SAFEGUARDING AND PREVENT POLICY & PROCEDURES

Contents

Policy

1. Introduction / Legislative Context

This document provides a framework within which all Autism East Midlands services will work together in preventing and minimising the risk of abuse to vulnerable adults in Autism East Midlands Services, and provides a consistent and effective approach to dealing with concerns and allegations of abuse and neglect.

Safeguarding adults refers to all work which enables an adult to:

- retain independence, well-being and choice, and
- live a life that is free from abuse and neglect

Safeguarding adults is about preventing abuse and neglect as well as promoting good practice for responding to concerns and working in partnership with others to achieve this.

'All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty of public agencies under the ***Human Rights Act*** (1988) to intervene proportionately to protect the rights of citizens. These rights include Article 2: 'the Right to Life: Article 3: 'Freedom from Torture' (including humiliating and degrading treatment; and Article 8: Right to a Family Life' (one that sustains the individual) This places a duty on us to enable adults at risk of neglect and abuse to access the advice, support and interventions they need to minimise the risk of further abuse, and stop it wherever possible. This also means that all citizens should have access to all relevant services, including those provided by the civil and criminal justice system.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organization's 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.

The Care Act 2014, has placed adult safeguarding on a statutory footing making it a legal requirement and therefore places a duty on local authorities to 'make enquiries and changes to some terminology and definitions, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) have begun shifting the focus of adult safeguarding work towards a person centred approach in recent years. This revised policy will, in line with Care Act 2014 and Local authority policy, place emphasis on the views, wishes and outcomes of individuals and promote a person centred approach.

Safeguarding Adults *(Care Act 2014, Section 42-47)*
All services adhere to the principles of the Care Act 2014 and sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.
Local authorities have established safeguarding duties. They must:
lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens

make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

"*Safeguarding **Adults** helps people to live a life that is free from abuse and neglect. It also helps to maintain good health and well-being. It includes, but is not limited to, arrangements for responding to allegations of abuse.*" CQC 2009

2. Statement of Commitment

Autism East Midlands has a zero tolerance to abuse of any form within the organisation.

Mistreatment and abuse of any citizen is not acceptable.

Doing nothing is not an option.

Our actions can help make a difference.

Autism East Midlands' Safeguarding Adults Policy and Procedures confirm the priority we give to safeguarding adults and are based on the following principles:

- all adults have the right to live their life free from violence, fear and abuse
- all adults have the right to be protected from harm and exploitation
- all adults have the right to live an independent lifestyle and to make choices, even if some of those choices involve a degree of risk
- all adults have a right to be listened to, treated with respect and taken seriously

In recognition of this we are committed to ensuring that:

- we take consistent and effective action when abuse is disclosed or suspected
- we promote best practice to minimise abuse in our organisation, including early recognition of abuse
- we keep accurate and adequate records that enable us to monitor and evaluate practice, and can contribute to reports where required
- all staff have sufficient knowledge of the key issues related to safeguarding adults and work to increase awareness and recognition of these issues
- all staff receive effective and appropriate training to enable them to successfully implement these safeguarding adults' procedures and

understand the links between other relevant policies and procedures (e.g. whistle-blowing, supervision etc)

- we provide appropriate support to staff who raise concerns about the treatment of service users

The aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse of neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect. **(Care and support guidance, Care Act 2014)**

This policy and its procedures and guidance serve important functions in supporting our commitment to safeguarding by:

- bringing issues of abuse and exploitation into the open
- providing a consistent approach and a framework of accountability
- responding to concerns and allegations in a considered and proportional manner
- contributing to safeguarding adult's strategy meetings, risk assessments, joint investigations, and to safeguarding protection plans / reviews
- encouraging attitudes and practices that help to create a responsive atmosphere, in which individuals can feel secure and valued
- reminding staff of the importance of not allowing their own ethical or moral beliefs to intrude into their professional practice, and of not imposing their own values and standards on service users or colleagues
- ensuring staff share information, within legal and ethical constraints, for the purposes of safeguarding adults
- ensuring staff act in accordance with the adults' wishes, balanced with a professional judgement of their mental capacity, their best interests and our duty of care to others (including those under the ages of 18)
- respecting equal opportunities, anti-discriminatory practice and diversity issues

3. What is Abuse?

Abuse may:

- consist of a single act or repeated acts
- be physical, verbal, sexual, financial, psychological or emotional (see Further Guidance – Indicators and Types of Abuse for further detail)

- be discriminatory
- be an act of neglect or an omission to act
- be intentional or unintentional, or result from a lack of knowledge
- occur when the adult is persuaded to enter into a financial or sexual arrangement to which they have not, or could not have consented
- occur when the organisation of a care setting does not meet the needs of individuals or creates an abusive or neglectful culture
- be a crime such as theft or assault
- seem minor, but cause a great deal of harm over time and reduce a person's opportunities later in life

An abuser may be:

- a paid carer or volunteer
- a partner, friend, relative or child
- a health, social care worker or other professional
- another vulnerable adult
- a stranger

Abuse can occur in any relationship. It often occurs where the person who is abusing is in a more powerful position than the person who is being abused. There may be an element of dependency within the relationship, or the abuser may be more able than the person they are abusing.

In any formal caring setting the person providing the care is held in a position of trust. There is ***always*** a power imbalance between the member of staff, paid carer or volunteer and a vulnerable adult.

Abuse can occur in any setting. This includes people's own homes, in the homes of family or friends, in a public place and in care settings.
In addition to this there are aspects of people's lives which are known to increase their vulnerability to abuse, whether or not they are seen as an adult at risk by virtue of the definition above. These include:

- a lack of inclusion in protective social networks, including employment and education
- dependency on others, who may misuse their position, for vital needs – including mobility, access to information and control of finances
- lack of access to remedies for abuse and neglect
- an acceptance of low standards of care and treatment, including social acceptability
- dynamics of power within institutional settings

The Care Act 2014 provides the following categories of abuse and neglect: **Please note the addition of; Self Neglect, Organisational, Modern Slavery and Domestic Abuse**

- Physical
- Domestic Violence
- Sexual
- Psychological
- Financial and Material
- Modern slavery
- Discriminatory
- Organisational (this builds on institutional abuse)
- Neglect and acts of omission
- Self neglect

4. Minimising and Preventing Abuse

Autism East Midlands recognises that it is far better to put into place strategies to minimise the likelihood of abuse occurring than to deal with abuse after it has occurred.

"*Adults who are receiving community care services can be at risk whilst receiving them, both in care settings and in their own homes. Successful prevention of adult abuse and neglect demands that service providers tackle the factors which contribute to its occurrence at all levels.*" ***Safeguarding Adults***, ADSS, 2005)

In addition to the Safeguarding Adults Policy & Procedures, Autism East Midlands will also ensure that they:

- communicate effectively across agencies, sharing information which may help to prevent abuse from taking place;
- identify senior staff with lead responsibilities for Safeguarding Adults work;
- reflect Safeguarding Adults policies in other relevant areas of work;
- make service users and the public aware of both internal and external Policies and Procedures for Safeguarding Adults from abuse and of our complaints procedure;
- have a written policy on confidentiality and whistleblowing
- provide robust supervision where time is spent discussing Safeguarding Adults issues and reflecting on cases where abuse has taken place;
- are able to provide access to advocacy schemes;
- have a rigorous recruitment process that includes Disclosure & Barring Service, references and ISA (old POVA list) checks where applicable;
- make Safeguarding Adults an integral part of staff induction and on-going professional development; link clearly with other relevant training
- provide a person centred approach to care and support;
- integrate Safeguarding Adults' principles in all aspects of care and support.

