



SAFEGUARDING ADULTS POLICY

This Policy was developed following good practice guidelines as set out in Sefton Safeguarding Adults Board Framework for Action 2015.

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1.0 SUMMARY

Compassion Acts (Compassion Acts) is fully committed to ensuring the safeguarding of all adults that come into contact with Compassion Acts and its services. Compassion Acts is committed to raising standards by providing mandatory training which ensures our staff and volunteers know how to report a Safeguarding issue, the appropriate action to take, and how to support a victim of such abuse. This Policy also sets out the action we will take to protect staff and volunteers from malicious complaints that could occur from everyday working practices with adults with care and support needs.

Compassion Acts' Safeguarding Adults Policy has been developed to enable Compassion Acts to fully understand the importance of its role to raise any Safeguarding concerns to the Local Authority (Sefton MBC) and that there are appropriate reporting and recording processes that need to be adhered to. This is fully explained later within the Policy.

This Policy identifies the overall responsibility of the Board of Trustees, Chief Executive Officer, Senior Management, Operational Staff and Volunteers in ensuring the safety, health, wellbeing, reduction of risks, safeguarding and protection of adults with whom Compassion Acts engages in within operational activities. The aims of this Policy are also set out in accordance to the commitments Compassion Acts makes within our Equality of Opportunity Policy, in particular where care provision for victims of abuse is designed around their needs, taking in to account gender, gender identity, race, disability, age, sexuality, religion or beliefs.

This Policy identifies the responsibilities and obligations of staff to take immediate action where any concern regarding the safety, protection and wellbeing of adults is noted. For the purposes of this Policy, **action** relates to responses made about a person aged 18 years or over.

It important to note that some adults are more likely to be at risk of abuse, or harm, than others. These may include adults who are not engaged in employment or education, lack mental capacity, are substance mis-users and those with physical disabilities and learning difficulties. The designated officers for Safeguarding Adults in Compassion Acts can provide further information if required.

This Policy identifies the requirements of Compassion Acts to work proactively with external authorities and communities of interest in the interests of protecting any Adult whom Compassion Acts engages with in the course of its operational activities.

This Policy is underpinned by the policies and procedures set out in The Care Act 2014 and the separate Statutory Guidance, alongside the Sefton Safeguarding Adults Board Framework for Action (2015), as set out below:

The Care Act 2014 Care and Support Statutory Guidance www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

Sefton Safeguarding Adults Board Framework for Action (2015) www.sefton.gov.uk/media/566940/sab_framework-for-action-2015.pdf

2.0 INTRODUCTION

It is the intent of Compassion Acts, through this Policy, to safeguard and promote the

welfare of adults with whom the organisation engages across its operational activities. This is a priority for this organisation and all staff, trustees and volunteers are expected to understand their obligations and duty to implement each aspect of this policy and the associated procedures when required.

This policy should be read alongside all other Compassion Acts Policies and Procedures and are in line with Sefton Safeguarding Adults Framework for Action procedures which can also be referred to when safeguarding concerns arise. These can be found at: http://www.sefton.gov.uk/pdf/HSCwww.sefton.gov.uk/media/566940/sab_framework-for-action-2015.pdf

3.0 AIM OF THIS POLICY

The aim of this policy is to outline the practice and procedures for paid and voluntary staff working in Compassion Acts to contribute to the prevention of abuse of adults with care and support needs, through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting adults with care and support needs and the worker, recognising the risks involved in lone working.

The policy covers all staff and volunteers, including areas of work with specific guidance for projects regularly in contact with adults with care and support needs.

4.0 DEFINITIONS

4.1 Adults with care and support needs

The Care Act 2014 Statutory Guidance on Safeguarding states that Safeguarding Duties apply to an adult who:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs);
- is experiencing, or at risk of, abuse or neglect;
- 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.

4.2 Abuse

The Care Act 2014 associated Statutory Guidance on Safeguarding states that abuse and neglect *'can take many forms and the circumstances of the individual case should always be considered'* (p.233). It goes on to list the following types of abuse as examples:

- **Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic Violence** - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** - including 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, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- **Discriminatory abuse** - including forms of harassment, slurs or similar treatment, because of race, gender / gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** - this covers a wide range of behavior neglecting to care for one's personal hygiene, health or surroundings and includes behavior such as hoarding.
- **Forced Marriage** - One or both people do not (or incases of people with learning disabilities cannot) consent to the marriage or and pressure of abuse is used.

