jrhsupport

SAFEGUARDING ADULTS POLICY & PROCEDURE

This Policy is based on the
Nottingham & Nottinghamshire Multi-Agency
Procedure and Guidance Document

With additional guidance from the Care Act 2014

SAFEGUARDING ADULTS POLICY AND PROCEDURE

JRH Support has a commitment to zero tolerance of abuse and neglect within our organisation.

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) 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.

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 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.

It should be noted that when the death of a vulnerable adult is caused by suspected abuse or neglect, the Nottingham & Nottinghamshire Multi-Agency Procedure and Guidance must be considered along with any other actions that may be necessary.

A link to the above multi-agency document can be found on the staff section of the JRH Support website.

Abuse can be viewed in terms of the following categories, taken from the Care Act 2014

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

DEFINITIONS

Children who allegedly abuse

If a child is allegedly abusing a vulnerable adult, these safeguarding adults'

procedures should be followed; however the Local Authority Children's Services will also need to be informed as part of any further work required.

Historical abuse

Where an allegation relates to historical abuse that happened when the vulnerable adult was a child, it should also be dealt with under Child Protection Procedures in the same way as a contemporary concern to Children's Services.

If the allegation relates to historical abuse that happened when the vulnerable adult was aged 18 or over, these procedures should be followed.

Appropriate Adult

An appropriate adult as defined in the context of the Police and Criminal Evidence Act may be a 'relative, guardian or other person responsible for the care and custody of a vulnerable adult with mental health problems or who has a learning disability; or an experienced or specialist social worker.

Person raising a concern

Person who passes on concerns of suspected or alleged abuse to a person identified as responsible for referring to Adult Social Care such incidents (Referrer).

Referrer

Referring is the overall responsibility of the nominated persons for the organisation (for JRH Support these are all members of the management team). The referrer must gather the relevant information and establish whether they believe there is an allegation of abuse. The referrer then has a duty to make a referral to the relevant Adult Social Care Department.

See **MAKING A REFERRAL TO THE RELEVANT LOCAL AUTHORITY** section.

Six key principles underpin all adult safeguarding work

1. **Empowerment –** People being supported and encouraged to make their own decisions and informed consent

2. **Prevention –** It is better to take action before harm occurs

3. **Proportionality –** The least intrusive response appropriate to the risk presented

4. **Protection –** Support and representation for those in greatest need

5. **Partnership –** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

6. **Accountability –** Accountability and transparency in delivering safeguarding

Timescales

Responding to safeguarding concerns of any nature should be done in a timely manner. Below are agreed timescales which you should aim to follow. However, a common sense approach should be taken where vital information is required to ensure the safety of the vulnerable adult or others at risk. This may result in actions being considered to be more urgent than the timescales set.

Raising a concern

Immediately if an emergency, or within the same working day. Any concerns you witness or are told about should be passed on immediately to a manager, 'referrer' or the relevant local authority, or within the same working day (this should be within 4 working hours) where relevant and in line with these procedures.

Contact SHOULD BE MADE BY TELEPHONE. WITHIN OFFICE HOURS (Mon-Fri 8.30am to 4.30pm) STAFF SHOULD CALL THE OFFICE NUMBER **0115 9856000**. OUTSIDE OF THESE HOURS STAFF SHOULD CALL THE ON-CALL NUMBER.

Remember – Just because you have documented details in visit feedback, does not mean that the management team will be aware of the safeguarding concern

Referring to the local authority

Within one working day

DEFINITIONS OF ABUSE

Discriminatory abuse including racist, sexist, that based on a person's disability, culture 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, and 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 vulnerable adult
- 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 vulnerable adult 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, and inappropriate touching) and **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.

Domestic violence is a pattern of behaviour which involves violence or other abuse by one person in a domestic context against another, such as in marriage or cohabitation. Intimate partner violence is domestic violence by a spouse or partner in an intimate relationship against the other spouse or partner. Domestic violence can take place in heterosexual or same-sex relationships. Domestic violence can take a number of forms including physical, emotional, verbal, economic and sexual abuse, which can range from subtle, coercive forms to marital rape and to violent physical abuse that results in disfigurement or death.

