

POLICIES, PROCEDURES & GUIDELINES

SA1- SAFEGUARDING ADULTS

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2. POLICY STATEMENT

- 2.1 Together believes that everyone has a right to a life free from fear, harm, abuse and exploitation. . We seek to work in ways that support people who use our services to uphold their rights, protect themselves, maintain their independence and to make their own informed decisions and choices. We understand that there will be times when this involves risk and our aim is to ensure any risk is recognised and understood by all concerned and is minimised or managed where possible.
- 2.2 The main purpose of this policy is to ensure that people who use our services are protected from abuse and improper treatment and that we are committed to preventing, identifying and reporting abuse and neglect in a timely manner, to stop abuse or neglect wherever possible.

- 2.3 Together will conduct internal investigations into any allegations of abuse and bring about change where necessary. We will deal with breaches of policy and procedure in a consistent, fair and equitable manner. Together will also review and analyse learning from events and incidents to improve further practice and highlight further training or development issues. This review will be at Senior Leadership Team level and feed into the Quality and Safety Committee.
- 2.4 We also aim to incorporate the six key adult safeguarding principles (outlined in the Care Act 2014) into our daily work:
- Empowerment: People being supported and encouraged to make their own decisions and informed consent
 - Prevention: It is better to take action before harm occurs
 - Proportionality: The least intrusive response appropriate to the risk presented
 - Protection: Support and representation for those in greatest need
 - Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
 - Accountability: Accountability and transparency in delivering safeguarding

3. LEGISLATIVE FRAMEWORK AND POLICY GUIDANCE

3.1 The policy takes into consideration the following Acts:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims Act 2012
- Equality Act 2010
- Female Genital Mutilation Act 2003
- Human Rights Act 1998
- Sexual Offences Act 2003
- Mental Capacity Act 2005
- The Health & Social Care Act 2008 (Regulated Activities Regulations 2014)
- The Anti-social Behaviour, Crime and Policing Act 2014
- Modern Slavery Act 2015
- Data Protection Act 2018
- General Data Protection Regulation

Guidance:

- Prevent Strategy (HM Government, 2011)

- London Multi-Agency Adults Safeguarding Policy & Procedures (2019)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report 2013)
- Safeguarding Adults: The role of health service practitioners (Department of Health 2013)
- Statement of Government Policy on Adult Safeguarding (Department of Health 2013)
- Transforming care: A national response Winterbourne View Hospital (Department of Health Review: Final Report 2012)

3.2 Together’s policies and procedures are in place to support the safeguarding of people with care and support needs including: HR40 Whistle-Blowing, C3 Code of Conduct, OP22 Boundaries, OP23 Positive Risk Taking, OP24 Managing Risk, C11 Complaints & Compliments, OP47 Dealing with Violence & Aggression; OP41 Incidents and Accidents and SA4 Safeguarding Children and Young People.

4. DEFINITIONS

- 4.1 Abuse is the violation of an individual’s human and civil rights by any other person/s. Abuse or neglect may be single incidents or many incidents that together make a pattern of harm.
- 4.2 The scope of adult safeguarding applies to all adults at risk (The Care Act 2014). These are people who:
- are aged 18 and over (in England)
 - who is in need of care and support (whether or not those needs are being met)
 - Are experiencing or at risk of abuse and neglect
 - And because of these needs are unable to protect themselves against the abuse or neglect or the risk of it.
- 4.3 This applies regardless of the mental capacity of people to make decisions about their own safety. For more information, please see OP52 Mental Capacity & Deprivation of Liberty.

5. FORMS OF ABUSE

5.1 Abuse can come in different forms and can occur in any relationship, context or environment. **Anyone** can be or become a perpetrator of abuse or neglect, including spouses/partners, other family members, acquaintances, friends, local residents, people who deliberately target those they perceive as vulnerable to abuse, paid staff/professionals, volunteers and strangers.

5.2 Abuse may include but is not limited to:

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Physical abuse: is the causing or placing a person at risk of physical harm either deliberately or by rough or thoughtless behaviour. This can include assault, hitting, shaking, pinching, slapping, pushing, pulling, dragging, inappropriate restraint or physical sanctions, confining or locking a person up, depriving someone of food, forcing someone to eat or tampering with someone's food, misuse of medication (e.g. enforced sedation), burning or scalding someone or withholding necessary aids. This also includes Female Genital Mutilation (FGM), a procedure where female genitals are deliberately cut, injured or changed with no medical reason. FGM is usually carried out on young girls between infancy and 15, most commonly before puberty starts. It is illegal in the UK and it is also illegal to take girls who are British Nationals or who are permanent UK residents abroad for FGM. There is a mandatory duty on healthcare professionals to report any identified FGM cases in those under 18.

