

Safeguarding Policy for Adults with Care and Support Needs (Vulnerable Adults)



North Warwickshire
Borough Council



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1. Reason for policy update

The Care Act has introduced a number of changes to the way adults are protected from abuse and neglect and this document has been produced to provide guidance on how front line workers should best deal with adult abuse and neglect when they encounter it.

As a member of the Warwickshire Safeguarding Adults Board this Council is committed to safeguarding the wellbeing of adults with care and support needs.

District and Borough councils are well placed to identify people at risk of abuse. Good partnership working between Districts and Boroughs, the Police and the County Council Adult Social Care Team is

Serious Case Reviews and Domestic Homicide Reviews have often noted the importance of communication and partnership working. This revised Safeguarding Policy and the guidance and training to frontline teams are intended to ensure that maximum focus is given to the protection of adults with care

Warwickshire Safeguarding Adults Board has worked with other authorities to develop the Multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands. Copies of these documents are held in the Council's Offices and are available to all staff by a link on the Council's website. The Council understands the importance of a multi-agency approach where issues of abuse are identified.

2. Who are adults with care and support needs?

Adults with care and support needs are a group of people, generally 18 years of age or older who for a range of reasons are not as able to protect themselves from harm as the general population. Their care and support needs may relate to a diagnosed physical health problem or disability or to something harder to define such as frailty through old age or mental ill health.

Previously for the purposes of safeguarding this group will have often been referred to as 'vulnerable', However for the remainder of this document, the phrase 'adults with care and support needs' is used as this reflects Care Act definitions and wider Police and Social Care terminology.

More information on these definitions is provided in section 8 on page 6.

3. Policy Statement

This Council has adopted the following as its Policy on safeguarding adults with care and support needs:

"The Council believes that safeguarding is everybody's business, with employees, Members, contractors, partners and the public playing a part in preventing, identifying and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves, whilst empowering them and respecting their wishes and needs."

IMPORTANT CONTACT DETAILS FOR REPORTING ABUSE AND NEGLECT

Abuse or neglect concerns relating to adults with care & support needs who may be unable to protect themselves should be reported to Warwickshire County Council by telephone on the Adult Social Care single point of referral contact number: **01926 412080**

If the abuse or neglect is very serious, or a criminal offence has occurred or may occur, contact the Police immediately-

Warwickshire Police

To report abuse or raise a concern about a crime, dial non-emergency - **01926 415000**

If a crime is in progress or life is at risk, dial emergency – **999** (If you call 999 please still make the referral to Adult Social Care single point of referral contact number - as above.)

When communicating with the Police it is advisable to use terms that will be recognised, for example financial abuse may well be theft and physical or sexual abuse may be a form assault.

Outside Office Hours

Referrals outside office hours will be directed to the Warwickshire County Council Emergency Duty Service. They can be contacted outside office hours: **01926 886922**

The Emergency Duty Service will-

- Respond to Safeguarding Adults referrals out of hours and make a decision whether the referral requires an immediate response or whether they will transfer to the appropriate Adult Social Care the next working day,
- Respond to the immediate support and protection needs of adults referred out of hours,
- Report suspected criminal offences to the Police without delay.

For further information on protecting adults with care and support needs

visit: <http://www.warwickshire.gov.uk/adultprotectionpolicy>

4. Purpose

Council staff work with many vulnerable people who could be using a range of services including, town halls or area offices, contact centres, applying for social housing, living in council provided accommodation, receiving or applying for benefits or assistance with their financial arrangements or attending leisure

This document seeks to ensure that all staff can recognise the signs of potential abuse and are confident in taking appropriate steps to stop such abuse.

Everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect

This will include:

- knowing about different types of abuse and neglect and their
- signs; supporting adults to keep safe;
- knowing who to tell about suspected abuse or neglect; and
- supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

This policy does not incorporate child protection. There is a separate policy on child protection and organisations we work with, or contract services to, will also have safeguarding policies in place where appropriate. This statement sets out recommendations for the protection and prevention of potential abuse for those over 18 years old.

