, and if staff become aware of abuse or the possibility that abuse may be occurring, a concern must be raised regardless of the child's wishes.

For young people aged 16 or 17, if it is believed that they are suffering or at risk of suffering significant harm, a concern should be raised whether they consent to it or not and whether or not they have the capacity to make informed decisions. This should be explained to them and the Local Authority must be informed of the child's wishes when the safeguarding concern is raised with them.

If any person is unsure whether to raise a concern, they must contact the organisation's Safeguarding Lead or the relevant Local Authorities' Safeguarding Team for advice.

When sharing information, the organisation expects all staff to ensure that the information is safeguarded during transit e.g. password protected (via a separate email) on a safe email system.

Regulatory Framework

In services where care is provided, staff must work in compliance with the Health and Social Care Act and notify the CQC as soon as possible of any of the following in accordance with Regulation:

- Any serious injuries.
- Any authorisations to deprive a person of their liberty.
- Abuse or allegations of abuse.
- Events that stop or threaten to stop the service from carrying-out a regulated activity safely and to the appropriate standard.
- Incidents reported to or investigated by the Police.

All staff must ensure that they respond in accordance with the relevant requirements of the commissioning and governing bodies in all cases of abuse. Details of who to contact must be readily available in all services.

Appendix 2

Types and Indicators of Abuse

Types of Abuse – Adults

Types of Abuse	Definition	Possible Indicators
Physical	▪ Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing. ▪ Rough handling. ▪ Scalding and burning. ▪ Physical punishments. ▪ Inappropriate or unlawful use of restraint. ▪ Making someone purposefully uncomfortable (e.g. opening a window and removing blankets). ▪ Involuntary isolation or confinement. ▪ Misuse of medication (e.g. over-sedation). ▪ Forcible feeding or withholding food. ▪ Unauthorised restraint, restricting movement (e.g. tying someone to a chair.	▪ No explanation for injuries or inconsistency with the account of what happened. ▪ Injuries are inconsistent with the person's lifestyle. ▪ Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps. ▪ Frequent injuries. ▪ Unexplained falls. ▪ Subdued or changed behaviour in the presence of a particular person. ▪ Signs of malnutrition. ▪ Failure to seek medical treatment or frequent changes of GP.
Domestic	▪ Domestic violence/abuse can be characterised by any of the indicators outlined in this briefing relating to: - Psychological - Physical - Sexual - Financial - Emotional ▪ Domestic violence/abuse includes any incident or pattern of incidents of controlling, coercive or 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. It also includes so called 'honour'-based violence, female genital mutilation and forces marriage. ▪ Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include: - Acts of assault, threats, humiliation and intimidation. - Harming, punishing or frightening the person. - Isolating the person from sources of support.	▪ Low self-esteem. ▪ Feeling that abuse is their fault when it is not. ▪ Physical evidence of violence such as bruising, cuts or broken bones. ▪ Verbal abuse and humiliation in front of others. ▪ Fear of outside intervention. ▪ Damage to property or home. ▪ Isolation – not seeing friends and family. ▪ Limited access to money.

	- Exploitation of resources or money. - Preventing the person from escaping abuse. - Regulating everyday behaviour.	
Sexual	▪ Rape, attempted rape or sexual assault. ▪ Inappropriate touch anywhere. ▪ Non-consensual masturbation of either or both persons. ▪ Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth. ▪ Any sexual activity that the person lacks the capacity to consent to. ▪ Inappropriate looking, sexual teasing/innuendo or sexual harassment. ▪ Sexual photography or forced use of pornography, or witnessing of sexual acts. ▪ Indecent exposure.	▪ Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck. ▪ Torn, stained or bloody underclothing. ▪ Bleeding, itching or pain in the genital area. ▪ Unusual difficulty in walking or sitting. ▪ Foreign bodies in genital or rectal openings. ▪ Infections, unexplained genital discharge or sexually transmitted diseases. ▪ Pregnancy in a woman who is unable to consent to sexual intercourse. ▪ The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude. ▪ Incontinence not related to any medical diagnosis. ▪ Self-harming. ▪ Poor concentration, withdrawal or sleep disturbance. ▪ Excessive fear/apprehension of, or withdrawal from relationships. ▪ Fear of receiving help with personal care. ▪ Reluctance to be alone with a particular person.
Psychological or Emotional	▪ Enforced social isolation – preventing someone from accessing services, educational or social opportunities and seeing friends. ▪ Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance. ▪ Preventing someone from meeting their religious and cultural needs. ▪ Preventing the expression of choice and opinion ▪ Failure to respect privacy. ▪ Preventing stimulation, meaningful occupation or activities. ▪ Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse. ▪ Addressing a person in patronising or infantilising way.	▪ An air of silence when a particular person is present. ▪ Withdrawal or change in the psychological state of the person. ▪ Insomnia. ▪ Low self-esteem. ▪ Uncooperative and aggressive behaviour. ▪ A change of appetite, weight loss/gain. ▪ Signs of distress: tearfulness, anger. ▪ Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