4.3 Perpetrators

Perpetrators of abuse can come from a variety of backgrounds:

- people in a position of trust;
- informal carers, including neighbours, friends and relatives or strangers;
- partners, ex-partners, other family members;
- people paid to offer care or services;
- other users of services;
- organisations by the way day- to- day practice is conducted;
- those who deliberately target

4.4 Mental Capacity

The Mental Capacity Act 2005 (MCA) created criminal offences of ill-treatment and wilful neglect of people who lack the ability to make decisions. Issues of mental capacity and the ability to give informed consent are central to decisions and actions within adult safeguarding. Each intervention needs to take into account the ability of the adult to make informed choices about the way they want to live and the risks that they want to take.

This includes their ability to:

- understand the implications of their situation
- take actions themselves to prevent abuse
- participate to the fullest extent in decision making about interventions.

A person is not able to make decisions if they are unable to:

- understand the information relevant to the decision
- retain that information long enough for them to make the decision
- use or weigh that information as part of the process of making a decision
- communicate their decision (whether by talking, using sign language or by any other means).

Mental capacity is time and decision specific and a person's ability to make a decision may fluctuate over time.

5.0 PEOPLE WHO MIGHT ABUSE

Abuse can happen anywhere and can be carried out by anyone e.g.:

- Informal carers, family, friends, neighbours;
- Paid staff, volunteers;
- Other service users;
- Strangers.

Multiple forms of abuse may occur in an ongoing relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible.

6.0 ROLES & RESPONSIBILITIES

6.1 Responsibilities of Compassion Acts

- To ensure staff and volunteers are aware of the Safeguarding Adults Policy and are adequately trained.
- Compassion Acts Centre Safeguarding Team to notify the appropriate agencies if abuse is identified or suspected.
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability.
- To DBS check staff and volunteers who have access to, or work with, Adults with care and support needs.
- Staff and volunteers can refer directly if they do not agree with Compassion Acts Safeguarding Team

6.2 Responsibilities of the Board of Trustees

- To ensure that the Compassion Acts has safeguarding arrangements are fully embedded within the organisation's ethos and reflected in day to day practice.

6.3 Responsibilities of Compassion Acts employees and volunteers

- To be familiar with the Safeguarding Adults Policy and Procedures.
- To take appropriate action in line with the policies of Compassion Acts.
- To promote the principles of good practice to other VCF Sector organisations through the (Sefton CVS facilitated) Health and Social Care Forum.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

6.3 Support for those who report abuse

All those making a complaint or raising a concern, whether they are staff, volunteers, service users, carers or members of the general public should be reassured that:

- They will be taken seriously.
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk.
- If service users, they will be given immediate protection from the risk of reprisals or intimidation.
- If staff, they will be given support and afforded protection if necessary, in line with the Public Interest Disclosure Act 1998.

6.4 Allegations or suspicion of abuse against a member of staff or volunteer

This can be an extremely difficult issue to deal with. It can be difficult to accept that a colleague may deliberately harm a vulnerable person. It may also be that the behaviour that causes concern is bad practice rather than abuse. Any concerns should be reported to the appointed person or the deputy in their absence.

Compassion Acts recognises that in some cases a malicious allegation may be brought against a colleague. An allegation could come from an employee, trustee or volunteer within the organisation. Staff should refer to the Compassion Acts Whistle blowing Policy. It is important that any response is properly co-ordinated and that events are managed in the right order. For this reason, Compassion Acts will take no direct action against a member of staff or volunteer without the advice and agreement of the investigating agencies (e.g. the police, NSPCC or Social Services), except where such action is necessary to protect a vulnerable person.

If, following consideration and any consultation, the concern is clearly about bad practice rather than abuse, Compassion Acts will take the necessary action to advise, manage or instigate disciplinary action against the member of staff or volunteer about whom the allegation has been made.

The individual against whom the allegation is made has the right to seek representation should an allegation arise from a malicious complaint. Compassion Acts will support any member of staff or volunteer who is subject to such a complaint, however irrespective of the outcome of any Police investigation, or Sefton MBC Adult Social Care enquiries, Compassion Acts would consider disciplinary action in accordance with its published Disciplinary Procedure, until the matter has been resolved.