5. Adult safeguarding – what it is and why it matters

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

6. Who is this guide for?

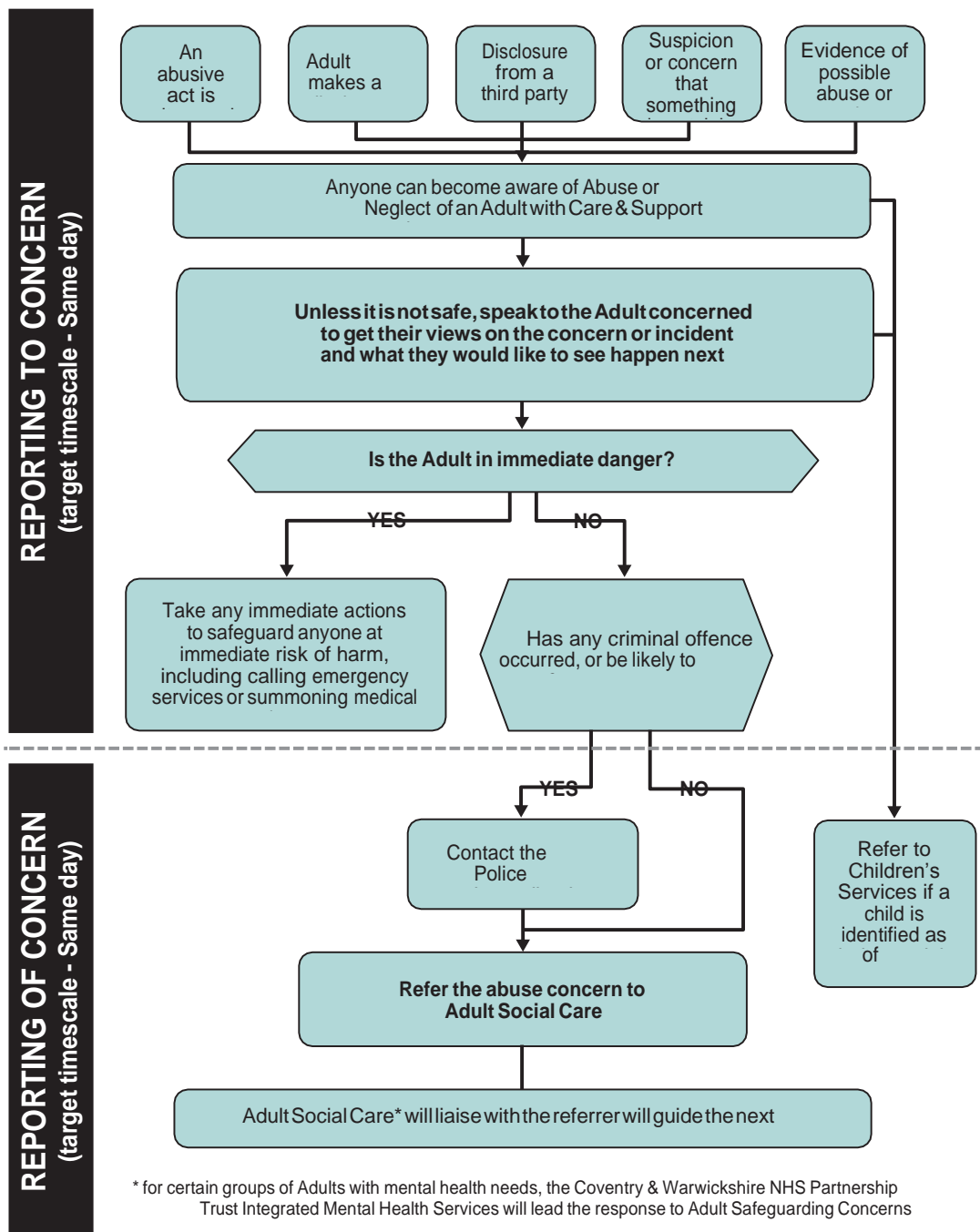
This guide is for all employees, councillors, volunteers, partner agencies, agency workers, contractors and providers of services for the Council. All employees should familiarise themselves with the contents of this statement.

Below is a simple flow chart showing how to deal with an adult with care and support needs, who is experiencing, or at risk of, abuse and neglect and who, because of their care and support needs, is unable to protect themselves from abuse or neglect.

Flowchart - Referral Pathways for the Safeguarding Alert

This flowchart gives an overview summary of referral pathways.

Please note it does not include other responsibilities which need to be considered through this process, such as preserving evidence and providing appropriate support to



7. Adults with care and support needs and the Council

Councils are recognised as community leaders, this and the fact that we are a major provider of services including housing means that we have a significant role to play in the protection of adults with care and support needs. Services provided by the Council are delivered to some of the most challenged adults with care and support needs and this brings employees into contact with them.

Below are just some of the services that the Council may come into contact with adults with care and support needs:

- Housing and Support
- Services Leisure Services
- Customer Services
- Planning/Building Control
- Inspections Homelessness
- Lifeline
- Services Car
- Parking
- CCTV
- Environmental Health
- Issues Community

8. Definitions – Care and support

This statement covers how to recognise and what to do when you think an:

- adult has needs for care and support (see below for details) whether or not the local authority is meeting any of those needs and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Note - the need for care and support does not automatically mean an individual cannot protect themselves, this needs to be considered on a case by case basis.

An adult with care and support needs could be a:

- person with a learning disability or physical
- person who is experiencing mental ill health
- person with sensory needs (blind, partially sighted or hearing impaired)
- person who is older or frail
- person with brain injury or other cognitive needs

- person who is experiencing short or long term illness
- person with dementia

People in this group may be receiving social care or support if they need practical help or support due to any of the above, including visits to help them bath, feed themselves, manage their affairs or cope with other day to day activity.

Inclusion in one of the above groups does not necessarily mean that a person is unable to protect themselves, however it would strongly suggest that they may.

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

9. Definitions-Abuseandneglect

Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the below. Exploitation, or the treating of someone unfairly to benefit, is a common theme in the following list of the types of abuse and

- 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 and 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 behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse may be one-off or multiple, and affect one person or

Patterns of abuse vary and

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

The guidance on Safeguarding Adults provides additional context in terms of the domestic and financial abuse and these are detailed in the next two sections.