	▪ Threats of harm or abandonment. ▪ Cyber bullying.	
Financial or Material	▪ Theft of money or possessions. ▪ Fraud, scamming. ▪ Preventing a person from accessing their own money, benefits or assets. ▪ Employees taking a loan from a person using the service. ▪ Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions. ▪ Arranging less care than is needed to save money to maximise inheritance. ▪ Denying assistance to manage/monitor financial affairs. ▪ Denying assistance to access benefits. ▪ Misuse of personal allowance in a care home. ▪ Misuse of benefits or direct payments in a family home. ▪ Someone moving into a person's home and living rent free without agreement or under duress. ▪ False representation, using another person's bank accounts, cards or documents. ▪ Exploitation of a power of attorney, deputy, appointeeship or other legal authority. ▪ Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carryout agreed repairs or poor workmanship.	▪ Missing personal possessions. ▪ Unexplained lack of money or inability to maintain lifestyle. ▪ Unexplained withdrawal of funds from accounts. ▪ Power of Attorney, or Lasting Power of Attorney (LPA) being obtained after the person has ceased to have mental capacity. ▪ Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so. ▪ The person allocated to manage financial affairs is evasive or uncooperative. ▪ The family or others show unusual interest in the assets of the person. ▪ Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA. ▪ Recent changes in deeds or title to property. ▪ Rent arrears and eviction notices. ▪ A lack of clear financial accounts held by a home or care service. ▪ Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person. ▪ Disparity between the person's living conditions and their financial resources e.g. insufficient food at the house. ▪ Unnecessary property repairs.
Modern Slavery	▪ Human trafficking. ▪ Forced labour. ▪ Domestic servitude. ▪ Sexual exploitation such as escort work, prostitution and pornography. ▪ Debt bondage – being forced to work to pay off debts that realistically they never will be able to.	▪ Signs of physical or emotional abuse. ▪ Appearing to be malnourished, unkempt or withdrawn. ▪ Isolation from the community, seeming under control or influence of others. ▪ Living in dirty, cramped or overcrowded accommodation and or living and working at the same address. ▪ Lack of personal effects or identification document. ▪ Always wearing the same clothes. ▪ Avoidance of eye contact, appearing frightened or hesitant to talk to strangers. ▪ Fear of law enforcers.
Discriminatory Abuse	▪ Unequal treatment based on age, disability, gender reassignment,	▪ The person appears withdrawn and isolated.

	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 aid, not allowing access to an interpreter, signer or lip-reader. ▪ Harassment or deliberate exclusion on the grounds of a protected characteristic. ▪ Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic. ▪ Substandard service provision relating to a protected characteristic.	▪ Expressions of anger, frustration, fear or anxiety. ▪ The support on offer does not take account of the person's individual needs in terms of a protected characteristic.
Organisational or Institutional Abuse	▪ Discouraging visits or the involvement of relatives or friends. ▪ Run-down or overcrowded establishment. ▪ Authoritarian management or rigid regimes. ▪ Lack of leadership and supervision. ▪ 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. ▪ Failure to provide care with dentures, spectacles or hearing aids. ▪ Not taking into account of individuals' cultural, religious or ethnic needs. ▪ Failure to respond to abuse appropriately. ▪ Interference with personal correspondence or communication. ▪ Failure to respond to complaints.	▪ Lack of flexibility and choice for people using the service. ▪ Inadequate staffing levels. ▪ People being hungry or dehydrated. ▪ Poor standards of care. ▪ Lack of management overview and support.
Neglect and	▪ Failure to provide or allow access	▪ Poor environment – dirty or