Reporting Allegations

The Trustees have a legal duty to report any cases involving staff and volunteers and that the charity manages the incident responsibly, taking steps to limit its immediate impact and where possible, prevent it from happening again. Reports will be made to the Charity Commission as a serious incident via email RSI@charitycommission.gsi.gov.uk and to commissioners of services.

6.5 The Adult with care or support needs has the right:

- To be made aware of this Policy.
- To have alleged incidents recognised and taken seriously.
- To receive fair and respectful treatment throughout.
- To be involved in any process as appropriate.
- To receive information about the outcome.

7.0 RECRUITMENT OF STAFF AND VOLUNTEERS

Follow Compassion Acts' recruitment procedures and policies, including:

- Risk assessment of role to assess need for DBS Disclosures and Independent Safeguarding Authority Registration.
- Completion of an Compassion Acts application form.
- Check references thoroughly including appropriate disclosure.
- All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

8.0 TRAINING

- Staff and Volunteers will be required to familiarise themselves with Compassion Acts' policies and procedures during induction.
- Volunteers and staff will be provided with Safeguarding Awareness training as part of their in-house induction.
- Volunteers will be provided with regular in-house training and briefings on safeguarding.
- All Compassion Acts Staff are required to complete level 1 Safeguarding Adults training within an agreed timescale following recruitment. Refresher training is required every 2 years.
- Safeguarding Team Members are encouraged to achieve level 1, 2 and 3 Safeguarding training.
- Additional training will be sought for staff who require it as agreed as part of their supervision.
- Support to ensure suspected cases are appropriately recorded and reported to Sefton MBC's Adult Social Care Customer Access Team (0151 934 3737).
- Introduction of Volunteer specific Safeguarding Adults Foundation training.

9.0 MANAGEMENT AND SUPERVISION

- It is the role of the Line Manager to clarify with the staff member or volunteer their roles and responsibilities regarding their relationships with Adults with care and support needs with whom they may be in contact.
- Regular supervision for staff and volunteers will monitor the work and offer the opportunity to discuss any Safeguarding-related issues which should have already been raised

10.0 PLANNING

- Wherever possible staff and volunteers should avoid lone working with a Vulnerable Adult but, if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight.

- All staff should adhere to lone working policy.
- Home visits are only to be undertaken with permission of line manager and only following appropriate risk assessment(s) being carried out.

11.0 ACCESS TO AN APPOINTED PERSON

- Any Vulnerable Adult who comes into contact with Compassion Acts staff or volunteers regularly should be given information on their right to talk with an Appointed Person, and their name and contact arrangements.

The Appointed Person for COMPASSION ACTS is:

Alison Read, Advice and Support Manager - Contact at St Peter's Centre, St. Peter's Road, Southport, PR8 4BY. Tel: 07526 897384. Email: alison@compassionacts.uk

In her absence a member of the **Safeguarding Team** (listed at the beginning of the document) will deal with any concerns.

12.0 THE PROCESS OF ALERTING

Alerting is the process of informing the Local Authority, (Sefton MBC), that staff or volunteers are aware of, or suspect, that abuse has taken place or that the risk of abuse occurring is high. Everyone that works with Adults with care and support needs has a duty to share concerns even when the vulnerable person has requested that they do not. A flowchart of the procedure is provided in Appendix 2.

Concerns **MUST** be raised promptly. Concerns can be raised by anyone. Raising a concern about abuse means:

- Recognising signs of abuse/ongoing bad practice.
 - Responding to a disclosure.
 - Reporting a concern, allegation or disclosure.
 - Recording initial information.
 - Working strictly in accordance with anti-discriminatory practice.
1. When you have a concern your first responsibility should be to ensure the safety and protection of the Adult with care or support needs. You need to be mindful of the fact that, where there are suspicions that a crime may have taken place, there is a need to contact the police immediately and all physical, forensic and any other evidence needs to be carefully preserved. This means that 'scenes of crime' should be sealed off if possible and items that may contain DNA evidence must not be handled.
 2. Victims should be discouraged from washing / bathing and removing clothing. Any bedding, clothing, or other significant items that are given to you should be stored in a safe, dry place.
 3. When you have a concern, staff and volunteers are NOT to interview the victim or perpetrator or any potential witnesses and also NOT to alert the alleged perpetrator. Adults with care and support needs are asked to note observations in relation to the condition and attitude of people involved and all actions that have been taken and report them immediately to the appropriate person within Compassion Acts. Records of incidents and concerns should be written as soon as possible and include the date, those raising a concern's signatures and their designation. The original copy, if hand written should be kept, for evidential purposes. The relevant recording form can be located on the Compassion Acts Shared Drive.
 4. All staff and volunteers need to be mindful of the fact that all records relating to an alert, referral or investigation can be used as evidence in a range of procedures: criminal, civil, disciplinary or at a safeguarding case conference.
 5. It is important that all those raising concerns are attentive to any information given directly by the alleged victim and record this information carefully using the person's own words. Those raising concerns **MUST** only clarify basic facts of the reported incidents and **MUST** avoid asking leading questions.
 6. Those raising concerns need to make person concerned aware that staff and volunteers are not allowed to keep secrets but that every effort will be made to

respect confidentiality.

7. Those raising concerns must not freely discuss the alleged incident with others. Only the Police have the responsibility to establish if a criminal offence has been committed.

13.0 REPORTING AND RECORDING

Failure to report a concern, allegation or disclosure will be viewed extremely seriously and may result in any or all of the following:

- Criticism of your practice.
- Disciplinary action.
- Suspension.
- Dismissal.
- A report being forwarded to your professional body if you have registration.

The procedure for recording below must be adhered to at all times when making a suspected safeguarding referral.

13.1 Record Keeping

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by Alison Read. The Adult at Risk Concern Form which must be completed, can be located on the Shared Drive under POLICIES AND PROCEDURES/ SAFEGUARDING, a copy is provided in Appendix 3 for reference. The document will be kept for as long as deemed necessary, in line with Data Protection principles. (Please refer to the Compassion Acts Data Retention Policy).
- All incidents should be reported immediately with the Safeguarding Team.
- Records kept by staff regarding Adults with care and support needs should include:
 - Contacts made
 - Referrals made, including date, time, reason and referral agency
 - Compassion Acts may have specific projects that need to keep more detailed records, and these will be identified by the Line / Project Manager and made known to the team.
 - Staff must ensure they inform the Appointed Person that a referral has been made and immediate advice and guidance should be sought if required / relevant.
 - Referral form to evidence action taken, review date, alert closure date and signed by the CEO.

If you are unable to follow Compassion Acts organisational procedure for any reason you should contact the legally responsible (local) body - i.e. Sefton MBC, or alternatively Merseyside Police. **Any such failure will be regarded as colluding with the abuse.**

To raise a Safeguarding Adults concern, please inform the Safeguarding Team, or, if necessary, please directly contact **Sefton MBC Social Care on 0151 934 3737. Alternatively, Sefton Plus can be contacted on 0845 140 0845.** This number is during normal working hours (Monday - Thursday 9.00am - 5.30-pm and Friday 9.00am - 4.00pm) or the Emergency Duty Team outside of these hours: **Out of Hours 0151 920 8234.**

13.2 The Importance of Recognising Signs of Abuse

Practitioners need to be constantly mindful of the need to carefully monitor standards of care. There is the need to ensure dignity in care delivery and practitioners need to consider observed practice and challenge if this practice would be acceptable if delivered to oneself. People need to ensure that paid staff and volunteers are working strictly in accordance with anti-oppressive practices and be alert to hints, signals or non-verbal communication that could indicate abuse.

13.3 Responding Appropriately to Disclosure:

Incidents of abuse or crimes may only come to light because the abused person themselves talks to someone else without considering that they are experiencing abuse when they tell what is happening to them. Disclosure may take place many years after the actual event or when the person has left the setting but even if there is a delay the information must be taken seriously. If someone makes an allegation or discloses abuse:

13.4 DO:

Staff member or volunteer should:

- Stay Calm.
- Listen patiently.
- Reassure the person they are doing the right thing by telling you.
- Explain what you are going to do.
- Report to relevant Manager / Appointed Person.
- Immediately write a factual account of what you have heard / seen. This information should include;
 - ✓ date
 - ✓ time
 - ✓ setting / specific location - address/ bedroom
 - ✓ persons present
 - ✓ location and position of items utilised in the alleged incident
 - ✓ appearance and behaviour of the adult at risk with any injuries recorded
 - ✓ what was said by the alleged victim, alleged abuser and witnesses using the speaker's own words
 - ✓ use of a body map if appropriate to indicate where cuts and bruises have been observed
 - ✓ the signature and designation of the person making the record

Discuss with the Relevant Manager / Appointed Person who will:

- Ascertain whether the situation might fall within the definitions of abuse outlined in this Policy.