10. Domestic abuse

In 2013, the Home Office announced changes to the definition of domestic abuse, which is now defined

- Incident/s of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Including: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.
- Age range extended down to 16.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included within the definition and that much safeguarding work preventing the type of abuse set out in section 8 that occurs at home is, in fact concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

11. Financial abuse

Financial abuse accounts for approximately 25% - 30% of reported abuse across Warwickshire. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is also likely to be financial abuse occurring. Although this is not always the case, everyone should be mindful of this.

Potential indicators of financial abuse include:

- change in living conditions;
- lack of heating, clothing or food;
- inability to pay bills/unexplained shortage of
- money; unexplained withdrawals from an account;
- unexplained loss/misplacement of financial documents;
- the recent addition of authorised signers on a bank card or similar;
- or sudden or unexpected changes in a will or other financial

This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

12. Indicators of abusive behaviour

Abuse may be indicated through many physical, emotional, psychological or behavioural changes, some possible indicators of abuse are noted below:

Physical Abuse includes: hitting, pushing, unapproved restraint, physical intimidation. Indicators of physical abuse include:

- Injuries inconsistent with the account of how they happened
- Lack of explanation of how the injuries occurred
- Injuries inconsistent with the lifestyle of the victim
- Clusters of injuries
- History of unexplained falls/ minor injuries
- Subdued personality – especially in presence of potential abuser
- Over or under use of medication – excessive repeat prescriptions
- Malnutrition/ self-neglect

Emotional Abuse includes intimidation by shouting/ screaming, humiliation, denial of choices or opinions... Indicators of emotional abuse include:

- Air of silence around alleged perpetrator
- General lack of consideration for the needs of others
- Not being able/ allowed to express their opinion
- Being locked in/ out of accommodation
- Alteration of psychological state – e.g. withdrawn or fearful/ anxious
- Insomnia
- Low self esteem
- Change in appearance – including weight loss/ gain
- Tearful, agitated, paranoid
- Resigned, confused, ambivalent about own needs and wants
- Refusal to integrate / join in

Sexual abuse includes: indecent exposure, inappropriate comments and suggestions, touching, penetration... Indicators of sexual abuse include:

- Person appears withdrawn;
- Overt sexual behaviour/ language;
- Disturbed sleep;
- Unexplained difficulties in sitting/ walking;
- Self harm;
- Unexplained behaviour changes;
- Reluctance to be alone with certain individuals;
- Urinary infections;
- Injuries (bruising/bleeding) on upper thighs/ around genital area;
- Fear of physical assistance with self-care/ other personal

Neglect includes not looking after someone's basic needs, denying food or warmth, failure to protect them from harm Indicators of neglect include:

- Poor self-care and personal hygiene;
- Withholding of food, clothing or other essentials;
- Failing to meet religious or cultural

The presence or absence of indicators does not mean that abuse definitely does or does not exist. They are indicators only, and care must be taken not to rely upon them entirely. Each case must be treated individually. However, staff may find that reference to these indicators helps them recognise, prevent, and respond appropriately to potential abuse.

13. Who abuses and neglects adults?

Anyone can carry out abuse or neglect,

- spouses/partners;
- other family members;
- neighbours;
- friends;
- acquaintances;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals; and
- volunteers and strangers.

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in a college or workplace. It can take place when an adult lives alone or with others.

In some circumstances perpetrators can also be victims and vice-a-versa and whilst these situations are often very complex it is important that they are still dealt with through the safeguarding process.

14. Suspected abuse

Anyone can witness or become aware of information suggesting that abuse and neglect is occurring. The matter may, for example, be raised by a worried neighbour, a welfare benefits officer, a housing management or support worker, sheltered scheme worker or any other employee, contractor or Member

A potential victim may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or come to light during a needs assessment.

IMPORTANT

Sometimes staff may suspect abuse is going on, even if no one has told them directly. It is important that staff should never keep such suspicions to themselves. When reporting suspected abuse, staff will explain what makes them think someone is being abused, and detail the evidence they have.

If a third party tells them that they suspect someone is being abused, they should listen sensitively and reassure them that they will do something and explain that they will need to report the suspicions to a senior

IMPORTANT

It is important to keep a written record and report suspicions to an appropriate senior officer.

15. Being notified of vulnerable adult abuse

Abuse of adults with care and support needs can take place at any time and anywhere. The awareness of abuse can come to light in various ways, for example:

- An active disclosure of abuse by the vulnerable adult
- A passive disclosure of abuse by the vulnerable adult

Note - The difference between these needs noting.

IMPORTANT

It is very important that responsible action is taken. The situation is likely to persist, rather than simply “go away”.

16. How to respond to disclosures

- Accept what the person is saying – do not question the person or ask them to justify what they are saying
 - reassure the person that you take what they have said seriously.
- Don't interview the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said – this can make them feel like they are not being believed.
- Avoid giving guarantees about confidentiality as whatever you are told is going to need to be shared with your line manager and others.
- Report the disclosure using the incident form (within appendix 1) as soon as possible – do not delay or think someone else will report it.
- If applicable, try to preserve physical evidence by leaving it alone and isolating the area. E.g. not moving paperwork or medicines relevant to abuse to adult.