All Autism East Midlands staff have an important role to play in preventing abuse and safeguarding adults at risk and will be committed to:

- having an awareness of the Safeguarding Adults Policy and Procedures and their role and responsibilities within that process;
- attending relevant training and seek support to implement the Policy and Procedures within their work environment;
- including safeguarding issues in care plans;
- having a working knowledge of the Mental Capacity Act 2005;
- integrating Safeguarding Adults into all aspects of care and support that they provide;
- working in close partnership with service users and ensure they are supported to self-advocate or have access to an advocate, including independent advocacy services;
- discussing any concerns they have with their line manager or the appropriate person within the organisation at the earliest opportunity;
- providing service users and carers with the relevant information about prevention and minimising abuse.

The following **six principles** apply to all sectors and should inform the ways in which professionals and other staff work with adults: (**Care Act 2014**)

- **Empowerment** – People being supported and encouraged to make their own decisions **and** informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
- **Prevention** – It is better to take action before harm occurs.
- "I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- "I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."
- **Protection** – Support and representation for those in greatest need.
- "I get help and support to report abuse and neglect. I get help so that I am able to take part on the safeguarding process."
- **Partnership** – Local solutions through services working with their communities. "Communities have a part to play in preventing, detecting and reporting neglect and abuse."
- **Accountability** – Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they." (**Care and Support Guidance, Care Act 2014)**

5 <u>Radicalisation and Extremism</u>

The Prevent Agenda (June 2011) has clear guidance on how to support vulnerable adults and young people who may be affected by radicalisation and extremism.

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, then participate in terrorist groups.

Extremism is vocal or active opposition to fundamental British Values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

There have been attempts to radicalise vulnerable adults and young people to hold extremist views including justifying political, religious, sexist or racist violence or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

With the support of our speech and language therapy team, all service users within Autism East Midlands at services are supported to develop their communication skills. This includes the use of signs, symbols, electronic devices, grids etc, training in Equality and Diversity is provided to staff.

Service Users are safe from terrorist and extremist materials when accessing the internet in services.

Procedures

1. <u>Receiving a Disclosure of Abuse from an adult at risk</u>

This checklist provides guidance for maintaining good practice when you are required to act in the role of 'Alerter' in relation to Safeguarding Adults. Autism East Midlands recognises that you may feel the need to discuss your feelings about what you have been told. Your line manager will advise you about available support.

Do

- remain calm and try not to show any shock or disbelief;
- listen very carefully to what you are being told;
- demonstrate a sympathetic approach by acknowledging regret and concern that this has happened to them;
- reassure the person by telling them:
    - they have done the right thing by sharing the information with you;
    - you are treating the information seriously;
    - the abuse is not their fault (if the information is being shared by the 'victim');
- be aware of the possibility of forensic evidence if the disclosure refers to a recent incident; (see Preserving evidence1);
- explain that you are required to share the information with your line manager, but not with other staff or service users. Your line manager will also need to inform others;
- reassure the person that any further investigation will be conducted sensitively and with their full involvement, wherever possible;

- reassure the person that steps will be taken to support and, where appropriate, protect them in the future;
- alert your line manager, or the person acting in this role in their absence, immediately;
- refer to Autism East Midlands' Whistle-blowing Policy or contact the Regulatory Body (CQC) if you believe that management within your organisation are implicated or colluding with the alleged abuse, or are not taking it seriously;
- make a written record of what the person has told you;
- report any comments made about your own conduct to your line manager – do not confront the person making them.

Do Not:

- stop someone who is freely recalling significant events; allow them to share whatever is important to them;
- ask questions or press the person for more details (this may be done during any subsequent investigation, so it is important to avoid unnecessary stress and repetition for the person concerned). This may also invalidate any evidence if required for a prosecution;
- promise to keep secrets;
- make promises you are unable to keep;
- contact the alleged 'perpetrator' or alleged 'victim' (unless you have no choice because they make contact with you);
- be judgmental (e.g. 'Why didn't you try and stop them?');
- break the confidentiality agreed between the person disclosing the information, yourself and your line manager. Do not talk to anyone else about the information shared with you (e.g. 'It's awful, you'll never guess what I've just been told').

2. Alerting and Referring Allegations of Abuse

The procedures for alerting and reporting abuse vary slightly dependent on the location of the service and the responsible local authority.

These procedures cover the essential actions for alerting and reporting abuse, ***regardless of location***. Variation will be seen in contact details and each service should have a copy of both the Autism East Midlands Safeguarding Policy and Procedures, and a copy of the relevant Local Authority procedure (Internal pathway specific to the 'location' authority.

All Autism East Midlands staff have a duty to report suspicions or disclosures of abuse, and failure to do so is a failure in their duty of care. However difficult it may seem, staff must make known their concerns of abuse.

3. The Role of the Alerter

The timescale for 'Alerting' is immediately.

You are not at liberty to keep concerns to yourself and you should never promise to keep secrets.

If you need urgent support within an emergency situation, for medical or safety reasons or if a crime is being committed – call 999 for the relevant emergency service.

All staff (paid and volunteers), of any Autism East Midlands service **have a duty** to act immediately to inform the person responsible within their service for 'referring to the local authority' (and their line manager if this is different) of any concerns that an adult is at risk;

- Has been abused or neglected; or
- Is being abused or neglected; or
- Is at risk or being abused or neglected.

Alerting occurs when a member of staff is informed, or has concerns, that abuse or neglect has occurred, or is suspected. The member of staff becomes the 'Alerter'. 'Alerters' have a duty to share the information with the person within their organisation responsible for referring and their line manager, if this is different.

As an 'alerter' you have a duty to share information with the person in your service responsible for 'referring to the local authority' (and your line manager if this is different), you should not discuss your concerns with anyone else, for example work colleagues, unless the immediate welfare of the adult at risk or other adults makes this unavoidable. If you feel that you are not able to share information with your manager, the person responsible for referring, or another manager within your organisation, as you believe that they are implicated or colluding with the alleged abuse see below;

If this is the case you should, in the first instance, follow Autism East Midlands' Disclosures in the Public Interest (whistleblowing) Policy. If you feel unable to follow this because of those implicated in the alleged abuse you should contact the regulatory body (i.e. Care Quality Commission).

If your manager or the person responsible for making a referral makes a decision not to refer and you are unhappy with this decision you still have a duty share information. This should be done by speaking to the relevant Head of Operations, the safeguard lead (Julian Fennell), the Chief Executive or contacting your local safeguarding team directly.