Modern slavery takes various forms and affects people of all ages, gender and races.

Types of slavery include:

- Forced labour/debt bondage – Victims are forced to work to pay debts that realistically they never will be able to. Low wages and increased debts mean not only that they cannot ever hope to pay off the loan, but the debt may be passed down to their children.
- Forced labour – Victims are forced to work against their will, often working very long hours for little or no pay in dire conditions under verbal or physical threats of violence to them or their families. It can happen in many sectors of our economy, from mining to tarmacking, hospitality and food packaging.
- Sexual exploitation – Victims are forced to perform non-consensual or abusive sexual acts against their will, such as prostitution, escort work and pornography. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or other penalty.
- Criminal exploitation – Often controlled and maltreated, victims are forced into crimes such as cannabis cultivation or pick pocketing against their will.
- Domestic servitude – Victims are forced to carry out housework and domestic chores in private households with little or no pay, restricted movement, very limited or no free time and minimal privacy, often sleeping where they work.

Self-neglect – is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss assets.

Self-neglect can happen as a result of an individual's choice of lifestyle, or the person may:

- Be depressed
- Have poor health
- Have cognitive (memory or decision making) problems
- Be physically unable to care for self

Self-neglect includes:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others, or cause substantial damage to or loss of assets
- Suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of the assets.

Exploitation – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain.

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, and 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, pressure ulcers (see below for more information on pressure 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

Neglect can also lead to pressure ulcers. If you suspect a pressure ulcer is as a result of neglect please follow these procedures.

Organisational 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

POTENTIAL INDICATORS OF ABUSE

Indicators are the suspicious signs and symptoms which draw attention to the fact that something is wrong. The presence of one or more of the indicators does not confirm abuse. However, a cluster of several indications may reveal a potential for abuse and a consequent need for further assessment. In reality, an abusive situation is likely to involve indicators from a number of these headings. The list of indicators is not exhaustive and needs to be used as a tool in the assessment of vulnerability and risk.

Indicators of Physical Abuse

- Any injury not fully explained by history given
- Injuries inconsistent with the lifestyle of the vulnerable adult
- Bruises and/or welts of face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns or reflecting shape of article
- Burns, especially on soles, palms or back; immersion in hot water, 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

Indicators of Sexual Abuse

- Significant change in sexual behaviour or attitude
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Wetting or soiling

- Poor concentration
- Vulnerable adult appears 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

Indicators of Psychological Abuse

- Change in appetite
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sleep disturbances

Indicators of Domestic Violence

Emotional Indicators

- Fear of a partner, caregiver, acquaintance or strangers
- Sadness and/or symptoms of depression
- Emotional numbness
- Low self-esteem, low self-worth
- Helplessness

Behavioural Indicators

- Poor eye contact
- Addictions
- Hyper-vigilance
- Promiscuous behaviour
- Appearing isolated from family or friends
- Suicidal tendencies
- Expressing homicidal feelings towards another person
- Indirectly or directly talk about domestic violence, sexual assault, stalking
- Appearing anxious about something that would not normally create anxiety, such as getting home late, going somewhere alone
- A consistent pattern of making and missing appointments that is poorly explained
- Restrictions placed on travel, phone use, friendships, money

- Unexplained increase in absence from work

Physical Indicators

- Bruising, welts, lacerations or scars
- Blackened or swollen eyes
- Fractured or broken bones
- Split lip, broken teeth
- Series of ER visits
- Increase in severity of injuries
- Sexually Transmitted Infections
- Unwanted pregnancy
- A history of injury that is not well explained

Indicators of Modern Slavery

- *Physical appearance* – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn
- *Isolation* – Victims may rarely be allowed to travel on their own, seem under control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.
- *Poor living conditions* – Victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address
- *Few or no personal effects* – Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work.
- *Restricted freedom of movement* – Victims have little opportunity to move freely and may have had their travel documents retained e.g. passport
- *Unusual travel times* – They may be dropped off/collected for work on a regular basis either very early or late at night.
- *Reluctant to seek help* – Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

Indicators of Financial and Material Abuse

- 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.