Acts of Omission	to food, shelter, clothing, heating, stimulation and activity, personal or medical care. ▪ Providing care in a way that the person dislikes. ▪ Failure to administer medication as prescribed. ▪ Refusal of access to visitors. ▪ Not taking account of individuals' cultural, religious or ethnic needs. ▪ Not taking account of educational, social and recreational needs. ▪ Ignoring or isolating the person. ▪ Preventing the person from making their own decisions. ▪ Preventing access to glasses, hearing aids, dentures etc. ▪ Failure to ensure privacy and dignity.	unhygienic. ▪ Poor physical condition and/or personal hygiene. ▪ Pressure sores or ulcers. ▪ Malnutrition or unexplained weight loss. ▪ Untreated injuries or reluctant contact with medical and social care organisations. ▪ Accumulation of untaken medicine. ▪ Uncharacteristic failure to engage in social interaction. ▪ Inappropriate or inadequate clothing.
Self-neglect	▪ Lack of self-care to an extent that it threatens personal health and safety. ▪ Neglecting to care for one's personal hygiene, health or surroundings. ▪ Inability to avoid self-harm. ▪ Failure to seek help or access services to meet health and social care needs. ▪ Inability or unwillingness to manage one's personal affairs.	▪ Very poor personal hygiene. ▪ Unkempt appearance. ▪ Lack of essential food, clothing or shelter. ▪ Malnutrition and/or dehydration. ▪ Living in squalid or unsanitary conditions. ▪ Neglecting household maintenance. ▪ Hoarding. ▪ Collecting a large number of animals in inappropriate conditions. ▪ Non-compliance with health or care services. ▪ Inability or unwillingness to take medication or treat illness or injury.
Mate Crime	▪ The perpetrator may try to exploit the following forms of abuse.	▪ Financial abuse – lending or stealing of money, or exploit labour. ▪ Physical abuse – exert force to control the individual. ▪ Emotional abuse – manipulates or misleads the person. ▪ Sexual abuse – coerces the person into prostitution or sexually exploits them. ▪ Criminal exploitation – coerces or grooms the person to commit criminal offences.
'Cuckooing'	▪ 'Cuckooing' is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for dealing drugs. The victims are often left with little choice but to cooperate and are often battling with their own addictions.	▪ This usually takes place in a multi-occupancy or social housing property. ▪ There may be an increase in the number of comings and goings including people typically seen before. ▪ There may be new vehicles outside the property, or frequent use of hire cars or taxis. ▪ A possible increase in anti-social behaviour in and around the

		property. ▪ Disengagement with support services. ▪ Professionals visiting may be aware of new, unidentified persons in the property. ▪ The property may appear almost sparse of valuable possessions inside and go into a state of disrepair.

Types of Abuse – Children

Type of Abuse	Definition	Possible Indicators
Physical	▪ Deliberately physically hurting a child. It might take a variety of different forms including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.	▪ Children who have frequent injuries, unexplained or unusual fractures or broken bones. ▪ Unexplained bruises, cuts, burns, scald or bite marks.
Emotional	▪ Persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communication. It may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.	▪ Children who are excessively withdrawn, fearful or anxious about doing something wrong. ▪ Parent or carers who withdraw their attention from their child, giving their child the 'cold shoulder', blaming their problems on their child, humiliating their child for example by name-calling or making negative comparisons.
Sexual Abuse and Exploitation	▪ This may involve physical contact including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). ▪ Sexual abuse is not solely perpetrated by males, women can commit acts of sexual abuse as can other children. ▪ Child sexual exploitation is a form of sexual abuse where children are sexually abuse for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for	▪ Children who: display knowledge or interest in sexual acts inappropriate to their age; use sexual language or have sexual knowledge that you wouldn't expect them to have; who ask others to behave sexually or play sexual games. Children with physical sex problems including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy. ▪ Children who; appear with unexplained gifts or new possessions; associate with other young people involved in exploitation; have older boyfriends or girlfriends. ▪ Children who suffer from sexually transmitted infections or become pregnant. ▪ Children who; suffer from changes in emotional wellbeing; misuse drugs and alcohol; go missing for periods of time or regularly come home late; regularly miss school or education or don't take part in education.

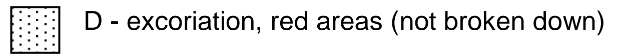
	money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.	
Neglect	▪ Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. ▪ It is likely to result in the serious impairment of a child's health or development. Children who are neglected also often suffer from other types of abuse. ▪ Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs or alcohol over food, clothing or warmth for the child. ▪ Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.	▪ Children who; are living in a home that is indisputably dirty or unsafe; are left hungry or dirty; are left without adequate clothing e.g. not having a winter coat. ▪ Children who; are living in dangerous conditions i.e. around drugs, alcohol or violence; are often angry, aggressive or self-harming and fail to receive basic health care. ▪ Parents who fail to seek medical treatment when their children are ill or injured.

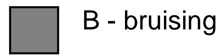
Appendix 3

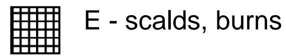
Body Map

Body Map

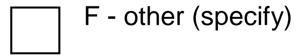
A - pressure ulcers


D - excoriation, red areas (not broken down)


B - bruising


E - scalds, burns

C - cuts, wounds


F - other (specify)