- Consider the vulnerable adult's capacity to make decisions.
- Ascertain whether an advocate or appropriate adult might be necessary.
- Ascertain any immediate action required.
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures.
- Where abuse is suspected conclude that a referral be made to the appropriate agency.
- **Seek advice as soon as possible.**

13.4 DO NOT:

Staff member or volunteer should not:

- Appear shocked, horrified, disgusted or angry.
- Press the individual for details (unless requested to do so).
- Make comments or judgements other than to show concern.
- Promise to keep secrets.
- Confront the abuser.
- Risk contaminating evidence.

13.5 The Process of Referral

Raising a concern must be formally reported to the Safeguarding Team within Compassion Acts and the team will refer to Sefton's legally responsible Agencies - either Sefton MBC (Sefton Plus) or Merseyside Police. The appointed Safeguarding Person or the Referral Agency will record any additional relevant information from the referrer about the alleged incident and its context (please see section - recording). Where an alleged perpetrator of abuse is also a vulnerable adult a referral should be made and a multi agency meeting convened.

Lack of Information **MUST NOT** delay referral.

13.6 Good Practice for Raising a Concern

Referrers must check immediate safety has been considered for the Vulnerable Person and all other Vulnerable People. Referrers need to, where possible, informally assess the mental capacity of the individual and their ability to consent.

13.7 Summary

- The employee or volunteer's primary responsibility is to protect the Vulnerable Adult if they are at risk.
- Each employee or volunteer has a duty to take action.
- Employees or volunteers should not have to cope alone.
- All disclosures must be discussed with the Safeguarding Team

14.0 GOOD PRACTICE GUIDES: PRACTICE GUIDE

14.1 ACTIONS AND CONSIDERATIONS

THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF ADULTS WITH CARE AND SUPPORT NEEDS. TO THIS END IT IS THE RESPONSIBILITY OF ALL STAFF TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS TO A MEMBER OF THE SAFEGUARDING TEAM.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP).
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the Vulnerable Adult, offer necessary support and reassurance. Issues of confidentiality must be clarified early on. For example, staff or volunteers must make it clear that they will have to discuss the concerns with their Line Manager
- Where a Vulnerable Adult expresses a wish for concerns not to be pursued then this should be respected wherever possible.
- However, decisions about whether to respect the person's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the Vulnerable Adult's wishes may be overridden in favour of considerations of safety.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate Safeguarding Team
- **REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE.** By supporting the Vulnerable Adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.
- Understand the need not to contaminate, and to preserve, evidence if a crime may have been committed.

14.2 DISCUSSION AND DECISION MAKING

INFORMATION SHOULD BE SHARED WITH YOUR LINE MANAGER AND THE SAFEGUARDING TEAM, WHO MUST APPROVE ANY ACTIONS TO BE TAKEN AND ANY DOCUMENTATION OR CORRESPONDENCE BEING SENT OUT.

Employees with concerns should discuss them with their line manager on the same day. If the line manager is not available, then any concerns should be discussed with the Chief Executive or their Deputy.

Volunteers with concerns should discuss these discreetly with their Co-ordinator or Line Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable, then any concerns should be discussed with the appointed person for Compassion Acts or otherwise the deputy appointed person.

Concerns about colleagues. These should be addressed initially with your Line Manager, but if this is not possible or the concern is about your Line Manager or other senior member of staff, then any concerns should be discussed with the appointed person for Compassion Acts or otherwise the deputy appointed person.

14.3 TO RAISE A CONCERN NOT TO RAISE A CONCERN

THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY THE APPOINTED PERSON OR THEIR DEPUTY AND THE CHIEF EXECUTIVE SHOULD BE INFORMED.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, Care Quality Commission), the following should be taken into account:

- The wishes of the Vulnerable Adult, & their right to self-determination
- The mental capacity of the Vulnerable Adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. NCSC)
- The need for others to know
- The ability of others (e.g. Police, Sefton MBC Adult Social Care) to make a positive contribution to the situation.