Indicators of Exploitation

- Show signs that their movements are being controlled
- Believe that they must work against their will or for less than minimum wage
- Allow others to speak for them when addressed directly
- Have limited or no social interaction
- Be unable to communicate freely with others

Indicators of Discriminatory Abuse

- 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

Indicators of Neglect and Acts of Omission

- 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
- Inadequate heating
- Failure to give prescribed medication
- Poor personal hygiene
- Failure to provide access to key services such as healthcare, dentistry.

Indicators of Organisational Abuse

- 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

Whistleblowing

Whistleblowing is where a member of staff feels that they are unable to share information with the person within their organisation responsible for 'referring to the local authority' as they believe that they are implicated or colluding with the alleged abuse.

If you feel that you are not able to share information with your manager, or the person responsible for referring, or another manager within our organisation, you must in the first instance follow the 'Whistleblowing Policy'.

The Public Interest Disclosure Act 1998 makes provision for disclosures to 'prescribed persons'. These are regulators such as the Health and Safety Executive, the Care Quality Commission and the Financial Services Authority. These disclosures are protected where the whistleblower meets the test for internal disclosures and reasonably believes that the information and any allegation in it are 'substantially true' and is relevant to the regulator.

You can only tell the prescribed person or body if you think your employer will cover up the alleged abuse, or would treat you unfairly if you complained, or your employer said they had sorted it out but had not.

Disclosure and Barring Service (DBS)

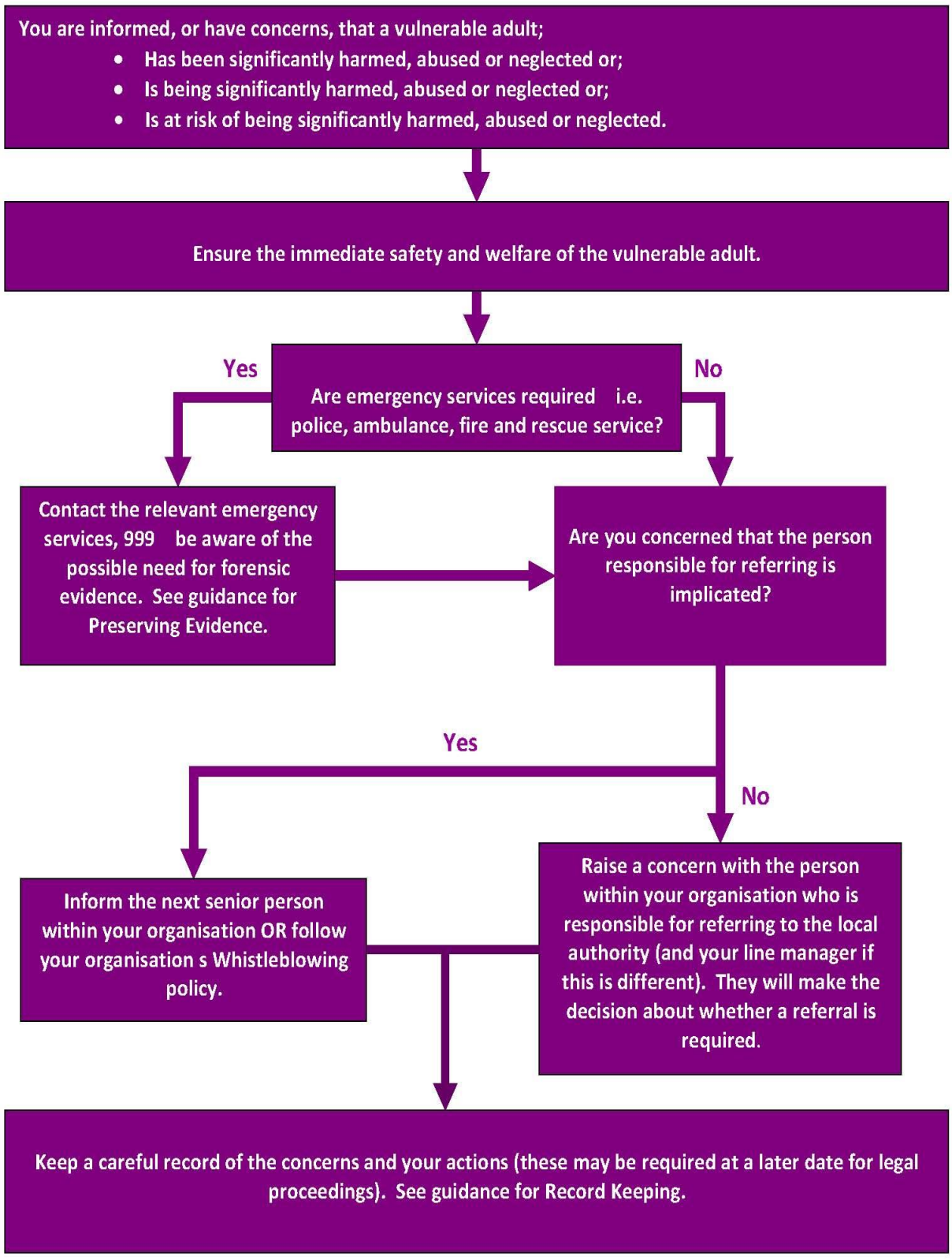
As an employer of care workers, we are required to check that all prospective employees / volunteer are not on the barred list. Checks will be made by JRH Support via the Criminal Records Bureau and prospective or existing employees / volunteers will not be allowed to commence / continue working in care positions until satisfactory checks have been conducted.