Appendix 4

Threshold Matrix

Threshold Matrix

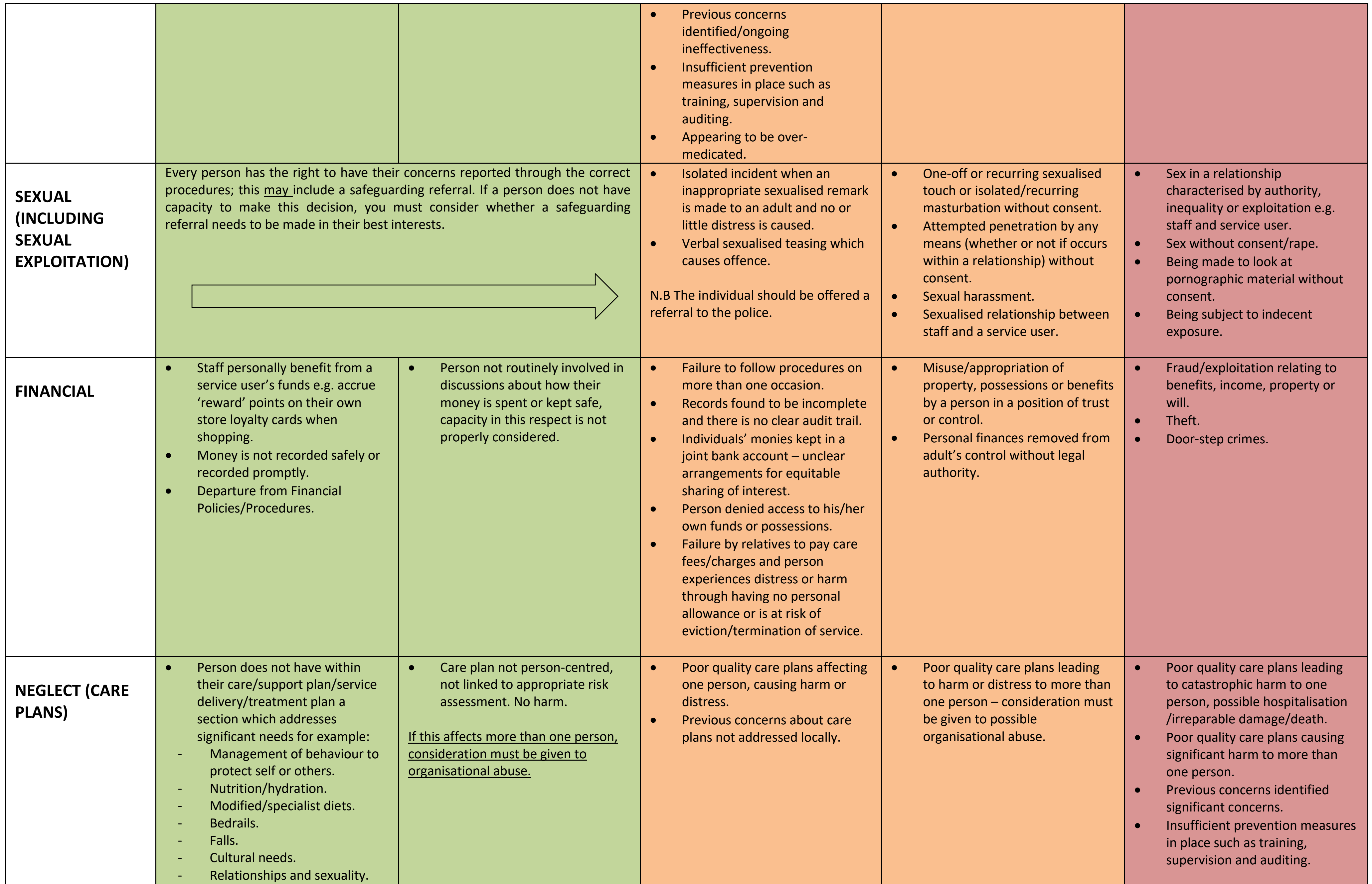
The matrix below contains examples of concerns with an indication of which safeguarding level they may fit into. The examples outlined are not an exhaustive list and do not provide an absolute definition. There will be cases that do not easily fit into a specific level and advice should be sought from your Safeguarding Lead if there is any query as to which level a concern should be placed in. If in doubt and no expert safeguarding advice is available, complete a Safeguarding Adults referral.

<u>In addition, all concerns must be reported in line with the internal reporting processes</u>

Every person has the right to have their concerns reported through the correct procedures; this may include a safeguarding referral. If a person does not have capacity to make this decision, you must consider whether a safeguarding referral needs to be made in their best interests.