When acting in the role of Alerter you should:

- always take any concerns seriously, however insignificant they may seem to you;
- where the concern comes directly from the adult at risk allegedly abused, accept it and avoid making comments other than to comfort or be sympathetic;

- ensure the immediate safety and welfare of the adult at risk allegedly abused. This may include urgent medical attention;
- report the concerns urgently to your line manager or relevant on-call manager - ***always report, don't assume someone else already has.*** If the allegation concerns a member of staff with the responsibility of 'referrer', the next senior member of management should be informed;
- state your concerns clearly - don't use euphemisms;
- keep a careful, detailed record of the concerns, clearly separating fact from opinion. Bear in mind that the record may be required later as part of any legal proceedings.
- If your manager or the person responsible for making a referral makes a decision not to make a referral and you are unhappy with this decision you still have a duty to share information. This must be done by speaking to the next senior person on the organisation (unless Whistleblowing applies, refer to Whistleblowing Policy)

Further Guidance: Quick Ref Guide to Safeguarding Adults Alerting Process: Internal Pathway, Safeguarding and Prevent(such as, Nottingham City, Northamptonshire)

4. The Role of the Referrer

The timescale for 'referring' is within 24 hours of receiving an alert.

Good practice in Autism East Midlands recommends that the referral should be made within the same working day or shift as the alert is raised.

You are not at liberty to keep concerns to yourself and you should never promise to keep secrets.

Who is the referrer? - The person responsible for 'referring to the local authority' is the nominated person who receives information from the person 'raising a concern'. This member of staff becomes the 'referrer'. The 'referrer' is the person who is responsible for deciding whether an incident that they are informed of, or of which they become aware, should be referred to the relevant Adult Social Care Department within the relevant county. It is ordinary that the alert goes to the authority that any alleged incident has taken place.

In Autism East Midlands services the decision to refer an allegation of abuse will be made by the most senior person on duty at the time of the alert being raised. This may be:

- an RSWII, shift leader or designated member of day service staff
- the line manager of the service

Some staff groups might act as referrers without being a nominated person, it is important to note that referrers are not a separate type of staff, referring in this context is simply an aspect of the 'nominated persons' overall responsibilities. All staff, regardless of position have a responsibility and duty to refer when possible abuse has been witness or disclosed.

Additional support may be provided by:

- a manager of another Autism East Midlands service who is providing on-call support
- The nominated Safeguarding Lead (**Julian Fennell** for Adult Services)
- Director of Operations
- Head of Human Resources, where a member of staff is involved
- the Chief Executive

Additional support does not mean that they will make the referral for you.

Within regulated services the Registered Manager must also make a notification to CQC for every occasion of a referral being made to the Local Authority Safeguarding Team. This is whether or not the Local Authority decide if it is a safeguarding or care management issue.

5. Initial Information Gathering

When you, as the referrer are informed or become aware of an incident / concern, you will need to carry out some initial information gathering to decide if the incident should be referred to Adult Social Care.

When carrying out initial information gathering, you need to consider the following:

- could the event(s) have happened as alleged – you should not start the interview / investigation process, however it may be necessary to ask the alleged victim some ***clarification*** questions to gain an understanding of the allegation. If sufficient information has been received about the incident at disclosure **this will not be necessary**
- what procedures should be used to ensure the immediate safety of the adult at risk, for example any disciplinary measures that may need to be addressed urgently such as suspension from duties;
- the information gathering should take place within appropriate timescales (e.g. bruising will fade if left too long before logging/photographing);
- discussing with the relevant manager(s) on duty at the time – what was said, seen, responded to – how was the information recorded;
- checking written records – care plans, files, communication books, rotas, etc.. Could the alleged perpetrator and victim have been together / alone?;
- in exceptional circumstances, it may be necessary to discuss the incident with other members of staff. However, this is not normal practice and should only be done when absolutely necessary and confidentiality must be maintained at all times. If this action is needed it should be done in consultation with a member of the Senior Management Team
- gathering information about the service user, alleged perpetrator and members of staff;
- checking files to see if previous records support the claims.

It will usually be necessary to speak to the adult at risk (or their representative) about the incident to;

- clarify what has been alleged;
- ask what their 'desired outcomes' are from the referral being made to the local authority;
- ask for their consent to the referral being made;
- ask for their consent to allow the relevant local authority to request and use information from partner agencies, where appropriate, to aid the safeguarding process

The following pointers may be helpful when speaking to the adult at risk:

- Do **NOT** begin an interview / investigation process at this point as this could jeopardise any further work;
- Consider the most appropriate way of communicating with the adult at risk, which may not always be verbal;
- Use 'common language' for example talk about 'hitting' or 'slapping' instead of 'physical abuse' or about 'theft' instead of 'financial abuse'
- Discuss what immediate actions can be taken to help keep them safe
- Provide them with information about the safeguarding adult at risks process and how this can help make them safer;
- Support them to ask questions about issues of confidentiality and agree who will be told about any concerns;
- Explain how they will be kept informed;
- Identify any communication needs and personal care arrangements.

6. Is a referral required? - Defensible Decision Making

When a member of staff is the alleged perpetrator a ZERO TOLERANCE approach to allegations of abuse should be adopted and a referral must always be made.

You MUST refer an incident as an allegation of adult abuse if any of the following apply:

- the alleged victim considers the actions against them to be abusive;
- the alleged victim or carer is distressed, fearful or feels intimidated by the incident;
- you believe that there is a deliberate attempt to cause harm or distress;
- incidents are repetitive and targeted;
- a crime has been committed;
- the incident involves a member of staff.

The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness the following factors need to be considered:

- the vulnerability of the individual;
- the nature and extent of the abuse;

- the length of time it has been occurring;
- the impact on the individual; and
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults.

When using your **PROFESSIONAL JUDGEMENT** to determine whether an incident should be referred to Adult Social Care, the referrer should also consider the following:

- the consequences to the alleged victim;
- the equality of the relationship between the alleged perpetrator and the alleged victim;
- the ability of the alleged victim to consent;
- the mental capacity of the alleged perpetrator to understand the consequences of their decision to act in the way that is alleged;
- the intent of the alleged perpetrator;
- the frequency of this and similar allegations regarding the alleged perpetrator.

Further Guidance Documents – Quick Reference Guide to Referral Decision Making for the relevant authority will be printed and stored at each location – or supported living office.

7. Making a Referral

Where you have made a decision that a safeguarding referral is required, **consent** should be sought from the adult at risk;

- To make a safeguarding referral to the relevant local authority;
  AND
- For the relevant local authority to request and use information from partner agencies, where appropriate, to aid the safeguarding process.

Efforts to obtain consent from the adult at risk **must always** be made, wherever possible, prior to a referral being made to the relevant local authority. However, this should not unnecessarily delay a safeguarding referral being made when the below may apply;

Making a decision to refer without consent

The mental capacity of the adult at risk to give their informed consent to a referral being made and information being shared is significant, but not the only factor, in deciding what action to take.

If the adult at risk is assessed as not having the mental capacity to make decisions about giving consent to a referral being made (by the referrer undertaking a 'two stage test'), the referrer must make a decision in their best interests, in accordance with the provisions set out in the Mental Capacity act (2005). For further information and guidance on completing a two-stage test and making a best interest decision see the Mental Capacity Act (2005) Code of Practice and Autism East Midlands Mental Capacity and Best Interest Decision Making Policy

Article 8 of the Human Rights Act relates to an individual's right to autonomy. However, the requirement to respect the rights of individuals to make decisions for themselves is **not** an excuse for inaction where an adult at risk is at risk of abuse or neglect.

Therefore, whilst consent should always be sought, if there is overriding public interest, or if gathering consent would put the adult at further risk, a referral to the relevant local authority **must** be made. This would include situations where;

- Other people, including other adults at risk and or children, could be at risk from the person causing harm;
- It is necessary to prevent crime

Outcomes for the adult at risk

To support any subsequent safeguarding work Autism East Midlands or the local authority undertakes with the adult at risk, it is important that the adult at risk (or their representative) is asked what outcomes they would like to see as a result of the referral being made.