17. Procedure for reporting suspected abuse

An allegation may be:

- Against a member of the Council's staff
- A person who does not work for the Council

It is of greatest importance that any member of staff who receives allegations or reports of abuse, or has suspicions, that they do not keep these to themselves.

Any member of staff who believes or suspects that a vulnerable adult has been abused or neglected in any way must immediately report this to the appropriate manager.

It may also be appropriate for staff to use the Council's 'Whistle Blowing' procedure.

If the allegation is against an officer in the Council's employment:

- Once information of the allegation has been clarified the Head of Service will consult with Human Resources.
- Once Human Resources have been notified a safeguarding referral should be made, the boxed section on page 3 details how to do this.

Where an allegation results in the conclusion that there may be a risk posed to adults with care and support needs by a person in a position of trust, like an employee, it will be necessary for the employer to undertake a risk assessment and if necessary, take action to safeguard those at risk.

If the allegation is against a person who does not work for the Council:

- Once information of the allegation has been clarified a referral will be made, the boxed section on page 3 details how to do this.

It is important to establish whether the incident is an allegation about a safeguarding issue, a concern about the quality of care or practice or a complaint.

If a referral is made to the County Council in order to safeguard a vulnerable adult the appropriate' Manager (or in their absence the Head of Service should be informed.

18. Acknowledging the wishes of the vulnerable adult

Acknowledging the wishes of the vulnerable adult is critical to ensuring that the approach that an officer or an organisation takes is the right one. This is called making safeguarding personal (MSP). MSP is about talking through with people the options they have and what they want to do about their situation.

Person-centred safeguarding practice like this should include:

- Involving the adult and lead to adult safeguarding processes being done with people, not to people,
- Treating the adult as the expert in their own lives,
- Understanding and respecting the lived experience of the adult,
- Engaging with the adult in a meaningful way, listening to the adult and making sure their voice is heard,
- Seeking to empower the adult, promote well-being, and supporting their rights and choices.

Before deciding what needs to be done the views of the vulnerable adult need to be explored and understood. This may not affect the ultimate outcome and referrals may be made to other organisations even if the vulnerable adult doesn't wish matters to go any further, particularly if others are at risk (see section 23, page 16 on information sharing).

19. Liaison and advice arrangements Districts and Borough with Warwickshire County Council

It can sometimes be hard to decide whether a situation where abuse is present should be referred to the Adult Social Care Team. Where there is doubt, the presumption should always be that advice is asked for and a decision made and recorded.

The District and Borough Councils have agreed liaison arrangements to raise potential case concerns. Four District & Borough Councils have an internal, named adult safeguarding lead whereas in respect of Rugby Borough Council the manager of the affected service will make the referral. Where an internal named person exists and requires specialist advice, the County Council provides a single point of contact within the Adult Social Care Team.

See appendix 2 for details of the Liaison and advice

20. What to do if your unable to make a referral to the Adult Social Care Team

Where the Adult Safeguarding alerts/referrals threshold for intervention is contested or in situations where there are concerns about agency adult safeguarding case management the escalation process should be initiated by the referring officer. This process is detailed in the Warwickshire Safeguarding Adults Escalation Process. This document is available in appendix 3.

21. Protection

Sitting alongside the requirement to report is an obligation to

If the abuse is occurring on at the moment and the adult is at risk of immediate harm, Council officers will have to consider whether there is any way you can step in to stop it without risking harm to yourself? If so, do so. If not, get help from a senior member of staff if possible, or if necessary, the police. If the person needs urgent medical attention, get immediate help from a doctor, or call an ambulance.

IMPORTANT

It is very important that victims of abuse and others that could be abused are protected, once notified of the abuse, part of the response will need to put in place protections by either removing those at risk or by bringing to an end the abuse.

22. Corporate Approach to Safeguarding Adults with care and support needs

Safe Places

Safe Places are locations within the community where you can go to get help if you have a learning disability and you feel unsafe or at risk when you are out and about. This council is committed to the Safe Place initiative and has become a registered Safe Place. The training provided to gain the Safe Places status also helps front line staff understand their role in the identification of safeguarding issues.

Safeguarding through employee checks

The Council understands that staff potentially pose a risk to adults they work with. Periodically, an assessment of posts attracting a Disclosure and Barring Service (Standard or Enhanced) check will be undertaken to establish whether it is appropriate to retain this safeguard. Initially all posts will be evaluated for attachment of DBS check, new posts will be assessed when created and posts where responsibilities are adjusted, at the time of that change.

Commitment to training, awareness raising and promotion

This council is committed to involvement in and contribution to the enhancement of learning and improved partnership working, through training. This council is committed to funding training either through its annual contribution to the Warwickshire Safeguarding Adults Board or other self-funded

Commitment to Warwickshire Safeguarding Adults Board

This Council is committed to safeguarding both adults and children and will be represented at the Warwickshire Safeguarding Adults Board through the Chair of the WSAB District Council's Sub Group, which this council will also regularly attend.