Psychological abuse: is behaviour that makes a person feel anxious, frightened or intimidated and which impinges on emotional health and development. This can include emotional abuse, shouting, swearing, insults, threats, ignoring, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks and depriving an individual of the right to choice and privacy.

Sexual abuse: is the direct or indirect involvement of an individual in sexual activity without capacity and/or consent or where the individual was pressured into consenting. This can include rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, harassment, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault and sexual acts where a person has not consented or was pressured into consenting. It includes sexual exploitation, which involves exploitative situations where vulnerable adults (or a third person or persons) receive 'something' (e.g. food, accommodation, alcohol, affection, gifts, money etc.) as a result of them performing, and/or other/s performing on them, sexual acts.

Domestic abuse: This is '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' (Home Office, 2013). Section 76 of the Serious Crime Act 2015 makes it an offence to use repeated or continuous controlling or coercive behaviour towards a person with whom the person committing the offence has an intimate personal relationship, or with whom they live and who is a family member or if they were formerly in an intimate relationship. Domestic abuse can encompass psychological, physical, sexual, financial, emotional abuse, 'honour' based violence (HBV) and forced marriage. HBV is committed when families feel

that dishonour has been brought to them. It will usually be a criminal offence. The violence is often committed with a degree of collusion from family members and/or the community. Forced marriage describes a marriage in which one or both parties are married without their freely given consent or against their will. In

Modern Slavery: This encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Serious and organised crime gangs exploit the social, cultural and financial vulnerabilities of the victim. Adults who are enslaved are not always subject to trafficking. Someone is in slavery if they are forced to work through physical or mental threat, owned or controlled by an 'employer', dehumanised and treated as a commodity, physically constrained or have restrictions placed on their freedom of movement. Since 2015, specific authorities have had a duty to notify the Home Office of anyone suspected of being a victim of slavery or human trafficking.

Neglect and acts of omission: This can be defined as ignoring or withholding physical or medical care needs. This can include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services and/or the withholding of the necessities of life, such as medication, medical care, adequate nutrition, shelter, clothing, hygiene, personal care, social contact, aids to daily living and heating. Neglect also includes a failure to undertake a reasonable assessment of risk or to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Financial or material abuse: This can include theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements including in connection with wills, property, inheritance or financial transactions, denying the person the right to access personal funds, the misuse or misappropriation of money, property, possessions or benefit or 'Mate Crime' (where vulnerable people are befriended by those who go on to exploit them). These instances should always be reported to the police and if relevant, local Trading Standards Services. Where the abuse is perpetrated by someone who has the authority to manage the adult at risk's money, the Office of the Public Guardian should be informed (in relation to Deputies/Attorneys) or the DWP (for appointees).

Discriminatory abuse: This includes unequal treatment, harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, marriage and civil partnership, pregnancy and maternity or religion and belief. Examples of discriminatory abuse may include denying access to communication aids, not allowing access to an interpreter, signer or lipreader, 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 and substandard service provision relating to a protected characteristic. Different safeguarding authorities may also include abuse based on other characteristics such as political beliefs. Some forms of discriminatory abuse may also constitute a Hate Crime, defined by the Crown Prosecution Service as "Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice, based on a person's disability or perceived disability; race or perceived race; or religion or perceived religion; or sexual orientation or perceived sexual orientation or transgender identity or perceived transgender identity."

Organisational abuse: This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. It can be through neglect or poor professional practice as a result of the structure, policies and processes within an organisation. This can include failure to ensure adult protection policy and procedures are in place and complied with, acceptable standards of care not being met, failure to refer the disclosure of abuse, failure to support an adult at risk to access healthcare/treatment, failure to whistle blow on issues when internal options have been exhausted, lack of individualised care, no flexibility of bed or meal times etc.

Self-neglect: This covers a wide range of behaviour around neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour.