14.4 ISSUES OF MENTAL CAPACITY & CONSENT

The consent of the Vulnerable Adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests.
- Others may be at risk.
- A crime has been committed.

5. WHO TO RAISE A CONCERN WITH:

- To report a Safeguarding Adults disclosure please inform the Safeguarding Team, if necessary, please directly contact **Sefton MBC Social Care on 0151 934 3737**. Alternatively, **Sefton Plus can be contacted on 0845 140 0845**. This number is during normal working hours (Monday - Thursday 9.00am - 5.30-pm and Friday 9.00am - 4.00pm) or the Emergency Duty Team outside of these hours: **Out of Hours 0151 920 8234**.
- Community Mental Health Team where the adult with care or support needs has an ongoing mental health need.
- The Care Quality Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff.
- Merseyside Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime.

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14.6 INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU RAISE A CONCERN:

- Details of alleged victim - name, address, age, gender, ethnic background including principle language spoken, details of any disability Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report
- The mental capacity of the individual (are there are any concerns/doubts about this?)
- If appropriate, advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Specific information relating to these concerns
- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult
- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends

INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE. CONFIRM IN WRITING INFORMATION GIVEN VERBALLY

15.0 USEFUL CONTACT NUMBERS

Merseyside Police

- In an emergency call: **999**
- In a non-emergency call: **101** or visit www.merseyside.police.uk/contact-us/report-crime-online/

Sefton MBC (Council)

- Sefton Plus: 0845 140 0845
- Emergency Duty Team: 0151 920 8234

Sefton MBC (Council) Adult Social Care

Merton House

Stanley Road

Bootle

L20 3DL

Tel: 0151 934 3737 SocialCare.CustomerAccessTeam@social-services.sefton.gov.uk

Care Quality Commission (CQC)

Care Quality Commission

Finsbury Tower

103-105 Bunhill Row

London

EC1Y 8TG

Tel: 03000 616161

Hospital Trusts

Southport and Formby District General Hospital Town Lane, Kew

Southport

Merseyside

PR8 6PN

Tel: 01704 547471

16.0 NATIONAL ORGANISATIONS

ACTION ON ELDER ABUSE

PO Box 60001

Streatham

SW16 9BY

Tel: UK helpline 0808 808 8141; General number: 0208 835 9280 Fax: 0208 696 9328

Raise awareness of elder abuse and provides information.

ALZHEIMER'S SOCIETY - Liverpool and South Sefton Branch Alzheimer's Society

Neurosupport Centre

Norton Street

Liverpool

L3 8LR

Tel: 0151 298 2444

[Email: liverpool@alzheimers.org.uk](mailto:liverpool@alzheimers.org.uk)

ANN CRAFT TRUST

The Ann Craft Trust Centre for Social
Work University of Nottingham

University Park

Nottingham

NG7 2RD

Tel: 0115 951 5400 Fax: 0115
9515232

[Email: ann-craft-trust@nottingham.ac.uk](mailto:ann-craft-trust@nottingham.ac.uk)

A national association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk of abuse.

MIND

15-19 Broadway

Stratford

London

E15 4BQ

Tel: 0208 519 2122

Infoline: 0845 7660 163 Fax: 0208 522 1725 E m a i l :

contact@mind.org.uk

Information re mental health related issues. Help in finding out options and local services.

16.7 SANELINE

1st Floor Cityside House

40 Adler Street

London E1 1EE

Tel: 0207 375 1002

Fax: 0207 375 2162

[Email: info@sane.org.uk](mailto:info@sane.org.uk)

National helpline for anyone coping with mental illness

Document Control- Compassion Acts Safeguarding Adults Policy

Version	Date Approved	Approved by	Main changes	Document owner
1.0	7 May 2021	Board	General review	Safeguarding Team

Appendix 1

IDENTIFICATION OF ABUSE

1 Physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/ hospital admissions

2 Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances - e.g. two service users found in a toilet area, one in distressed state