23. Sharing Information, Confidentiality and Consent

Why do we need to share adult safeguarding information?

Sharing information within and between organisations about known or suspected risks is likely to help prevent abuse. We need to share safeguarding information with the right people at the right time to:

- prevent death or serious harm
- coordinate effective and efficient responses enable early interventions to prevent the escalation of risk
- prevent abuse and harm that may increase the need for care and support
- maintain and improve good practice in safeguarding adults
- reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- identify low-level concerns that may reveal people at risk of abuse
- help people to access the right kind of support to reduce risk and promote wellbeing
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- reduce organisational risk

Confidentiality, how to deal with it

It is very important to try to gain consent to share information and to be aware that employees cannot give personal assurances of confidentiality. Frontline staff or anyone else covered by this statement should always report concerns to their line managers, or in emergencies as described on page 3 and follow the other guidance within this document.

IMPORTANT

- Emergency or life-threatening situations may warrant the sharing of relevant information with the appropriate emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime, death or serious injury may be prevented.

What if a person does not want you to share their information?

As long as it does not increase the risk to the individual, the member of staff should explain to them that it is their duty to share their concern with their manager or organisational lead for safeguarding; you can always share information within your organisation.

If a person refuses to give consent or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

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

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person, help can still be provided by:

- supporting the person to weigh up the risks and benefits of different options;
- ensuring they are aware of the level of risk and possible outcomes;
- offering to arrange for them to have an advocate or peer supporter;
- offering support for them to build confidence and self-esteem if necessary;
- agreeing and recording the level of risk the person is taking;
- recording the reasons for not intervening or sharing information;
- regularly reviewing the situation;
- trying to build trust and use gentle persuasion to enable the person to better protect themselves.

IMPORTANT

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or Warwickshire County Council without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned. Sharing the issue in this way may enable you to develop a plan to gain the consent to share the information.

If the issue is so important that it is necessary to share information outside the organisation, without the individual's consent:

- explore the reasons for the person's objections – what are they worried about?
- explain the concern and why you think it is important to share the information tell
- the person who you would like to share the information with and why
- explain the benefits, to them or others, of sharing information – could they access better help and support?
- discuss the consequences of not sharing the information – could someone come to harm?
- reassure them that the information will not be shared with anyone who does not need to know
- reassure them that they are not alone and that support is available to them.

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded.

Information sharing is a complicated area, resources providing help in understanding when to share information are available through the link below:

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing->

You will also be able to seek advice from your line manager or a data protection specialist within your

24. Mental Capacity

Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting. The only exceptions are prisons and approved premises where prison governors and the National Offender Management Service (NOMS) respectively have responsibility.

It is often the case that front line staff will feel that “something has to be done” about the way in which a particular household or individual is living or behaving, particularly if this behaviour is because of:

- indication of a severe mental health problem(s);
- indication of a severe physical health problem(s);
- intoxication;
- severe weather;
- severe self-neglect;
- possible threat from others (but this may also require a police/safeguarding

If there is evidence that the person has an “impairment of, or disturbance in the functioning of the mind or brain” (as indicated by a known or suspected mental health problem, learning disability, brain injury, dementia, or intoxication) then this may indicate a lack of capacity. If this is the case a Mental Capacity Act (MCA) assessment can take place.

This is a two stage test; test one impairment/ disturbance assessment of capacity should be carried out.

The second stage (test two) asks if the person can:

- understand the information involved in making the decision;
- retain the information long enough to make the decision;
- use or weigh up the information to make the decision;

If on the ‘balance of probabilities’ the person is able to do all four of the above, then they have capacity to make the decision – even if this is an unwise one.

If on the ‘balance of probabilities’ the person is unable to do one or more of the four stages above then they lack capacity to make the decision and a ‘best interests’ decision needs to be made on behalf of the person regarding the decision in question (e.g. does the person need treatment, conveying to hospital, etc.?).

Note - more information about this is in the MCA Code of

Who should undertake a formal Mental Capacity Act assessment?

The assessor of an individual’s capacity to make a decision will usually be the organisation or person who is directly concerned with the carrying out of a relevant function or activity to the individual.

For example, for most day-to-day decisions, this will be the person caring for them at the time a decision must be made. For example, a care worker might need to assess if the person can agree to being bathed. Then a district nurse might assess if the person can consent to have a dressing changed.

This means that different people will be involved in assessing someone’s capacity to make different decisions at different times.

25. Working together to reduce harm, abuse and protect adults with care and support needs

District and Borough Council’s commit to work in partnership with other agencies for those adults with care and support needs who do not breach the threshold to be dealt with under the Adult Safeguarding

26. Support service for adults with short term needs

From summer 2015 District and Borough Council teams will be able to access a short term support service for priority adults with care and support needs. This service can be accessed to support those who may not breach the threshold for a safeguarding alert but who are presenting with complex needs and challenging behaviours for whom a more serious safeguarding intervention, may be able to be prevented.

Details of this service and access arrangements are contained within appendix 4.