Type of Abuse	**<u>1</u>** **<u>Lower Level Harm</u>** Could be addressed via agency internal process/procedures e.g. disciplinary, care management. They may be addressed via a governance route if the issues are related to a service (e.g. staffing/environmental/facilities) rather than an individual. **However;** it is not a 'given' that any concerns falling into this section would be dealt with internally. Consult guidance and where appropriate complete a Safeguarding Enquiry Referral Form. Repeated low-level instances may result in a formal Section 42 Enquiry.		**<u>2</u>** **<u>Significant ↔ Very Significant Harm</u>** Consideration to be given as to whether a criminal offence has occurred – if so you must contact the Police as your first step. Implement Safeguarding Adults Procedures by completing a Safeguarding Enquiry Referral Form.		**<u>3</u>** **<u>Critical</u>** To be addressed as a potential criminal matter – contact Police/Emergency Services. Implement Safeguarding Adults Procedures by completing a Safeguarding Enquiry Referral Form.
PHYSICAL (FALLS)	• Isolated incident (risk assessment reviewed, associated care plan in place. • Risk assessment and associated care plan in place but is not being followed. There is no harm to the person.	• One person experiencing recurring falls whilst in a care setting or receiving care services (risk assessment reviewed, care plan reviewed, appropriate referral made to relevant health professional) and no harm has occurred. • One-off fall of more than one person within the same care setting and no harm has occurred.	• Fall where serious harm has occurs whilst in receipt of care (e.g. fractured long bone). Consider a referral as a serious incident if this meets the framework criteria.	• Fall causing serious or significant harm to person, leading to the need for medical intervention where there have been previous concerns identified. • Previous concerns identified but not addressed by organisation. • Insufficient prevention measures in place such as training, supervision and auditing. • Numerous falls affecting more than one person from the same care setting or care provider requiring medical treatment.	• One fall causing catastrophic harm to one person, possible hospitalisation/irreparable damage/death where there have been previous concerns identified. • Insufficient prevention measures for care providers in place such as training, supervision and auditing.

PHYSICAL	• Staff error causing no/little harm e.g. superficial skin friction mark. • Minor events that still meet criteria for 'incident reporting'.	• One service user abuses another, the victim isn't harmed or intimidated. • Inexplicable very light marking found on one occasion.	• Inexplicable marking or lesions, burns, cuts or grip marks on a number of occasions. • Accumulation of minor injuries on one person or within one working area e.g. ward or care home. • Service user to service user incident where an injury requiring medical attention is required. • Recurring service user to service user incidents, or is happening to more than one person (?)	• Inappropriate restraint. • Inexplicable fractures/injuries to any part of the body that may be at various stages in the healing process.	• Over-medication and/or inappropriate restraint to manage a person's behaviour. • Assault. • Grievous bodily harm/assault leading to significant harm, irreversible damage or death.
PHYSICAL (PRESSURE ULCERS)	• Pressure damage with no evidence of neglect OR failure to provide adequate care or pressure relieving equipment. • Person has capacity and makes an informed decision to decline treatment. A pressure ulcer develops.	• Pressure damage that meets the threshold of a serious incident should be reported. As part of the SI process, the following questions must be considered: 1. Has there been rapid onset and/or deterioration of skin integrity? 2. Has there been a recent change in medical condition e.g. skin or wound infection, other infection, pyrexia, anaemia, end of life care that could have contributed to a sudden deterioration of skin condition? 3. Have reasonable steps been taken to prevent skin damage? 4. Is the level of damage to the skin disproportionate to the individual's risk status for skin damage? E.g. low risk of skin damage with extensive injury. 5. Is there evidence of poor practice or neglect?	• Person not risk assessed with regards to pressure ulcers risk and management, and harm occurs. • Failure to provide suitable pressure relieving equipment and harm occurs. • Failure to follow the advice of clinical specialists and harm occurs. • Pressure ulcers that have been investigated through the SI process and have found to be preventable AND the 5 questions outlined in box 2 have been considered. If this affects more than one person, then Organisational Abuse should be considered.	As previous box. If this affects more than one person, then Organisational Abuse should be considered.	• Person not assessed with regards to pressure ulcers risk and management leading to catastrophic harm/possible hospitalisation/irreparable damage/death. • Failure to provide suitable pressure relieving equipment/follow the advice of clinical specialists leading to catastrophic harm/possible hospitalisation/irreparable damage/death. If this affects more than one person, then Organisational Abuse should be considered.
MEDICATION	• Person does not receive prescribed medication (missed/wrong dose) on one occasion and no harm occurs. • Minimal harm to one person but robust prevention measures in place such as training	• Recurring missed medication or administration errors in relation to one service user that caused no harm and no ongoing concerns. • Prevention measures in place such as training, supervision and auditing.	• One-off medication error to more than one person – no harm caused. • Recurring missed medication or errors that affect more than one adult and/or result in harm. • Medication error causing serious or significant harm to person, leading to the need for medical intervention.	• Deliberate maladministration of medications. • Covert administration without a best-interest decision.	• Recurring errors or an incident of deliberate maladministration that results in ill-health or death. • Catastrophic harm to more than one person, leading to hospitalisation/long term effects/death.