We also have a duty to refer a care worker to the barred lists if we:

- Sacked them because they harmed a child or adult
- Sacked them or removed them from working in regulated activity because they might have harmed a child or adult otherwise
- Were planning to sack them for either of these reasons, but the person resigned first

Flowchart for 'raising a concern' (previously described as 'alerting')

This flowchart provides a brief overview of the process for raising a concern and should be used in conjunction with the written procedure.
You should raise any concern about significant harm, abuse or neglect immediately if an emergency or within the same working day.



Raising a concern about significant harm, abuse or neglect

All staff (paid and volunteers), of any service involved with vulnerable adults, have a duty to act immediately to inform the person within their organisation responsible for 'referring to the local authority' (and their line manager if this is different) of any concerns that a vulnerable adult:

- Has been significantly harmed, abused or neglected; or
- Is being significantly harmed, abused or neglected; or
- Is at risk of being significantly harmed, abused or neglected.

A concern may be raised in a number of ways:

- By the vulnerable adult;
- By another service user, carer, family member, friend, member of public or someone else visiting a service;
- By something you have directly observed.

When the suspected abuse or neglect of an individual results in death, the Nottingham & Nottinghamshire Multi-Agency Procedures and Guidance must be considered along with any other actions that may be necessary.

Although you have a duty to share the information with the person within your organisation 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 vulnerable adult makes this unavoidable.

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 in your organisation (see Whistleblowing Policy).

Staff who suspect abuse in other organisations

There may be occasions when visiting staff witness or suspect abuse in another organisation, for example a support worker visiting a day centre. In such circumstances the visiting member of staff will be expected to act in the role of the person 'raising a concern', informing the organisation's manager and the person responsible for 'referring to the local authority'. In addition to this you must inform your own line manager.

If you feel that you are not able to share information with the person responsible for referring to the local authority, another manager or senior person on duty within an organisation, as you believe that they are implicated or colluding with the alleged abuse, you must contact the relevant local authority and explain to the call taker that you wish to make a Safeguarding Adults Referral.

Staff who have concerns about the quality of care in other organisations

If you have concerns about an organisation not amounting to abuse or neglect as described in this document but related to the quality of care being provided you must,

in the first instance, report this to the manager of the organisation and your own line manager.

This information must also be passed to the relevant body who commissions services from the organisation, for example, local authority purchasing and contracting department AND the regulatory body the Care Quality Commission (CQC).