27. MARAC, MASH and MAPPA

All District and Borough Council's commit to be involved in relevant MASH (Multi Agency Safeguarding Hub), MAPPA (Multi Agency Public Protection Arrangements) and MARAC (Multi Agency Risk Assessment Conference) meetings as resources permit and to work in accordance with the objectives of these to increase public safety and reduce risk.

28. Anti Social Behaviour

Often those with care and support needs can be victims or perpetrators of anti-social behaviour (ASB). Where adults with care and support needs are victims of or involved in the perpetration of ASB Councils will pay particular attention to factors surrounding the incidents and seek to work with perpetrators to reduce such behaviour and recognise that victims with vulnerabilities may experience

Safeguarding Policy for Adults with Care and Support Needs

Appendix 1 Incident report form



North Warwickshire
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Incident Form - Adults with care and support needs

Please complete as much information as possible on this form.

Date Form Received

/ / 2 0

Action Taken (PLEASE

REFERRAL

NON REFERRAL

PERSONAL DETAILS

Name of Adult (CAPITALS)

Ethnicity of Adult

Date of Birth

/ / 2 0

Age (YEARS)

Contact Telephone Number (INCLUDING

Home

Home Postcode

Does anyone live with the

YES (NAMES, RELATIONSHIPS ETC

NO

Has the Adult expressed any wishes as to the outcomes they would like to

YES (DETAILS

NO

Does anyone provide support to the Adult

YES (DETAILS

NO

DETAILS OF INCIDENT (please continue on another sheet if necessary)

Date of Incident

/ /

Time of Incident (24 HOUR

:

Location of incident (FULL

Were there any

YES (NAME, ADDRESS, CONTACT DETAILS

NO

Incident

Has the adult consented to information being shared?

YES

NO

Are there any children or other adults which are vulnerable due to the

S

NO

DECLARATION (person completing the form)

I declare that the information provided is correct to the best of my

Name of Adult
(CAPITALS)

Job Title

Dated

 / / 2 0

THIS FORM SHOULD BE FORWARDED TO THE SAFEGUARDING LEAD AS SOON AS POSSIBLE UNDER PRIVATE AND CONFIDENTIAL COVER

DETAILS OF ACTIONS TAKEN - if none, please state reason for decision

Safeguarding Policy for Adults with Care and Support Needs

Appendix 2 Liaison and advice arrangements



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Safeguarding Adults with Care & Support Needs

Liaison & Advice arrangements for District & Borough Councils

Safeguarding adults from abuse is everyone's responsibility. Referral into the Adult Safeguarding process should be made in any case where an adult-

- i) has needs for Care & Support, and;
- ii) is experiencing, or is at risk of, abuse or neglect; and
- iii) due to their Care & Support needs, is unable to protect themselves from abuse or neglect.

Consent to refer should be gained wherever this is possible and will not increase risk to the person. This note should be read alongside the guidance & procedures for responding to adult abuse available at www.warwickshire.gov.uk/safeguardingadults

To aid effective joint working and decision making, the below liaison arrangements have been put in place for across Warwickshire County Council (Social Care & Support services, i.e. Adult Social Services) and the 5 Warwickshire District & Borough Councils.

The purpose of these arrangements is to give District & Borough Council staff an internal named person to raise potential case concerns and issues with, and, where the internal named person requires specialist advice, to provide a single point of contact within the County Council Safeguarding Adults team.

PLEASE NOTE- THESE ARRANGEMENTS ARE NOT DESIGNED TO BE A REFERRAL ROUTE- FORMAL ADULT SAFEGUARDING REFERRALS ARE TO BE MADE ON THE SAFEGUARDING ADULTS REFERRALS NUMBER – **01926 41 20 80**.

District & Borough Council staff should raise concerns and issues internally in the first instance upwards through to their internal named persons-

Warwick DC	Andy.Thompson@warwickdc.gov.uk Jacky.oughton@warwickdc.gov.uk
Stratford-on-Avon DC	Nick.Cadd@stratford-dc.gov.uk Martin.cowan@stratford-dc.gov.uk
Nuneaton and Bedworth BC	craig.dicken@nuneatonandbedworth.gov.uk
North Warwickshire BC	AngelaCoates@NorthWarks.gov.uk HelenHughes@NorthWarks.gov.uk
Rugby BC	The manager of the affected service will be the point of contact (this will vary)

Where needed, the District & Borough Council named persons can seek advice from-

Stephen Scanlan -	Lead Practitioner- Via secure email- Or by phone-	WCC Safeguarding Adults Short Term team. stephenscanlan@warwickshire.gcsx.gov.uk 01926 742626.
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Stephen will discuss the case with you, and will confirm the advice given through secure email response.

Date- v2. Feb 2016
Authors - Edward Williams, WCC Operations Manager, & Nick Cadd, Stratford DC & County Heads of Housing representative on the Warwickshire Safeguarding Adults Board.

Safeguarding Policy for Adults with Care and Support Needs

Appendix 3 Warwickshire Safeguarding Adults Escalation Process



North Warwickshire
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The logo for Warwickshire Safeguarding Adults Board features a stylized blue swoosh that curves around two solid blue circles, one on the left and one on the right. The text 'Warwickshire' is in blue, 'Safeguarding Adults' is in black, and 'Board' is in blue.