			• Previous concerns identified/ongoing ineffectiveness. • Insufficient prevention measures in place such as training, supervision and auditing. • Appearing to be over-medicated.		
SEXUAL (INCLUDING SEXUAL EXPLOITATION)	Every person has the right to have their concerns reported through the correct procedures; this <u>may</u> include a safeguarding referral. If a person does not have capacity to make this decision, you must consider whether a safeguarding referral needs to be made in their best interests.		• Isolated incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused. • Verbal sexualised teasing which causes offence. N.B The individual should be offered a referral to the police.	• One-off or recurring sexualised touch or isolated/recurring masturbation without consent. • Attempted penetration by any means (whether or not if occurs within a relationship) without consent. • Sexual harassment. • Sexualised relationship between staff and a service user.	• Sex in a relationship characterised by authority, inequality or exploitation e.g. staff and service user. • Sex without consent/rape. • Being made to look at pornographic material without consent. • Being subject to indecent exposure.
FINANCIAL	• Staff personally benefit from a service user's funds e.g. accrue 'reward' points on their own store loyalty cards when shopping. • Money is not recorded safely or recorded promptly. • Departure from Financial Policies/Procedures.	• Person not routinely involved in discussions about how their money is spent or kept safe, capacity in this respect is not properly considered.	• Failure to follow procedures on more than one occasion. • Records found to be incomplete and there is no clear audit trail. • Individuals' monies kept in a joint bank account – unclear arrangements for equitable sharing of interest. • Person denied access to his/her own funds or possessions. • Failure by relatives to pay care fees/charges and person experiences distress or harm through having no personal allowance or is at risk of eviction/termination of service.	• Misuse/appropriation of property, possessions or benefits by a person in a position of trust or control. • Personal finances removed from adult's control without legal authority.	• Fraud/exploitation relating to benefits, income, property or will. • Theft. • Door-step crimes.
NEGLECT (CARE PLANS)	• Person does not have within their care/support plan/service delivery/treatment plan a section which addresses significant needs for example: - Management of behaviour to protect self or others. - Nutrition/hydration. - Modified/specialist diets. - Bedrails. - Falls. - Cultural needs. - Relationships and sexuality.	• Care plan not person-centred, not linked to appropriate risk assessment. No harm. <u>If this affects more than one person, consideration must be given to organisational abuse.</u>	• Poor quality care plans affecting one person, causing harm or distress. • Previous concerns about care plans not addressed locally.	• Poor quality care plans leading to harm or distress to more than one person – consideration must be given to possible organisational abuse.	• Poor quality care plans leading to catastrophic harm to one person, possible hospitalisation /irreparable damage/death. • Poor quality care plans causing significant harm to more than one person. • Previous concerns identified significant concerns. • Insufficient prevention measures in place such as training, supervision and auditing.

	• Person-centred, evidence-based care plan in place and is being followed. Linked to appropriate risk assessment. NOT regularly reviewed but no harm occurs.				
NEGLECT (DISCHARGE FROM A CLINICAL SETTING)	• Deterioration of person due to medical condition – all support services in place.	• Poor discharge planning from a clinical care setting leading to inconvenience but no harm or distress.	• Poor discharge from clinical setting leading to support services not being set-up. Causes harm or distress to person.	• Poor discharge planning from a clinical setting, failure to refer individual to appropriate support services, leading to significant harm.	• Poor discharge planning from a clinical setting, failure to refer individual to appropriate support service, leading to catastrophic harm to one person, possible hospitalisation /irreparable damage/death.
NEGLECT (OMMISSION OF CARE / SUPPORT NOT FOLLOWED)	• Care plan not followed – need not met as specified but no harm occurs. • Isolated missed home care visit. • Isolated incident of a person not receiving necessary help to have a drink/meal. • Isolated incident of a person not receiving the necessary help to maintain continence. • Person not bathed as often as they would like.	• Inadequacies in care provision leading to discomfort or inconvenience. • No access to aids for independence.	• One or more people experience failures in care. • Hospital discharge, no adequate planning and harm occurs. • Missed homecare visits and no other contact is made to check on their wellbeing.	• Recurrent missed homecare visit where risk of harm escalates, or one miss where harm occurs. • Ongoing lack of care to extent that health and wellbeing deteriorates e.g. pressure ulcers, dehydration, malnutrition, preventable falls, loss of independence/confidence • Deliberate maladministration of medication.	• Failure to arrange access to life saving services or medical care. • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.
ORANISATIONAL	• Lack of stimulation/opportunities for people to engage in social and leisure activities. • Individual not enabled to be involved in the running of the service.	• Person's views not sought, person not involved in care planning process. • Denial of individuality and opportunities for person to make informed choices and take reasonable risk. • Care planning documentation not person-centred.	• Appropriate professionals not consulted to manage care/support needs – including in respect of health, social care and behaviours which are challenging. • Rigid/inflexible routines. • Person's dignity is undermined e.g. lack of privacy during support with personal care needs. • Continued concerns over culture of organisation. • Clinical care-planning documentation not person-centred, advice given to organisation but no improvements made. • Organisation does not have policies or practices that recognise or deal with safeguarding issues.	• Bad practice unreported and going unchecked. • Unsafe and unhygienic living environments in a care setting. • Appropriate professionals not consulted to manage care/support needs including in respect of health, social care and behaviours which are challenging.	• Staff misusing their position of power over service users. • Over-medication and/or inappropriate restraint used to manage behaviour within an institutional setting. • Widespread, consistent ill-treatment within an institutional setting.