Radicalisation: This is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. There are a range of contributing factors including peer pressure, bullying, family tensions, hate crime, lack of self-esteem or identity and personal or political grievances which can make people more vulnerable. Vulnerable individuals are often targeted and influenced by radicalisers either directly or online. . The Counter-Terrorism and Security Act (2015) places a specific legal duty on specified authorities, including local authorities and health providers, to have due regard to the need to prevent people being drawn into terrorism. Prevent is part of the Government's counter-terrorism strategy and Channel is a confidential, voluntary, multi-agency safeguarding process designed to support vulnerable children and adults who may be at risk of being radicalised and drawn into terrorist activity. Channel Panels are chaired by the local authority and have multi agency involvement including police, social services and health. They work collaboratively to assess the risk and, if necessary, provide an appropriate support package which may include targeted interventions (including faith guidance, counselling or diversionary activities) or access to specific services, such as health or education.

Referrals to Channel can be made through the local authority Prevent lead or the local police Prevent engagement officer.

- 5.3 Some of the potential indicators of abuse are available as Appendix A.

6. THE CARE ACT 2014 AND SAFEGUARDING PROCESS

- 6.1 Under The Care Act 2014, it is the duty of local authorities to protect people from abuse and neglect when carrying out its safeguarding responsibilities. It is a statutory requirement for the authority to have regard to key principles including the importance of beginning with the assumption that the individual is best-placed to judge their wellbeing, the need to ensure that decisions are made based on all the individual's circumstances and the importance of achieving a balance between the individual's wellbeing and that of those who are involved in caring for the individual. This is a holistic approach that should enable adults to achieve the outcomes that matter to them.
- 6.2 **Concerns** - The safeguarding process begins when an adult safeguarding concern is raised. An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs, who may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this.
- 6.3 **Enquiry** - Under section 42 of The Care Act 2014, it is the duty of local authorities to make or cause to be made whatever enquiries it thinks are needed to decide if action needs to be taken where it has reasonable cause to suspect the above adult safeguarding criteria is met. If so, an Enquiry Officer is appointed by the Local Authority and is responsible for undertaking actions.
- 6.4 Local Authorities should aim to provide swift and personalised safeguarding responses, involving the adult at risk in the decision-making process as far as possible. Although the local authority is the lead agency for making enquiries, it can require others to undertake them, including a professional who already knows the adult or another organisation such as ourselves. If you are chosen to lead an enquiry or act as an Enquiry Officer, the authority should provide you with a clear timescale, ensure it is informed of the outcome and state what would happen if its requirements are not met. The Local Authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon.
- 6.5 If the adult experiences substantial difficulty in taking part in an enquiry (understanding, retaining or using relevant information or communicating their views) and where there is no other appropriate individual to help them, it is the authority's duty to appoint an independent advocate to represent and support the adult to be involved.

- 6.6 Following on from an enquiry, a number of processes could occur (including criminal investigation) but options should be discussed first with the adult to understand their wishes. Ultimately, it is the duty of the local authority to determine what further actions are necessary and to carry them out or cause them to be carried out. If the adult refuses assistance, it will be assessed whether they have capacity in accordance with the Mental Capacity Act and whether their refusal is influenced by undue influence or duress. An Independent Mental Capacity Advocate may need to be arranged where the person is found to not have capacity, to ensure they are represented.
- 6.7 **Safeguarding Plan and Review** - In most cases there will be a natural transition between deciding what actions are needed and the end of the enquiry, formalising what these actions are and who needs to be responsible for each action - this is the adult safeguarding plan. The plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan, and when this will happen. Safeguarding plans should be made with the full participation of the adult at risk.
- 6.8 **Closing the Enquiry** - Safeguarding can be closed at any stage. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns. The adult safeguarding process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. All closures no matter at what stage are subject to an evaluation of outcomes by the adult at risk. If the adult at risk disagrees with the decision to close safeguarding down, their reasons should be fully explored and alternatives offered.
- 6.9 Local authorities have a duty under The Care Act 2014 to set up local Safeguarding Adults Boards (SABs) with a strategic role in overseeing and leading on adult safeguarding, and are responsible for holding Safeguarding Adults Reviews (SARs). SABs must arrange a SAR when there is concern that the SAB or partner agencies could have worked more effectively to safeguard an adult with care and support needs, in two situations: 1. The adult dies as a result of abuse or neglect, whether known or suspected, and 2. The adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Relevant partnerships are vital for SABs and as such, you as a representative of your service or Together as a larger organisation may be asked to be a permanent member of a SAB or to attend specific meetings.
- 6.10 All relevant organisations should have a Safeguarding Adults lead, who is the staff member responsible in an organisation to provide managerial support and direction to staff in that organisation and decision making for concerns raised by members of staff and/or members of the public.