3 Psychological/emotional signs

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

4 Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

5 Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

6 Discriminatory signs

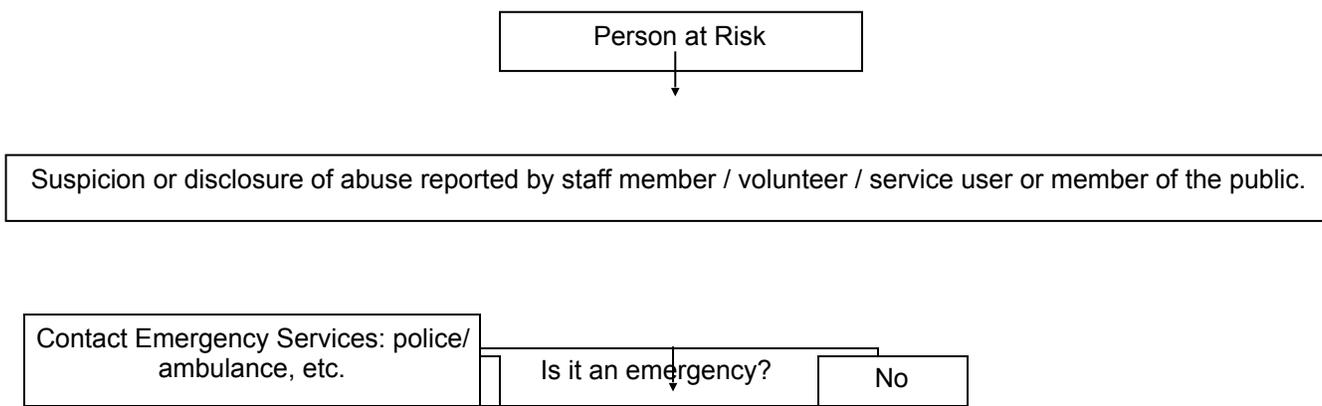
- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

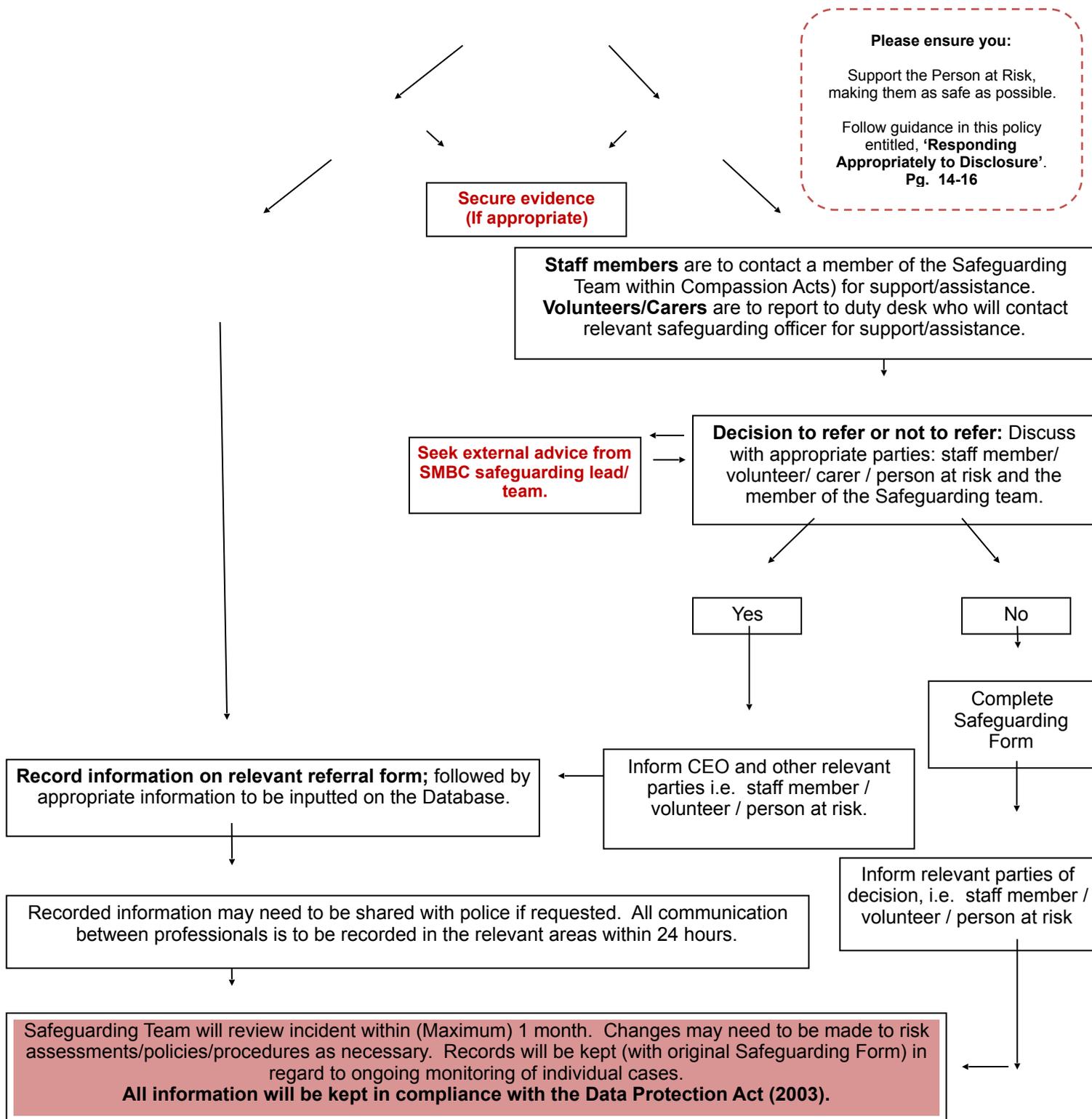
7 Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