- At this stage it is important to allow the adult at risk to express their views, wishes and feelings freely and you should consider how they are able to communicate this best, including any aids which might support this. However you should always explain that it may not always be possible to meet these wishes.
- If the adult at risk is assessed as not having the mental capacity to make decisions about outcomes they would like to see as a result of the referral being made (by the referrer undertaking a 'two stage test'), the referrer must make a decision in their best interests, in accordance with the provisions set out in the Mental Capacity Act (2005)
- Any desired outcomes expressed to you by the adult at risk or their representative (or via the best interest's decision) should be shared with the relevant local authority at the time the referral is made.

Information you will need to make the referral

Prior to making a referral you will need to have as much of the following information available, which you will be asked to provide once you telephone the Adult Social Care Department:

Details about the adult at risk:

- Name***;***
- Date of Birth;
- Gender;
- Address;
- Ethnic Origin;
- Care and support need;
- Details of the information gathered including **concern**, **consent to refer** and **desired outcomes;**
- Service User Group – Over 65s, learning disabled, physical disability, mental ill health, deaf, blind, substance misuse, HIV, or any other group;

- Other agencies the adult at risk is known to;
- Details of the authority / district the adult at risk is from if different to the one being reported to;
- Details about the allegation of abuse;
- Details of any funding arrangements;
- Person who raised the concern – friend, other service user, carer etc;
- Person who alerted;
- Location of abuse – residential care setting, 'adult at risks' own home, general hospital etc;
- Type of abuse – discriminatory, psychological, sexual, financial/material, physical, neglect and acts of omission;
- A brief description of the allegation / abuse including dates and times.

Details about the alleged perpetrator:

- Name and address;
- Age – under 18, 18-30, 31-40, 41-50, 51-60, 61-70, 71-80, 80+;
- Gender
- Relationship with Service User – partner, neighbour, staff, other family member etc;
- Details of whether the alleged perpetrator is living with the adult at risk.

When you have the information you should make a referral in by contacting either (but not exclusive):

- Nottingham City Health & Care Point (customer service centre) on **0300 500 80 80**

- Nottinghamshire County Multi Agency Safeguarding Hub (MASH) on **0300 500 80 90**
  (If out of hours for Nottinghamshire contact the Emergency Duty Team on **0300 456 4546**)

- Safer Derbyshire **0845 605 8058** or **01629 533190**

- North Northamptonshire Council Customer Service Centre: **0300 126 3000** Telephone: **01604 626938** (Outside office hours - Emergency Duty Team)

- West Northamptonshire Customer Service Centre: **0300 126 7000** Telephone: **01604 626938** (Outside office hours - Emergency Duty Team)

This will depend on where the adult at risk lives, not the Local Authority responsible for their placement.

Explain to the call taker that you wish to make a 'SAFEGUARDING ADULTS REFERRAL'.

It is important to provide contact details about yourself, as the Safeguarding Manager may need to contact you for further details and, should contact you in any event to offer feedback about the safeguarding assessment.

Follow any guidance given at the time of the referral call and inform your line manager or relevant Senior Manager of anything which needs acting on immediately.

8. Decision not to Refer

There are some concerns raised and acknowledged as such that may be appropriately dealt with internally.

These may include for example; one off disagreements between two service users, where neither of the adults at risk was harmed or are considered to be particularly vulnerable to the other; one off shouting or pushing and shoving where there is deemed to be an equal power relationship.

However, it is extremely important in all situations to recognise that any kind of bullying may be considered as abusive by the victim and therefore should be recognised as such.

You may decide that 'abuse', as defined in Autism East Midlands' Safeguarding Adults Policy and Procedures, has **not** occurred and that the best course of action is to record, raise and acknowledge the incident with your line manager, and deal with it internally if:

- you believe the incident is a one off, isolated minor incident where no harm has been caused;
- the incident involves actions such as shouting at each other, but where there is deemed to be an equal power relationship;
- there was no deliberate attempt to cause harm or distress;
- the incident did not target one individual but whoever happened to be in the vicinity at the time.

IF, AFTER CONSIDERING ALL OF THE ABOVE YOU ARE IN DOUBT, YOU SHOULD MAKE A REFERRAL OR CONTACT ADULT SOCIAL CARE TO DISCUSS THE INCIDENT FURTHER.

After assessing all the information available, if you decide that there is no allegation of abuse you do not need to make a Safeguarding Adults referral to Adult Social Care this decision should be fully documented within the individual's care plan with evidence of the decision making process and any follow up actions agreed with the relevant care managers.

Any decision not to refer does not mean that the incident should be left or that other actions do not need to take place. Consideration still needs to be given to the needs of the adult at risk and to any other actions such as the complaints process, training needs, disciplinary or regulatory action if appropriate.

It is important that staff tolerance does not grow with continued exposure to seemingly minor issues. This can lead to complacency, an acceptance of behaviour that would not be tolerated in other settings, and may result in incidents not being placed into a safeguarding context when this would be the expected course of action. Therefore, it is important to record all incidents and monitor trends so that repeated or targeted incidents are identified and that referrals are made when abuse occurs or is alleged. Autism East Midlands will keep a central log of all concerns raised, whether they are progressed to a safeguarding referral

or not, to enable and support this monitoring and evaluation to occur and inform practice.

Guidance and threshold documents contained in both Nottinghamshire and Derbyshire Safeguarding Adult policies of what constitutes an incident needing referral gives useful examples and comparators but will rarely provide the definitive answer when deciding whether to refer an incident.

If in Doubt - refer

Ref: Further Guidance Documents –
Local Authority Referral Forms, Policies and Documents

9. Record Keeping

When writing and maintaining any records relating to allegations of abuse you should consider the following:

- in some circumstances it would not be appropriate to be taking notes at the time the allegation is being made. Make a written report as soon as possible afterwards. Try to remember what the person said, using their own words and phrases;
- in some circumstances it may be possible to take notes at the time the disclosure is being made. Try and note down what the person actually says, using their own words and phrases;
- in your written report factual information should be clearly separated from expression of opinion;
- use a pen or biro with black ink if you possibly can;
- sign, date and time your report;
- be aware that your report may be required later as part of a legal action or disciplinary procedure or litigation claim;
- during the investigation phase it is particularly important that notes are kept on all interviews / telephone calls / information gathered;
- in all recording, proper consideration must be given to the requirements of the Data Protection legislation;
- detailed records of abuse should **not** be kept on an open file unless to do so would impede the Freedom of Information Act 2000

Recording Referrals:

When a referral is made, you should complete the Referral Form and an incident form with Body Map. A photocopy of these documents may be requested, however it is essential that you remember to keep a copy on the individual's file.
The referral forms provided by each Local Authority are to assist you in gathering all the relevant details prior to making a referral to Adult social care. It is not always necessary to send them anywhere, however you should complete a copy for our records and ease when referring.

Notifications to CQC (regulated services only)

These must be made when referrals are made to the Local Authority Safeguarding Teams, even if the decision is subsequently that it is a care management issue. Notifications are made online and a copy sent to the Director of Operations.