Warwickshire
Safeguarding Adults
Board

Warwickshire Safeguarding Adults Board escalation process

Version: Final

Date Issue: 24 August 2015

Reference:

Team:

Protective Marking: Internal

Introduction

The process outlined in this document relates to cases where there are concerns/enquiries about an adult with care and support needs who is experiencing, or is at risk of abuse or neglect. This means that he or she is unable to protect themselves against the abuse or neglect or risk of it as a result of those needs.

This escalation process should be used for:

- Adult Safeguarding Concerns/Enquiries where the threshold for intervention is contested;
- Situations where there are concerns about agency adult safeguarding case management.

Matters relating to assessment for more general care and support needs, eligibility for care and support and funding of care and support needs are outside the scope of this process. Individual practitioner performance is also outside the scope of this document.

Guiding principles

A timely and satisfactory resolution to any disputed adult safeguarding concern/enquiry is the preferred approach. This should be at the lowest level of management agreement and moderation. Please see the key principle statements on pages six and seven.

Any immediate risks or needs should be met or mitigated regardless of any on-going dispute between agencies or teams.

People must be fully involved in decisions throughout the safeguarding process.

Context

The threshold for intervention in adult safeguarding is as set out above in the first paragraph. This provides sufficient guidance in the majority of cases for agreement between Social Care and Support in Warwickshire County Council (WCC) and the person referring a concern on the priority and desired outcome of such a concern.

However, Warwickshire Safeguarding Adults Board (WSAB) recognises that there are situations where disputes over thresholds may emerge. This was highlighted in the Gemma Hayter Serious Case Review (for example, the police made attempts to refer under safeguarding procedures but the referral was not accepted).

The WSAB has issued this document in response to this. Its first purpose is to assist professionals in circumstances where a threshold is contested.

Similarly, the WSAB acknowledges that the management of cases involving the safeguarding of adults with care and support needs is of a high standard for the vast majority of the time. However, concerns about case management may arise on occasions.

They may arise in respect of the management of a case by Social Care and Support. In other situations, Social Care and Support (WCC Safeguarding or other adult social care teams) may have concerns about response of a professional colleague to a situation involving the actual or likely significant harm to an adult who needs care and support. For example:

- A poorly framed or constructed safeguarding concern;
- A failure to refer a concern to Social Care and Support in a timely way;
- A failure to share all the relevant information needed by Social Care and Support teams to make an adequate judgement on the appropriate response to the concern;
- A failure to otherwise discharge professional responsibilities in relation to safeguarding adults.

The Winterbourne View Serious Case Review highlighted the necessity of multi-agency challenge in helping to ensure the robustness of best practice in adult safeguarding. This protocol is designed to support and enhance the principle of challenge.

Who does safeguarding apply to?

People's wellbeing is at the heart of the care and support system under the Care Act 2014. Adult safeguarding applies to **all** adults aged 18 or over who have care and support needs and who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves. This may include:

- People with a learning disability or physical disability;
- People with mental health needs;
- People with sensory needs;
- People with cognitive needs, e.g. acquired brain injury;
- People who are experiencing short or long term illness.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect.

Adult safeguarding applies whatever setting people live in, and regardless of whether or not they have mental capacity to make specific decisions at specific times.

The Care Act Guidance 2014 describes "care and support" as:

"The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.

Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations."

Abuse

Local authorities should not limit their view of what constitutes abuse or neglect. They can take many forms and the circumstances of the individual case should always be considered. However, the criteria outlined in the introduction will need to be met before the issue can be considered a safeguarding concern. Exploitation, in particular, is a common theme in the following types of abuse and neglect:

- Physical;
- Sexual;
- Psychological;
- Financial or material;
- Neglect and acts of omission;
- Discriminatory;
- Organisational;
- Self-neglect;
- Domestic violence;
- Modern slavery.

Multi-agency decision making about Concerns/Enquiries

The current multi-agency policy and procedures set out the process for decision making on whether a concern meets the threshold for the safeguarding adult procedures, i.e. if the concern progresses to become an enquiry. The decision making process is set out below:

The assessment should include any previously gathered information. It should also address the following:

- Does the person/referred or group of individuals affected meet the definition of an adult with care and support needs?
- Do the concerns reported constitute an issue of abuse and/or neglect?
- Is the person unable to protect themselves from either abuse or neglect; or the risk of abuse or neglect as a result of their care and support needs?
- Has the informed consent of the individual been given to apply the Safeguarding Procedures where this is appropriate? Does any overriding public interest apply if consent is refused, and the person has the mental capacity to make this decision?

If the answer is **yes** to all of these questions, the Safeguarding Procedures **must** be used.

If the answer to any of these questions is **unknown** or **unclear**, the Safeguarding Procedures should be used. Part of the Safeguarding Assessment Enquiry will include methods to establish the answers to the above questions.

If the answer is **no** to any of these questions, it will not be appropriate to use the Safeguarding Procedures. Anyone who is not covered by these Procedures should be given appropriate information and advice or referred for appropriate support with their consent. This could include, for example, information relating to counselling or victim support, referral to domestic or sexual violence support organisations, referral for general assessment and support via the appropriate statutory service.