Appendix 2

Compassion Acts Adult Safeguarding Flow Chart





Safeguarding Reporting form

This form should be used to record safeguarding concerns relating to Children and/or Vulnerable adults.

In an emergency please do not delay in informing the police or social services.

All the information must be treated as confidential and reported to the Designated Safeguarding Officer the next working day.

The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

Your information	
Name	
Address	
Contact number(s)	
Email	
Your Role & location	

Details of the person at risk		
Name		Date of birth
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say/unknown <input type="checkbox"/>	
Address		
Contact number(s)		
Email		
Is the person aware of this enquiry?	No <input type="checkbox"/>	Please explain why this decision has been taken
	Yes <input type="checkbox"/>	Please give details of what was said / actions agreed

If you think a crime has been committed or the child/vulnerable adult is at immediate risk, contact the Police immediately on 999.

Appendix 3 Concern Form

Details of the incident (please describe in detail using facts only)*			
Date and time of incident			
Please tick one:	<input type="checkbox"/> I am reporting my own concerns.	<input type="checkbox"/> I am responding to concerns raised by someone else - please fill in their details:	
Name of person raising concern		Role within the Organisation or relationship with the person at risk:	
Contact number(s)			
Email			

Appendix 3

Concern Form

Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)

Appendix 3

Concern Form

Additional relevant information (please detail anything else that you believe to be helpful or important).

* Attach a separate sheet if more space is required (e.g. multiple witnesses)

Appendix 3

Concern Form

Incident details (continued)			
Other present or potential witnesses:			
Name:			
Date of birth if a child		Role within the Organisation or relationship to the person:	
Address			
Contact number(s)			
Email			
Details (if known) of any person involved in this incident or alleged to have caused the incident / injury:			
Name:			
Date of birth if a child)		Role within the Organisation or relationship to the person	
Address			
Contact number(s)			
Email			
Please provide details of action taken to date			
Has the incident been reported to any external agencies?		<input type="checkbox"/> No	<input type="checkbox"/> Yes - please provide further details:
Name of organisation / agency			
Contact person			
Contact number(s)			
Email			
Agreed action or advice given			

Declaration	
I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter	
Your signature	X
Print name	
Today's date	

Contact your organisation's Designated Safeguarding Officer in line with Compassion Acts reporting procedures

Appendix 3

Concern Form

Safeguarding Officer's name	
Date reported	

Guidance for handling a Disclosure or Concern

- Take all complaints, allegations or suspicions seriously;
- Ensure the immediate safety of the person affected;
- Stay calm, and offer support and reassurance to the person making the disclosure;
- Do not make any promises regarding confidentiality;
- Listen, keep questions to a minimum, make brief but careful notes and check the person affected agrees with them (where applicable);
- Explain what you will do.

An adult at risk is an adult who:

- Is experiencing or is at risk of abuse or neglect AND
- Has needs for care and support AND
- As a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

If in doubt, report it....

If you are unsure whether to report a concern or an incident, please report it and the Safeguarding Team will assess the circumstances and take any action that is required.