Autism East Midlands Safeguarding Adults Log:

A central record will be held of all alerts and referrals made. This will enable us to monitor trends and patterns, improve follow up processes and provide evidence of our procedures. It will also support information sharing, particularly when this is requested after considerable time has elapsed since the incidents have occurred.

The person making the referral should complete the Safeguarding Adults Log recording form (ref: Further Guidance Documents) within 24 hours of receiving an alert and forward this to the designated Administrator at Head Office.

Ref: Further Guidance Documents – Safeguarding Log Recording Form

10. Staff Member as Alleged Perpetrator

When staff are alleged to have perpetrated abuse against an adult at risk there will always need to be a referral and subsequent Safeguarding Strategy Discussion. This may include a disciplinary investigation which should be discussed and agreed at the Strategy Discussion. 'Staff' includes care workers, both paid and voluntary, those employed under the adult placement scheme as well as professionals such as doctors and social care staff.

Where a member of Autism East Midlands staff or volunteer has an allegation of abuse made against them advice from the Head of Human Resources should always be sought to ensure appropriate actions can be taken.

Professional Bodies

With regard to abuse, neglect and misconduct in a professional relationship, many staff will be governed by codes of professional conduct and / or employment contract which will determine the action that can be taken against them.

Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation. Consideration must also be given to the involvement of the police and / or regulatory bodies.

Disciplinary Investigation

Where a member of staff is alleged to have abused an adult at risk, it is important to appreciate that the disciplinary is one of a number of possible investigations that will need to be undertaken.

Where there is a disciplinary investigation, this will be carried out by Autism East Midlands with the aim of establishing whether the staff member has been guilty of misconduct in the course of their duties.

The disciplinary procedure(s) is separate from the other forms of investigation though there will be a need for co-ordination and sharing of information. It is vital that all concerned clearly distinguish the process of investigating an allegation of abuse perpetrated by a member of staff on the one hand, from the implementation of disciplinary action on the other. Conducting a disciplinary

investigation should not prevent any other type of investigation taking place as part of the assessment.

Once investigations are complete, the outcome should be notified to the Safeguarding Manager, in the specified timescales, to determine what if any further action is required.

Interviewing the alleged victim of abuse as part of the disciplinary process should be avoided as far as possible and should never be undertaken without the agreement of the Safeguarding Manager. The reports written and facts established should be made available to those carrying out the disciplinary process, in line with information sharing protocols, so that the stress of repeated interviews with the adult at risk is avoided.

Investigations into allegations against the Police will be carried out under the regulation imposed by the Police and Criminal Evidence Act (PACE)1984.

11. Whistleblowing and Support for Staff During Investigations

The Public Interest Disclosures Act 1998 protects employees who raise legitimate concerns about specified matters. It makes provision about the kinds of disclosures which may be protected and circumstances in which they are protected.

These rules are therefore intended to comply with the Act by encouraging employees to make disclosures about fraud, misconduct or wrongdoing to Autism East Midlands, without fear of reprisal, so that problems can be identified, dealt with and resolved quickly.

General principles:

- be aware of the importance of eliminating fraud or wrongdoing at work. Report anything you become aware of that is illegal
- you will not be victimised, subject to a detriment or dismissed for raising a legitimate matter under the whistleblowing procedure
- victimisation of an employee for raising a disclosure under this procedure will be a disciplinary offence and will be dealt with under Autism East Midlands' disciplinary procedure.
- covering up someone else's wrongdoing is also a disciplinary offence. Never agree to remain silent about a wrongdoing, even if told to do so by a person in authority.
- maliciously making a false allegation is a disciplinary offence

Ref: Autism East Midlands Employment Handbook –
Disclosures in the Public Interest - for full procedure.

Support for Staff during Investigations

Autism East Midlands recognises that involvement within safeguarding concerns and investigations can be extremely stressful and often distressing.

The process of investigation can be lengthy and staff have said that being left in a "vacuum" with no information can add to the stress and anxiety.

As someone who has raised a concern (whistleblowing)

Support will be offered via the usual channels of supervision, with the frequency increased subject to agreement between the line manager and the individual. It is recognised that more frequent, shorter sessions with a focus on emotional well-being may be appropriate during an on-going investigation for which they have whistle blown, and for a period following the outcome.

Where, due to the nature of the investigation, it is inappropriate for the line manager to provide supervision during an investigation, this will be provided by another manager from the wider Autism East Midlands service.

It is also important that information is shared around the outcome of an investigation, within the bounds of confidentiality.

As someone who has had an allegation made against them

If a staff member is relocated during the period of an investigation an agreement will be made with them and the relevant managers as to the most appropriate arrangements for supervision.

If a staff member is suspended during the period of an investigation a designated manager will contact them weekly to update them on any progress made, or to inform them that there is no change. The frequency of this may be altered by mutual agreement of both the individual and the relevant Head of Operations.

All staff also have access to the independent counseling service provided. While you do not have to access this through your line manager or HR, it might be helpful to inform them you are doing so in order that any additional support can also be discussed with you.

Validium Employee Assistance Programme on:
0800 028 5123

12. <u>Support for individuals who have been Abused</u>

Help immediately after an event:

There is a temptation to try to intervene as soon as possible to help the person adjust to what has just happened. However, the best practice in dealing with trauma is NOT to have an immediate intensive "debriefing" session focussed on the incident. (NICE Guideline CG26, 2005). Also this sort of intervention may compromise a criminal investigation. The focus of help given to a person immediately after an abusive incident should be physical and emotional care to provide them with feelings of safety.

Help in longer term:

Carers and staff can help in three ways:

a) **Providing a nurturing and safe environment**. This may mean ensuring a person is not alone if they are anxious. It may mean providing extra support in situations which are similar to the abuse. Staff should continue to reassure the person they were right to talk about the abuse, and emphasise that it is being

b) **"Watchful Waiting."** Staff should be aware of possible symptoms of post-traumatic stress disorder and past abuse. These may include symptoms of anxiety, difficulty concentrating, difficulty in sleeping, fears related to people or objects, avoidance of situations or people, feelings of guilt and low self-worth, withdrawal from activities. The person may re-experience the event, having recurrent thoughts, recurrent nightmares, and acting as if it is happening again. The 'adult at risk may show distress in other ways too; anger outbursts, challenging behaviour, self-injury, and loss of skills. Such symptoms may occur in anyone who has experienced a trauma, and should not be considered "abnormal". However, if they persist or seriously distress a person, then referral on for specialist therapeutic help should be considered. Staff should also be aware that the effects of a trauma may be worse / more extreme where this triggers memories of a previous trauma.

c) **Seek specialist help.** If the person is extremely distressed or if symptoms and changes in behavior are persistent, a referral to specialist therapeutic services should be considered. Such therapeutic help should be sought from qualified local practitioners. These may be Clinical Psychologists, Psychotherapists, Psychiatrists or members of other professions who have undergone further specialist training. Such therapy may need to be long term, and will aim to help the person to understand what has happened to them, to improve their feelings of self-worth, to feel less distressed and to have the resources to face the rest of their life. There are a number of different therapeutic techniques which may be helpful, drawn from Psychodynamic Psychotherapy, Cognitive Behaviour Therapy and other theoretical backgrounds. Part of the therapy may involve giving the person skills and confidence to deal with future situations of risk e.g. by assertiveness skills, or sex education which may involve other staff in programmes. It is important that therapists are told if there is a pending Court Case as there are guidelines about what therapy may be undertaken without jeopardising the legal process. (Home Office Communication Directorate, 2001)

To access specialist support, you should support individuals to visit their GP.