Being told about or raising a concern about significant harm

Taking immediate action

When you are first made aware of, or witness, a concern of significant harm, abuse or neglect, your initial response must always be to the immediate health, safety and welfare of the vulnerable adult and anyone else at risk. Remember, this may include the alleged perpetrator.

In an emergency, you should contact the relevant emergency services (police, ambulance and fire and rescue service) by dialling **999** before following this procedure.

Responding to concerns raised directly to you

The following are useful pointers when someone, including the vulnerable adult or their carer, raises a concern with you:

- Assure them that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage
- Do not give promises of complete confidentiality
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in safeguarding them.
- Reassure them that they will be involved in decisions about what will happen
- Explain that you will try to take steps to protect them from further abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them
- Do not be judgemental or jump to conclusions
- Do not discuss the concern with the person alleged to have caused harm or anyone else, unless the immediate welfare of the vulnerable adult makes this unavoidable

Record keeping

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained, and made available to the referrer. Written records must reflect, as accurately as possible, what was said and done by the people initially involved in the incident either as a victim, alleged perpetrator or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

You must make an accurate record at the time, including:

- Date, time and place of the incident
- Exactly what the vulnerable adult said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- Appearance and behaviour of the vulnerable adult
- Any injuries observed
- Name and signature of the person making the record
- If you witnessed the incident, write down exactly what you saw

The record should be factual. However, if the record does contain your opinion, it should be clearly stated as such. Information from another person should be clearly attributed to them

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' (as detailed in the purple section). This member of staff becomes the 'referrer'. At JRH Support referrers are the management team, as they have had specific referrer's training.

Information gathering

When, as a referrer, you are informed or become aware of a concern, you will need to carry out some initial information gathering to decide if the incident should be referred to the relevant local authority (City or Council, depending on where the incident took place)

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 (see below)
- The information gathering should take place as soon as possible (e.g. bruising will fade if left too long before logging/photographing)
- Checking written records, support plans, communication books rotas etc. Could the alleged perpetrator and victim have been together/alone?
- At times it may be necessary to discuss the incident with other members of staff. However, this should be done sensitively and only when appropriate to manage risk to the vulnerable adult or others. Confidentiality should be considered at all times.
- Would a body map be useful to indicate the specific area of any injury?

It will sometimes be necessary to speak to the vulnerable adult about the incident to clarify what has been alleged (and will usually be necessary to get their consent and see what they would like to happen – see below). The following pointers may be helpful when having such conversations:

- Do NOT begin an interview/investigation process as this could jeopardise any further work
- Consider the most appropriate way of communication with the vulnerable adult, which may not always be verbal

- Communicate with them in a private and safe place, and inform them of any concerns
- 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
- Get their views on what happened and what they want done about it
- Provide them with information about the safeguarding adults 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

Deciding whether or not to make a referral

Using the information gathered, you will need to make a decision about whether or not a safeguarding referral is required to be made to the relevant local authority.

If in doubt, you should always make a referral

MAKING A REFERRAL TO THE RELEVANT LOCAL AUTHORITY

Getting the consent of the vulnerable adult

Where you have made a decision that a safeguarding referral is required, consent should be sought from the vulnerable adult:

- To make the safeguarding referral
- For the relevant local authority to request and use information from partner agencies (e.g. health services) where appropriate, to aid the safeguarding process

Efforts to obtain consent from the vulnerable adult 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 where the following applies.

Making a decision to refer without consent

The mental capacity of the vulnerable adult 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 vulnerable adult is assessed as not having the mental capacity to make decisions about giving consent to a referral being made (by the referrer undertaking the ‘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).

Article 8 of the Human Rights Act relates to an individual’s rights to autonomy. However, the requirement to respect the rights of individuals to make decisions for

themselves is not an excuse for inaction where a vulnerable adult is at risk of significant harm, abuse or neglect.

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

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

The vulnerable adult should be informed of the decision for the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

Outcomes for the vulnerable adult

To support any subsequent safeguarding work the relevant local authority undertakes with the vulnerable adult, it is important that the vulnerable adult is asked what outcomes they would like to see as a result of the referral being made.