7. RESPONSIBILITIES OF TOGETHER STAFF, TRUSTEES AND VOLUNTEERS

- 7.1 Safeguarding is everyone's business. All employees, trustees and volunteers (including senior managers, non-operational staff, students, sessional staff and agency staff) will be made aware of their responsibilities to safeguard people from abuse and to report anything they witness that causes concerns. All staff and volunteers are responsible for knowing how to recognise abuse and for reporting suspected abuse. All staff members must read this policy, regardless of role. All operational staff must be aware of how and when to contact their local safeguarding team.
- 7.2 Together's Chief Executive has overall responsibility for ensuring that Together has appropriate safeguarding processes in place and can delegate this responsibility to Together's Adult Safeguarding Lead.
- 7.3 The Safeguarding Lead for Together is the Director of Operations and Quality and has the responsibility for:
- The day-to-day, operational implementation of this policy and for being the focus of advice and support for Together (delegated to Heads of Operation and Development for their respective service types)
 - To monitor and provide assurance on Together Safeguarding process or to ensure appropriate action plans are developed to address any highlighted deficiencies
 - Ensuring any risks are identified and included in the Together's organisational Risk Register
 - Reviewing updated or new legislation and guidance, escalating for discussion and updating this policy, including when internal learning or recommendations take place following on from incidents, as well as sharing changes in legislation and guidance with the trustee Safeguarding Lead
- 7.4 Together's trustee Safeguarding Lead (their details can be found on the website or by contacting the Committee Secretary) is responsible for:
- Governance oversight of this policy and its implementation
 - Promoting and championing safeguarding within the trustee group
- 7.5 Together's Service Managers are responsible for ensuring that appropriate safeguarding processes are in place within their service, including compliance with all legal, statutory and good practice requirements. The Service Manager is responsible for making sure that up to date information about local Safeguarding Adult Board procedures is available at the service, and that those procedures are followed. They must also be fully aware of and follow the relevant reporting procedures of any relevant regulatory or statutory bodies (e.g. CQC). This

information should be displayed prominently where other staff members can see it (Appendix B provides a sample contacts list). They are responsible for ensuring that staff training has been completed and is up to date and that safeguarding forms part of supervision discussions.

- 7.6 Where there are visitors to a service, including contractors, the Service Manager/Senior on shift are responsible for ensuring that they sign in. This should be managed in line with our HS5 Contractors and HS24
- 7.7 There may be times where visitors need to be banned from the property for safety reasons. Where a Service Manager believes this is necessary, there should be a risk assessment completed and agreed with the ODM.
- 7.8 Operations and Development Managers have the responsibility for:
- Acting as first point of contact and advice for services with regard to issues related to safeguarding
 - Supporting staff that are undertaking or are subject to safeguarding investigations
 - Providing information on ongoing issues and investigations to the Safeguarding Lead
 - Monitoring and supporting safeguarding reporting, training and compliance within their services
- 7.9 The Human Resources Manager is responsible for ensuring that allegations of abuse by any member of staff or volunteer will be managed in accordance with Together's HR28 Disciplinary policy. Human Resources are also responsible for::
- Robust recruitment/selection practice including rigorous checking of applications, references and appropriate DBS checks and the training of those who recruit staff. Please see HR1 Recruitment and Selection for more information.
 - Good induction systems and ongoing training/updates for staff in minimum standards in adult protection
 - Clear and accessible whistleblowing procedures (HR40 Whistleblowing)
 - Investigation teams, decision makers and disciplinary panels will have the necessary competence and knowledge to make safe disciplinary decisions. The investigatory/disciplinary process will be robust, well informed and able to ensure the most rigorous standards for safeguarding service users while at the same time ensuring a balance of justice and fairness for the employee (HR28 Disciplinary)

- Joint responsibility between line management at an appropriate level and a senior HR professional to refer to the appropriate bodies (ISA, GMC, NMC, HCPC, DBS etc.)

7.10 Safeguarding incidents will be discussed in monthly Incident Reviews held by the Quality Team and Heads of Operations to ensure oversight of and learning from safeguarding incidents.