Further Guidance Documents and Resources

Information relating to the following areas can be found in the relevant Appendix.

Contents

Appendix 1: Appropriate and Accessible Information for Service Users

There is a range of useful resources online for adults at risk providing information and support on the subject of safeguarding and abuse. It is helpful to search and include relevant documents or their hyperlinks within your Safeguarding Manual to ensure they are appropriate for the needs of the people who use your service.

Good examples are:

What is Safeguarding? – Change, 2011
http://www.changepeople.co.uk

Information about Bullying – Mencap
http://www.mencap.org.uk/sites/default/files/documents/Bullying_factsheet.pdf

Local Authority pages of relevance
Derbyshire / City – Policy & Procedure, Guidance and Referral Form

(Shire) Tel: 01629 533190
https://www.derbyshiresab.org.uk/home.aspx

(City) Tel: 01332 642855 – Outside Hours: 01332 786968
https://www.derby.gov.uk/health-and-social-care/safeguarding-adults-at-risk/safeguarding-vulnerable-adults/

Nottinghamshire / City - Policy & Procedure, Guidance and Referral Form

(Shire) Tel: 0300 500 80 90
https://www.nottinghamshire.gov.uk/care/safeguarding/mash

(City) Tel: 0300 500 80 80
http://www.nottinghamcity.gov.uk/ncaspb

Northamptonshire – Reporting a safeguarding concern

Safeguarding adults - Adult social services (northamptonshire.gov.uk)

Appendix 2: Indicators and Types of Abuse

Introduction

Although Autism East Midlands takes a proactive approach to Safeguarding Adults by trying to prevent abuse from occurring, it is accepted that abuse can and does happen. The aim of this guidance document is to minimise the risk by early intervention once abuse has occurred, by providing staff with a list of **possible** indicators and signs of abuse.

This guidance is by no means exhaustive and you **should not** wait until one of these indicators becomes apparent. If you are ever in doubt whether an adult at risk has been abused, you should alert the person responsible for **Referring** and your manager (if different) immediately in line with the Safeguarding Adults Policy & Procedure.

Abuse and neglect can take many forms. We should not be constrained in our view s to what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

Potential Indicators of Abuse Include;

Discriminatory abuse including; racist, sexist, that based on a person's disability, culture and discrimination and other forms of harassment, slurs or similar treatment **may** be indicated by:

- lack of respect shown to an individual;
- signs of a sub-standard service offered to an individual;
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status.

Physical abuse including; hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions **may** be indicated by:

- any injury not fully explained by the history given;
- injuries inconsistent with the lifestyle of the adult at risk;
- bruises and / or welts on face, lips, mouth, torso, arms, back, buttocks, thighs;
- clusters of injuries forming regular patterns;
- burns;
- friction burns, rope or electric appliance burns;
- multiple fractures;
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia;
- marks on body, including slap marks, finger marks;
- injuries at different stages of healing;
- medication misuse.

Sexual abuse including; rape and sexual assault or sexual acts to which the adult at risk has not consented, or is incapable of giving informed consent or was pressured into consenting. This may involve contact or non-contact abuse (e.g.

touch, masturbation, being photographed, teasing, inappropriate touching) **may** be indicated by:

- significant change in sexual behaviour or attitude;
- pregnancy;
- wetting or soiling;
- poor concentration;
- vulnerable adult appearing withdrawn, depressed, stressed;
- unusual difficulty in walking or sitting;
- torn, stained or bloody underclothing;
- bruises, bleeding, pain or itching in genital area;
- sexually transmitted diseases, urinary tract or vaginal infection, love bites;
- bruising to thighs or upper arms.

Psychological abuse including; emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks **may** be indicated by:

- change in appetite;
- low self-esteem, deference, passivity and resignation;
- unexplained fear, defensiveness, ambivalence;
- emotional withdrawal;
- sleep disturbance.

Financial or material abuse: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits may be indicated by:

- unexplained sudden inability to pay bills or maintain lifestyle;
- unusual or inappropriate bank account activity;
- withholding money;
- recent change of deeds or title of property;
- unusual interest shown by family or other in the person's assets;
- person managing financial affairs is evasive or uncooperative;
- misappropriation of benefits and/or use of the person's money by other members of the household;
- fraud or intimidation in connection with wills, property or other assets.

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

- physical condition of person is poor e.g. bed sores, unwashed, ulcers;

- clothing in poor condition e.g. unclean, wet, ragged;
- inadequate physical environment;
- inadequate diet;
- untreated injuries or medical problems;
- inconsistent or reluctant contact with health or social care agencies;
- failure to engage in social interaction;
- malnutrition when not living alone;
- inadequate heating;
- failure to give prescribed medication;
- poor personal hygiene;
- failure to provide access to key services such as health care, dentistry, prostheses.

Organisational (Previously known as Institutional abuse); Neglect and poor professional practice in care settings, also need to be taken into account. It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications and norms of an institution compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution. Repeated instances of poor care may be an indication of more serious problems. Institutional Abuse may be indicated by:

- inappropriate or poor care;
- misuse of medication;
- restraint;
- sensory deprivation e.g. denial of use of spectacles, hearing aid etc;
- lack of respect shown to personal dignity;
- lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food;
- lack of personal clothing or possessions;
- lack of privacy;
- lack of adequate procedures e.g. for medication, financial management;
- controlling relationships between staff and service users;
- poor professional practice.

This can be further broken down into six groups of early indicators relating to:

The behaviours, actions and decisions of managers. *Such early indicators might include signs of:*

- weak, ineffective leadership;
- lack of supervision and staff meetings;
- managers who lack knowledge or experience of working with adults at risk;
- services where bank or agency staff are frequently used and where there is high staff turnover, staff sickness or shortages.

The behaviours and actions of staff. *Early indicators include:*

- signs that staff do not value adults at risk and do not treat them with dignity;
- staff lacking knowledge and skills in important areas of practice such as the safe management of challenging behaviour, recognising and responding appropriately to abuse, correct management of individuals' money;
- staff developing inappropriate or exploitative relationships with the people they support;
- staff failing to listen to individuals' choices, or undermining their choices;
- staff who do not have a clear understanding of important concepts such as choice making and consent.

The behaviours and actions of adults at risk. *These include:*

- changes in individuals' abilities, communication, emotions and behaviours;
- signs that individuals behave differently with different members of staff or are happier in other settings;
- signs that some individuals may hurt, bully or exploit other individuals;
- signs associated with a lack of well being such as self-harm, inappropriate sexualised behaviours, injuries.

Isolation*. These include signs that:*

- people who live in the service are being cut off from contact with families, friends and professionals;
- people who work in the service are being cut off from information and ideas about best, contemporary practice;
- staff are hostile and unwelcoming towards people from outside the service.

Service design, placement planning and commissioning*. This includes signs that:*

- the individuals are incompatible, or that vulnerable people may be placed alongside individuals with a history of abuse;
- that individuals are placed in a service which is widely acknowledged to be unsuitable to meet their needs;
- needs identified in assessments or care plans are not being met.

Fundamental care and the quality of the environment. *This includes signs that:*

- the service is unable to keep people safe, meet their care needs and treat them with dignity;
- individuals have little to do;
- the environment is in a poor state or cold / unclean.