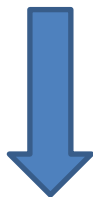
Part 1: WSAB escalation process for a contested threshold for intervention

Key principle: It is every professional's responsibility to 'problem-solve'. The aim must be to resolve a contested threshold at the earliest possible stage. This must always keep the safety and well-being of the person with care and support needs as the paramount consideration.

Stage 1 - Line Manager of practitioner/clinician generating the concern raises the issue directly with Service Manager - Older People and Physical Disability South. The Service Manager is responsible for adult safeguarding in WCC Social Care and Support and for managing Stage 1 of the process. The two managers will seek to resolve the dispute at this stage. The possibility of the practitioner/clinician referring the person for a non-safeguarding adult social care assessment (community care assessment) may be considered, where appropriate, to progress the situation.



Stage 2 - Status of concern remains disputed. Escalation to Head of Social Care and Support in the People Group, WCC and to relevant senior manager in referring practitioner/clinician organisation or WSAB member.



Stage 3 - Final stage. WSAB member discusses with the Strategic Director of the People Group, WCC who will make the final decision.

Part 2: WSAB escalation process where there are other agency concerns about case management

Key principle: It is every professional's responsibility to 'problem-solve'. The aim must be to resolve concerns about case management at the earliest possible stage. This must always keep the safety and well-being of the person with care and support needs as the paramount consideration. The following process will apply in situations where a Social Care and Support Team raises concerns about case management in another agency.

Stage 1 - Social Care and Support practitioner raises concerns directly with the professional colleague concerned to seek a resolution.



Stage 2 - Social Care and Support Operations Manager, or if deemed more appropriate Service Manager, raises matter with the designated or named safeguarding adults lead for the agency concerned.



Stage 3 - Operations Manager notify their Service Manager who may discuss with the relevant agency's representative on the WSAB. The Service Manager may contact the agency or service concerned if it is not represented on the WSAB.

Safeguarding Policy for Adults with Care and Support Needs

Appendix 4 Adults with care and support needs Short Term Support Service



North Warwickshire
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Summary of providers

Name of provider	Named contact for referrals	Cost	Areas Covered	Ranking of services, No.1 being their strength
Creative Support	<p>Anne - Marie Carter Area Manager Warwickshire Anne-marie.carter@creativesupport.org.uk 07974 914 043 3 Park Street Lye Dudley DY9 8SS 01384 896737 No fax machine - email referrals please</p>	£789	<p>Nuneaton, Rugby, Leamington Spa & Studley.</p> <p>Willing to expand and cover the whole of Warwickshire in order to offer a county wide service.</p>	<ol style="list-style-type: none"> 1. Learning Disability 2. Mental Health Service (including specific services for women, Asian and afro-Caribbean people, younger and older people, homeless) 3. Learning Disability (Complex Needs) 4. Physical and sensory disability 5. Dementia
Friendship, care and housing	<p>Referrals emailed to both Bernadette and Lily</p> <p>Bernadette Farrell Head of Care Warwickshire 97 Leicester Road Bedworth CV12 BAH 024 76317125 07974264321. Bernadette.Farrell@fch.org.uk</p> <p>Lily.sedden@fch.org.uk Fax number: 02476311671</p>	£800	Rugby, Bedworth, Nuneaton and North Warwickshire	<ol style="list-style-type: none"> 1. Mental Health 2. Learning Disabilities 3. Older people 4. Autism

<p>Mayday Trust</p>	<p>Hilary Caves Personal Asset Manager T:01788568420 M:07964 833595 E: Hilary.caves@maydaytrust.org.uk</p> <p>Send referrals by email not fax, due to confidentiality.</p>	<p>£688.45</p>	<p>Warwick, Learnington Spa and Rugby</p>	<ol style="list-style-type: none"> 1. Drug and alcohol addictions and those with complex needs. 2. Short term and long term homelessness 3. Support people with offending backgrounds and on release from prison 4. Mental Health 5. Supporting people to gain employment, education, volunteering and job placements 6. Engaging people in social activity including utilising residential travel
<p>Keyring Short Term Support Service Warwickshire</p>	<p>Referrals to Michelle and Christine</p> <p>Michelle Lloyd Team Manager KeyRing Living Support Networks The Enterprise Hub 34 Green Lane Walsall WS2 8HB michelle.lloyd@keyring.org</p> <p>Christine R Dilworth Supported Living Manager for Warwickshire and Solihull Networks The Hub Enterprise 34 Green Lane</p>	<p>£714</p>	<p>The whole of Warwickshire, covering North and South Warwickshire.</p>	<ol style="list-style-type: none"> 1. Vulnerable Adults (Adults at risk) 2. Learning Disabilities 3. Mental Health 4. Autistic Spectrum 5. Older People 6. Physical Disabilities 7. People with a sensory impairment 8. Transition age group (Under 21) 9. Parents with or without children

	<p>Walsall WS2 8HB christine.dilworth@keyring.org</p> <p>Office: 01922 700830 Fax: 01922 700837 Mobile: 07920 454629</p>			
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