8. SAFEGUARDING TRAINING

- 8.1 All operational/frontline staff employed within Together (including bank and locum staff) will undertake *Safeguarding Adults* e-learning training with a one yearly refresh (three yearly for staff who do not work regularly with service users) and *Safeguarding* classroom training with a three yearly refresh as part of their mandatory training package.
- 8.2 New operational employees who are also new to care should complete the Care Certificate which covers safeguarding adults – please contact the Learning and Development team for further information. .
- 8.3 Awareness of the safeguarding policy/procedure is covered within the induction of all new employees or volunteers and their understanding checked within supervision meetings.

9. RESPONDING TO AN ALLEGATION/SIGN OF ABUSE

- 9.1 Staff or volunteers may become aware of abuse either because they see it, they see indicators of it or a disclosure is made. Please follow the Safeguarding Adults Flowchart (Appendix D) while using the below notes for further guidance and advice.
- 9.2 Where someone makes a disclosure about abuse or you are discussing abuse with a service user, it is important to:
- Stay calm and not interrupt or make the person feel that you are not listening. Let them know that their concern will be taken seriously and they have done the right thing in letting you know about the abuse.
 - Explain that you must pass this on to a manager and that the information may have to be shared with people outside Together. Try to explain this immediately because it may affect the person's decision about next steps. Ask if they are happy for you to make a safeguarding referral and let them know that they will receive support, that their choices will be respected where possible and that they will be kept informed. Do not promise to keep anything a secret.
 - Take any action necessary to keep them safe. If there is immediate danger to the person or injuries that require urgent attention, call the

police or an ambulance. If staff members are in immediate danger, they must phone the police and ensure their own safety.

- Try to protect anything that might be needed as evidence in a criminal investigation (e.g. by avoiding touching anything that may have DNA and encouraging the person not to wash, brush their teeth or use the toilet in the case of a sexual assault, supporting the person to preserve emails, texts etc.)
- Do not confront the person who has been accused of abuse. If the alleged abuser also uses a Together service, they may continue to be supported although their support/access may change to reflect the allegations or their support may be terminated – this should be a joint decision by the service’s ODM and Head of Operations.

9.3 Reports or suspicions of abuse should be immediately passed on to a line manager/Service Manager and then to the ODM (if out of hours, on-call should be contacted). If their concern is about the line manager or Service Manager, they should consult the manager of the person who the concern is about or the Safeguarding Lead.

9.4 The Service Manager is responsible for ensuring that any safeguarding concerns raised are acted upon including:

- Checking that staff have followed up on necessary actions e.g. preserving of evidence, contacting 999 etc.
- Referrals to the adult safeguarding team should be made by the Service Manager within 24 hours. They should consider whether a referral is necessary based on whether the person has been or is experiencing or at risk of harm, in discussion with their ODM/on-call.
- Informing their ODM and contacting Together’s Safeguarding Lead to pass on information and for further advice where needed
- Chasing the referral if you do not hear back from the adult safeguarding team
- Where staff feel that a safeguarding concern raised with the adult safeguarding team is not being followed up or disagrees with the decision made, the Service Manager can request a review of the decision, stating the reasons for the request and why you are concerned that the individual is at risk of abuse. If you disagree with the decision that the person has mental capacity, request that a mental capacity assessment be carried out to determine what decisions the person can make. If the resident is under the care of a mental health team, escalate it to the Consultant Psychiatrist. Where a number of safeguarding alerts are rejected, please follow the Appendix G Safeguarding Escalation Flowchart.

9.5 The staff member who was first informed of, or witnessed the abuse should complete a safeguarding incident on Effective Software (categories are covered in Appendix F). This should be reported within

24 hours. Updates and sign off from the ODM should be completed at a later date, recording any wider action taken or agreements made.

- 9.6 If a complaint or allegation of abuse is made against a Together staff member, we will investigate under our own procedures as well as reporting to the police if it is suspected a crime has been committed. Records will be kept separately by HR. For more information, please see our HR28 Disciplinary policy and HR40 Whistleblowing policy.