Self neglect this covers a wide range of behavior neglecting to care for one's personal hygiene, health or surroundings and included behaviours such as hoarding.

Domestic violence including psychological, physical, sexual, financial, emotional abuse and honour based violence;

In 2013, the home office announced changes to the definition of domestic abuse;

- Incident or pattern of incidents 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

- Includes: Psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; female genital mutilation; forced marriage.
- Age range extended down to 16 although for the purposes of adult safeguarding the age is 18 or over.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

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. People who have been trafficked may;

- Show signs of consistent abuse or have untreated health issues;
- Have no identification documents in their personal possession, and little or no finances of their own.
- Be willing to talk without a more 'senior' controlling person around who may act as their translator.
- Sleep in a cramped, unhygienic room in a building that they are unable to freely leave.
- Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do.
- Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from their wages.

They may be forced to work in certain types of industries or activities, such as;

- Factories, farms or fast food restaurants;
- Domestic service, such as a cleaner or nanny
- Street crime, such as pickpocketing or robbery.
- Services of a sexual nature.

Appendix 3: Referral Forms and Links to Policy and Threshold Documents

Derbyshire / City – Policy & Procedure, Guidance and Referral Form

(Shire) Tel: 01629 533190
https://www.derbyshiresab.org.uk/home.aspx

(City) Tel: 01332 642855 – Outside Hours: 01332 786968
https://www.derby.gov.uk/health-and-social-care/safeguarding-adults-at-risk/safeguarding-vulnerable-adults/

Nottinghamshire / City - Policy & Procedure, Guidance and Referral Form

(Shire) Tel: 0300 500 80 90
https://www.nottinghamshire.gov.uk/care/safeguarding/mash

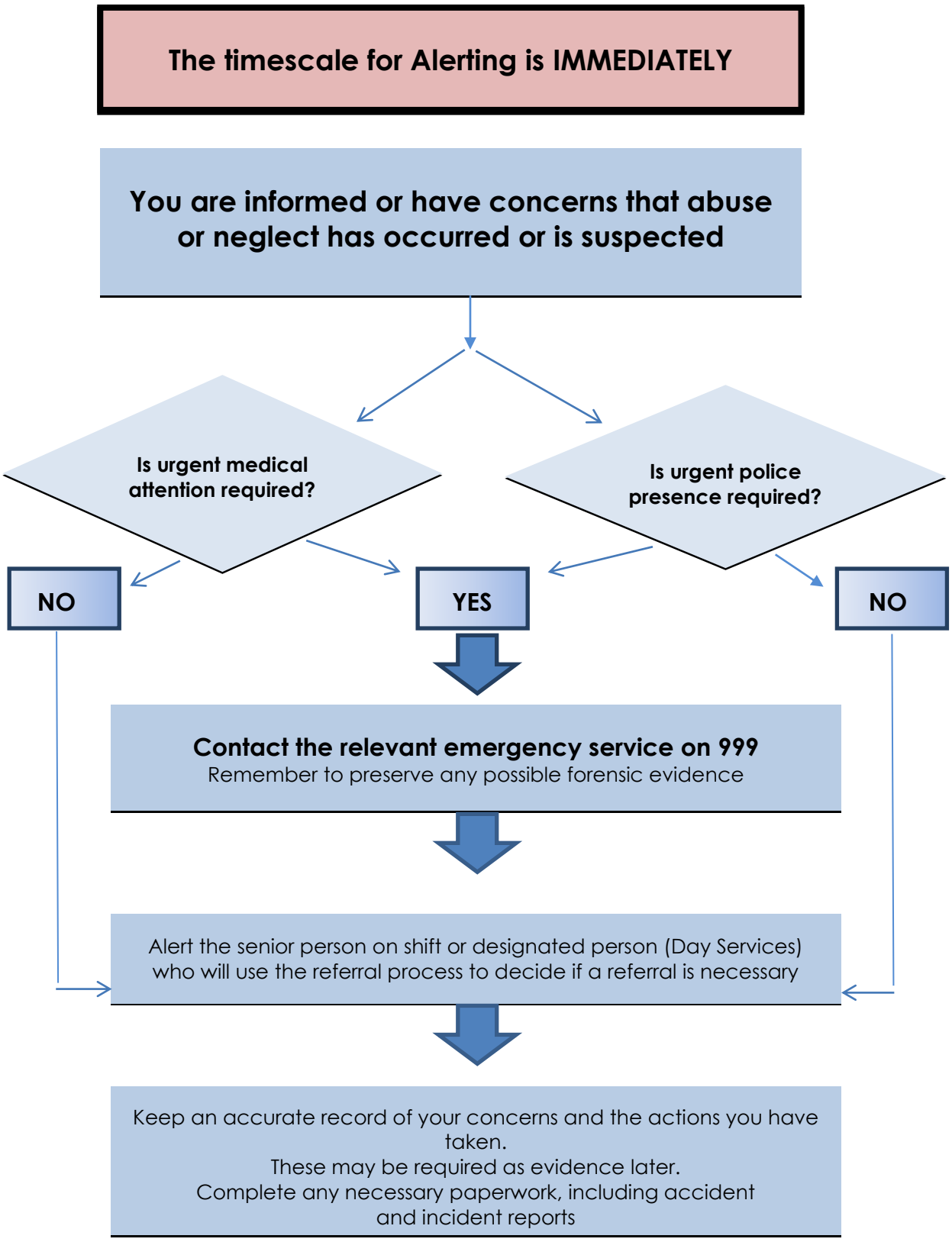
(City) Tel: 0300 500 80 80
http://www.nottinghamcity.gov.uk/ncaspb

Northamptonshire – Reporting a safeguarding concern

Safeguarding adults - Adult social services (northamptonshire.gov.uk)