DISCRIMINATORY (INCLUDING HATE CRIME)	• Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused.	• Isolated incident of care planning that fails to address an adult's diversity associated needs for a short period. • Isolated incident of teasing motivated by prejudicial attitudes.	• Inequitable access to service provision as a result of a diversity issue. • Recurring taunts. • Recurring failure to meet specific needs associated with diversity.	• Being refused access to essential services. • Denial of civil liberties e.g. voting, making a complaint. • Humiliation or threats on a regular basis.	• Hate crime resulting in injury/medical treatment/fear for life. • Hate crime resulting in serious injury or attempted murder/honour-based violence.
PSYCHOLOGICAL	• Isolated incident where a person is spoken to in a rude or other inappropriate way – respect is undermined, but little or no distress is caused.	• Withholding of information to disempower.	• Treatment that undermines dignity and damages esteem. • Denying or failure to recognise an adult's choice or opinion. • Frequent verbal outburst.	• Humiliation. • Emotional blackmail (threats of abandonment/harm). • Taunts or verbal outbursts that cause distress.	• Denial of human rights/civil liberties. • Prolonged intimidation. • Vicious personalised verbal attacks.
DEPRIVATION OF LIBERTY SAFEGUARDS	CATEGORY INTENTIONALLY LEFT BLANK	• Isolated incident of DoLs application not made in timely manner or conditions not being complied with. • Isolated incident of a more restrictive method of control being used than is necessary.	• Lack of policy or practices that recognise deprivation of liberty issues. If this affects more than one person, then Organisational Abuse should be considered.	• Restriction of liberty repeatedly unreported.	• Restriction of liberty so significant that evidence of neglect or physical harm has occurred as described in the above categories.
SELF-NEGLECT	• Individual has capacity and is making own choices about self-care.		• Plans do not appropriately support interventions to manage risk of self-neglect. • Risks of self-neglect are not explored with the person.	• If the person does have capacity and there is perceived harm or they are refusing interventions to prevent harm, this should be discussed with your organisation's Safeguarding Lead.	**If the organisation's approach to self-neglect is of concern, organisational abuse should be considered.**
DOMESTIC ABUSE	Discuss with Safeguarding Lead			• Sexual, emotional, financial or physical abuse from family members. • Sexual, emotional, financial or physical abuse from intimate or previously intimate partner.	• Forced marriage. • "Honour" violence. • Female Genital Mutilation (FGM). • Sex without consent.
MODERN SLAVERY	Discuss with Safeguarding Lead. All concerns regarding Modern Slavery are deemed to be at critical level.			CATEGORY INTENTIONALLY LEFT BLANK	• Any concerns regarding slavery, human trafficking, forced labour and domestic servitude must be reported to the police.
MATE CRIME	Discuss with Safeguarding Lead. All concerns regarding Mate Crime are deemed to be at critical level.			CATEGORY INTENTIONALLY LEFT BLANK	• Any concerns regarding mate crime must be reported to the police.
'CUCKOOING'	Discuss with Safeguarding Lead. All concerns regarding 'Cuckooing' are deemed to be at critical level.			CATEGORY INTENTIONALLY LEFT BLANK	• Any concerns regarding a 'drugs cuckoo' or drug-related crime must be reported to the police.

Appendix 5

Concerns Form

CONCERNS FORM

This form should be used by managers to report a concern.

When completed please send this form to your Line Manager or Senior Manager for approval.

<table>
<tr><td>Name of Individual:</td><td colspan="2">Address:</td></tr>
<tr><td colspan="3">Name and role of person completing this form:</td></tr>
<tr><td colspan="2">Has the individual consented to this information being shared or do they lack capacity to consent:</td><td>Date of concern:</td></tr>
<tr><td colspan="3">Description of incident concern. (You must inform individuals if their names are included on this form. Please include what happened and the impact/harm on the individual):</td></tr>
<tr><td colspan="3">Have there been any similar concerns in the past? (If ‘yes’, please state frequency and date rationale in here):</td></tr>
<tr><td colspan="3">Immediate actions taken. (What action has been taken/or intended, learning points from this incident – include timescales and by whom):</td></tr>
<tr><td colspan="3">Rationale for not raising the concern as a Safeguard:</td></tr>
</table>

Signature of person completing this form:	**Date:**
Signature of Line Manager:	**Date:**
Approved by Senior Manager (Signature):	**Date Approved:**

Appendix 6

Safeguarding Referral Information Form

Safeguarding Referral Information Form

To be used in situations where Local Authority documentation is not supplied.