10. CONSENT IN SAFEGUARDING PROCEDURES

- 10.1 Whilst someone may be defined as vulnerable or at risk, it does not necessarily follow that, if they are in an abusive situation, they lack the capacity to decide what to do about it. Wherever possible, we will act upon their wishes and their views, wishes, feelings and beliefs should be at the centre of all decisions.
- 10.2 We accept that if a person with care and support needs has capacity to make their own decisions, they have the right to choose not to be protected, or to choose options that might not be advisable. If this is the case and there is no responsibility on our part to take further action, staff will make sure that the person knows that we will support them and that they have the right to change their mind in future.
- 10.3 A person may be concerned about the repercussions of a referral such as the loss of friends and support networks, the involvement of the police or the escalation of abuse. Staff should be clear that the referral will aim to support people to prevent further incidents of abuse and that they will be kept informed during the process.
- 10.4 The person will always be asked for their consent to proceed with any action that is agreed with them, or which might have to be taken. If this choice has to be denied to an individual, it must be clear on what grounds this is justifiable and this will be explained to them and will be recorded. Staff must not give assurances of absolute confidentiality in cases where there are concerns about abuse.
- 10.5 Where there are concerns about the capacity of the person about whom the alert is being raised, a Mental Capacity assessment, and, where relevant, Deprivation of Liberty should be made. For more information, please see our OP52 Mental Capacity & Deprivation of Liberty policy.
- 10.6 Staff **must** take some form of further action (i.e. reporting or referring) without consent if:
- Information about abuse **must always** be passed on to a senior member of staff even if a referral is not going to be made
 - The alleged abuser is a member of Together staff, a volunteer or a someone using a Together service

- There is a risk of serious physical harm/suicide to anyone directly or indirectly involved, or it is an emergency or life-threatening situation
 - Other adults and children may be or continue to be put at risk
 - The person does not have the mental capacity to consent to a safeguarding adult referral, and it is in their 'best interests'
 - The person appears to be being unduly influenced or intimidated such that they cannot give consent
 - A serious crime has been committed or sharing the information could prevent a serious crime
 - There is a court order or other legal authority for taking action
 - Local Safeguarding Adult Board procedures require reporting or further action or the Together service has partnership agreements or statutory obligations which require us to take further action
- 10.7 The manager, must also consider, in consultation with the appropriate senior staff and any external agencies involved:
- Whether, at what stage, and who will, inform the alleged abuser
 - Which, if any, other external agencies need to be informed
 - How the risk from information sharing can be minimised, in situations where sharing information may increase the risk to the adult
- 10.8 Although it is our duty to ensure the confidentiality of the information of those who use our services and it is within a person's rights to refuse to let their information be shared, safeguarding concerns can override these concerns and appropriate weight should always be given to the risks of not sharing information.
- 10.9 In these circumstances, it is important to keep a careful record of the decision-making process and the reasons for choosing to refer or not refer on the relevant case management system or on Effective Software. If the decision is to take action without the adult's consent, then unless this would put them or others at risk, the adult should be informed.
- 10.10 If a decision not to share safeguarding information is made, staff should support the person to weigh up their options, ensure they are aware of the level of risk and possible options and offer relevant support such as confidence-building, advocacy or peer support. The situation should be regularly reviewed in case of any changes.
- 10.11 When information is requested by a SAB, it is a statutory duty to provide that information so long as it is required by the SAB to do its job, the person in receipt of the request is likely to have relevant information and either the information relates to the functions or activities of that person or that person has already supplied the information to another person

subject to an SAB request for information. While the consent of the person who the information refers to is not necessary to share this information, trying to gain their consent by consultation and explaining the reason for this information being shared is always best practice.

11. MAKING A SAFEGUARDING ADULT REFERRAL

- 11.1 The below is an outline of how to make a Safeguarding Adult Referral. SAB procedures vary by locality and that you should be aware of the SAB procedure in your area for reporting.
- 11.2 Call the local Adult Social Care contact centre or emergency duty team and tell them you wish to make a Safeguarding Adult Referral. The person you speak to will ask you for details about the allegation/concern and whether you have reported the incident to the police.
 - You should inform the team if the alleged perpetrator is also an adult with care and support needs and if the resident has given consent/why you have reported if they have not given their consentIf there are children who may also be at risk, you must immediately contact the local authority's Children's Services.
- 11.3 Complete any relevant referral forms as directed by Adult Social Care Services. The referral will be allocated to an appropriate team, who will then contact you to discuss the referral further and advise you any timescales or further action that you can expect of them, or that will be expected of you. Your responsibility does not end with the referral and if you are not informed of an outcome within the expected time frame, you should follow up with the SAB or Adult Social Care.
- 11.4 Some incidents of abuse are criminal offences. Anyone who has been abused in any of these ways is entitled to the protection of the law. Staff will discuss with the person whether they want to report the incident to the police and will respect that choice wherever possible, whilst being clear that they may have to make a report without consent.