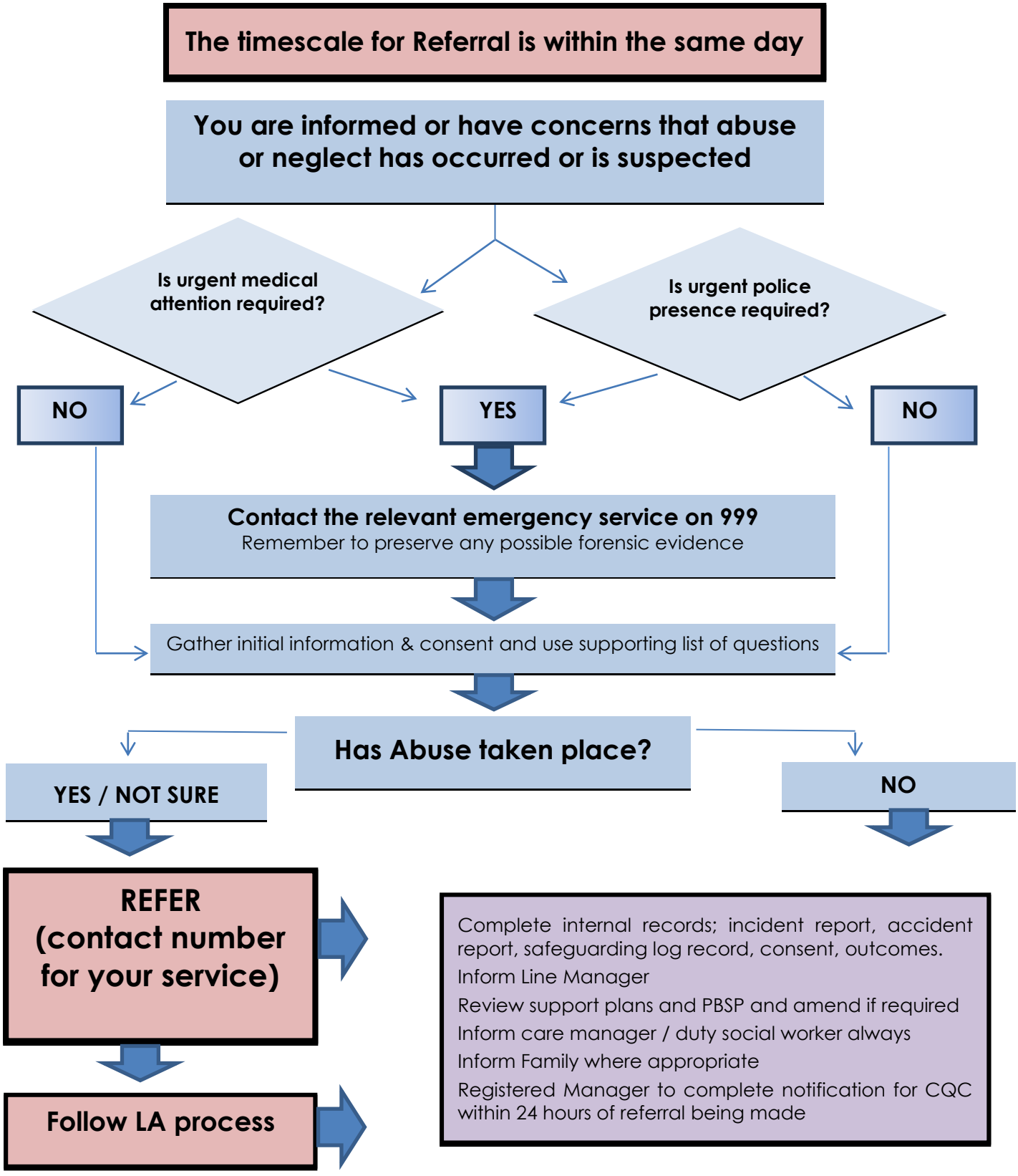
CQC Notification Form
http://www.cqc.org.uk/organisations-we-regulate/registered-services/notifications/notifications-non-nhs-trust-providers

Appendix 4: Quick Reference Guide – Alerting Process Flowchart



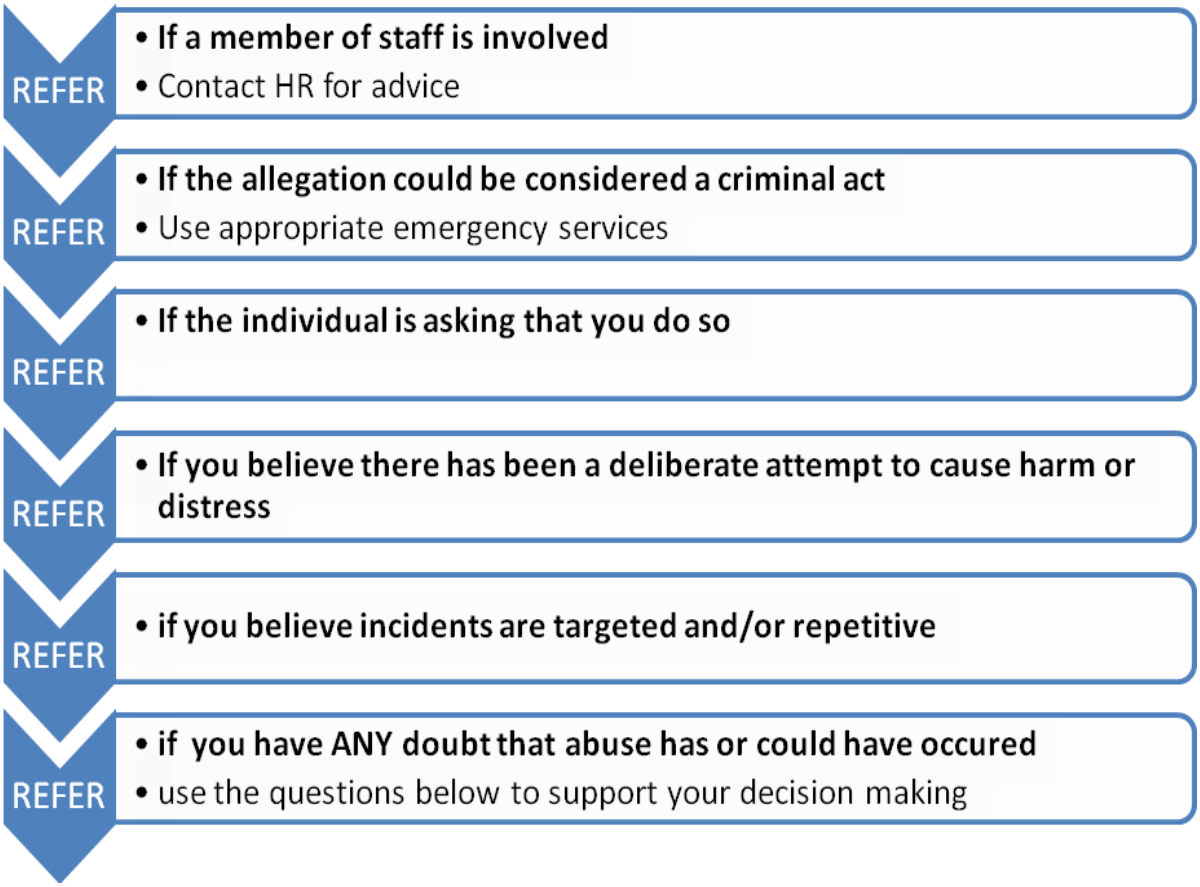
Mistreatment and abuse of any citizen is not acceptable.
Doing nothing is not an option.
Your actions can help make a difference.

Appendix 5: Quick Reference Guide – Referral Process Flowchart



Please use this flow chart as a quick reference guide only.
Full information on the process is contained within the Safeguarding Adults Policy & Procedures

Appendix 6: Quick Reference Guide – Referral Decision Making



Questions to support decision making around making a safeguarding referral would include:

- is a member of staff involved?
- has or could a criminal act have been committed?
- what is the level of distress for the person involved? Consider how they appear to be at intervals after the incident? What are you measuring against? Use the person's ISP and PCP to help with this.
- is the incident targeted against an individual?
- has it happened before? If so, how frequently have they occurred? Is there a pattern?
- what interventions are already in place and were they followed?
- are there any contributory factors? Consider the vulnerability of the people involved, the risk of the alleged abuse being repeated, and the impact on the individual.

The decision to refer is one which needs an effective combination of professional judgement based on a consistent approach, knowledge of your service and the individuals who use it, and the nature of the alleged abuse. It is rarely a clear cut situation which is easy to determine as abuse or not.

If you have ANY doubt following your initial information gathering and the questions above,
make a referral and seek advice from the Local Authority Safeguarding Team.

Appendix 7: Quick Reference Guide – Safeguarding Adults Alerting Process