Section 1

Details of the individual at risk **Adult ☐ Child ☐**			
Surname:		**Forenames:**	
Title:		**Sexuality:**	
DoB and age:		**Ethnicity:**	
Gender:		**Religion:**	

Address:

Postcode:

Telephone Number:

Primary nature of vulnerability

Mental health ☐	Learning disability ☐	Frailty ☐	Substance Misuse ☐
Sensory impairment ☐	Physical disability ☐	Dementia ☐	Other ☐

Type of alleged abuse (tick all that apply)

Physical ☐	Discriminatory ☐	Financial ☐	Neglect/Acts of omission ☐
Sexual ☐	Institutional/Organisational ☐	Psychological/Emotional ☐	Radicalisation/Extremism ☐
Modern Slavery ☐	'Mate' Crime ☐	Domestic ☐	Self-neglect ☐

Date of alleged abuse (if known):		Previous referrals in past 12 months?	Yes ☐ No ☐

In all cases give the date abuse disclosed or suspected:	
If abuse is within an organisation, please specify the name:	

Incident Report – Location/Date/Time of Incident (please give exact details of what has been reported and if appropriate include any names of any witnesses and note injuries on the attached body chart):	
Details of Any Witnesses:	
Name: Address: Contact No:	Name: Address: Contact No:
Describe the impact of the incident on the adult or child at risk of harm:	
Have you taken any action due to emergency situation to avoid immediate serious risk?	
Was immediate protection needed? Yes ☐ No ☐ *If 'Yes', give details:* ____ ____ ____________________	
Adult/Child's Knowledge of Referral:	
Does the individual at risk of harm know that a referral may be made? Yes ☐ No ☐	

<table>
<tr><td colspan="3">Is the individual at risk of harm able to give informed consent? Yes ☐ No ☐</td></tr>
<tr><td colspan="3">Has the individual at risk of harm consented to a referral? Yes ☐ No ☐</td></tr>
<tr><td colspan="3">Is the adult/child aware of the referral? Yes ☐ No ☐</td></tr>
<tr><td colspan="3">Is the parent/guardian aware of the referral? Yes ☐ No ☐</td></tr>
<tr><td colspan="3">If ‘No’ to any of the above, please provide details:
____
____
____
____________________________________</td></tr>
<tr><td colspan="3">Details of person(s) suspected of causing harm</td></tr>
<tr><td>Name:</td><td>Date of Birth:</td><td>M ☐
F ☐</td></tr>
<tr><td colspan="3">Address:</td></tr>
<tr><td colspan="3">Does the person(s) suspected of causing harm know that an allegation has been made against them?
Yes ☐ No ☐
Unknown ☐</td></tr>
<tr><td colspan="3">Is the person(s) suspected of causing harm known to the adult at risk of harm?
Yes ☐ No ☐ Unknown ☐

If ‘Yes’, please specify below:

Family member ☐ Another service user ☐ Paid carer ☐
Employee ☐

Other (specify) ☐ __________________________________</td></tr>
<tr><td colspan="3">Any additional information relevant to the referral:
(Please note the views of others you have consulted and note any difference of opinion)</td></tr>
<tr><td colspan="3">____
____
____
____
____
____
____</td></tr>
</table>

____ ____ ________________________________

Signature:		**Date:**	

Section 2

Referrer Details

Referred by:			
Date of referral:		**Time of referral:**	
Contact details of the person receiving the referral:			
Reference number:			

Section 3

Outcome of the Referral to the Local Authority

Details of the decision-making: ____ ____ ____ ____ ____ ____
Referral does not meet criteria for Section 42 ☐ Decision pending further information (please state) ☐ ____ Referral forwarded to the organisation for investigation ☐ Referral accepted for Investigation under safeguarding procedure ☐

Other (specify) ☐ ____
Any actions agreed at the point of referral:
Further actions agreed as a result of investigation enquiry:

Record of completion date:		**Signature:**	
Date of closure:		**Signature:**	
		Manager's Signature:	

Appendix 7

Risk Assessment: Restriction of Practice, Transfer or Suspension

Consideration of Restriction of Practice/Suspension

To be completed in all instances of consideration of restriction of practice, transfer or suspension to record the decision-making process. This form should be completed immediately and sent to HR/Line Manager for recording processes.

Form completed by:		**Date:**	
Employee name:			
Employee role:			
Names/job titles of people involved in the decision:			
Summary of issue:			
Questions considered and summary of discussion:	1. Is there a risk to service users and if so, what is the risk? 2. How can this be mitigated? 3. Is there a risk to the colleagues and if so, what is this risk? 4. How can this be mitigated? 5. Is there a risk to the organisation and if so, what is this risk? 6. How can this be mitigated? 7. Is there a risk to the individual and if so, what is this risk? 8. How can this be mitigated? 9. Is there a risk to any investigation and if so, what is this risk? 10. How can this be mitigated?		
Decision Made:			
Actions put in place i.e. investigating officer assigned who will be responsible for each:			
Director or Head of relevant service line			

informed:	