At this stage of the process, it is important to allow the vulnerable adult to express their wishes freely, and you should consider how they are able to communicate this best, including any aids which might support this process. However, you should explain to them that it will not always be possible to meet these wishes.

If the vulnerable adult is assessed as not having the mental capacity to make decisions about the outcomes they would like to see as a result of the safeguarding referral being made (following 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 vulnerable adult (or via the best interests decision) should be shared with the relevant local authority at the time the referral is made.

Record keeping

All records must be kept safe as it may be necessary to make records available as part of subsequent safeguarding work by the relevant local authority, or to disclose them to a court as evidence.

As Referrer you must keep records of the following where appropriate:

- Any actions undertaken to ensure the immediate safety of the vulnerable adult and/or anyone else at risk
- Any actions undertaken against the alleged perpetrator
- Crime number if the concern has been reported to the police
- Any relevant information gathered as part of your role as referrer
- Details of the concern (or ensure that you have access to any notes from the person raising the concern)
- The consent of the vulnerable adult to make a referral and for information to be shared as part of the safeguarding process or your decision if you are

unable to gain consent
- Your decision about whether a referral is required or not
- The desired outcomes the vulnerable adult would like as a result of any subsequent safeguarding work.

The record should be factual. However, if the record does contain your opinion, it should be clearly stated as such. Information from another person should be clearly attributed to them.

Information you will need to make the referral

When making a safeguarding referral you will be asked to provide the following information:

- Name of vulnerable adult
- Date of birth
- Gender
- Address
- Ethnic origin
- Service user group - over 65s, learning disabled, physical disability, mental ill health, deaf, blind, substance misuse, HIV, or any other group
- Details of the information gathered above including the concern, consent to refer and desired outcomes
- Any other agencies or independent service providers the vulnerable adult is known to
- Details of any funding arrangements
- Person who raised the concern
- Location of abuse
- Type of abuse – discriminatory, psychological, sexual, financial/material, physical, neglect and acts of omission
- Any details you may have about historical abuse involving the vulnerable adult
- Details about the vulnerable adult

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

Where to make the referral

When you have the information, you must make a referral to the 'relevant local authority'. The term 'relevant local authority' refers to the place **where** the alleged abuse has occurred (regardless of who is funding the person's care). For example, if a vulnerable adult is funded by Nottinghamshire County Council but is in a supported living property in Nottingham City at the time of the alleged abuse, a referral should be made to Nottingham City Council. This is in line with the Association of Directors of Social Services' national agreement on 'out of area safeguarding adults arrangements' (ADASS 2012).

You can contact the relevant local authority in the following ways:

Nottingham City Council
Health and Care Point – 0300 131 0300
(Opening times; Monday -Thursday 8.30am – 5.00pm, Friday

8.30am – 4.30pm)

If there is a long wait when ringing this number, you can visit the following link and complete the form:
https://myaccount.nottinghamcity.gov.uk/service/Adult_Social_Care_Safeguarding_Form

Nottinghamshire County Council
Multi-Agency Safeguarding Hub (MASH) – 0300 500 80 90 (professionals only)
(Opening times; Monday -Thursday 8.30am – 5.00pm, Friday 8.30am – 4.30pm) Completing the online form at www.safeguardingadultsnotts.org (professionals only) (Anytime)

Safeguarding referrals outside the hours stated above should only be made when immediate action is required by the local authority to make a vulnerable adult safe.

Once a referral has been made

Once a safeguarding referral has been made and details documented on the company software, staff must assign it to the Outreach Team manager if it's a referral for a service user in Outreach or the Supported Living Senior Team leader if it's a supported living service user.

Making a decision NOT to make a referral

If, after assessing all the information available to you, you decide there is no allegation of abuse, you do not need to make a referral to the relevant local authority.

You must fully document any such decision, and should discuss with your line manager.

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 vulnerable adult and to any other actions such as the complaints process, training needs, disciplinary or regulatory action if appropriate, informing other people/agencies of the actions taken.

Once the relevant local authority receives the safeguarding referral they will follow their own procedures to determine the most proportionate response.