# Safeguarding Adults/Prevent Policy and Procedure

This should be read in conjunction with Local Safeguarding Partnerships (LSP) guidelines and procedures which can be found at:

**http://safeguardingadultshull.com**

**Designated Safeguarding Lead (DSL)**
**Hull Training and Adult Education: Vanessa Drax**

**Deputy Designated Safeguarding Leads (DDSL)**
Safeguarding Adults with Learning Disabilities:

| | |
|---|---|
| Adult Education Centres - | Vanessa Drax/ Cecilia Altree |
| Construction – | Amanda Skinner |
| Business Creative and Digital - | Keran James |
| Community Learning & 1st Steps | Sian Ward, Theresa Rowland |
| Engineering – | Debbie Johnson, Natalie Gibson, Beverley Johns |
| Teacher Training & CPD | Vanessa Drax |
| Take Control | Adam Smith, Lisa Jackson |

Local Authority Designated Officer (LADO) Dan Horne
email: Dan.horne@hullcc.gov.uk, Work mobile: 07702 922 464
ICRO Team telephone number: 01482 790 933

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# Safeguarding is everyone's business

## Foreword

Everyone has a right to live their life in dignity and free from violence, fear, abuse or neglect. More importantly, if you are an adult at risk, you need to know that if you are abused, support will be provided quickly. You need to know that that someone will be there to support you, to explain what can be done and to make sure that you are respected.

It is absolutely vital that all professionals work together to prevent abuse to adults and to act quickly and decisively when someone is harmed. Multi-agency procedures provide a template against which all professionals can co-ordinate their actions; however procedures can be useless if they are not followed.

Hull Training and Adult Education (HTAE) has a responsibility to its adult learners who are at risk to protect and support them and to know what to do if someone is being abused. Therefore these procedures have been written to provide clear information to all HTAE staff on how to protect learners at risk within their care.

In the Care Act of 2014 the term **'vulnerable adult' has been replaced by 'an adult who has care and support needs',** which may include people

- who are older
- with a physical or learning disability or a sensory impairment,
- with mental health needs, including dementia or a personality disorder,
- with a long-term health condition, who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living,
- who are carers, providing unpaid care to a family member or friend.

The definition of adults which local Safeguarding Partnerships seeks to protect is from the Care Act 2014 which became law on the 1st April 2015.

The safeguarding adult duties apply to any person aged 18 years or over 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.

*Chapter 14: Safeguarding, pages 42 – 46 of the Care Act 2014*

# Statement of Intent

Hull Training and Adult Education (HTAE) recognise that protecting and safeguarding adults at risk is a shared responsibility and depends upon effective partnership working between agencies and professionals.

HTAE has a duty of care to safeguard the adults at risk it comes into contact with and therefore clear guidelines and procedures have been set out so that all staff can act with clarity and understanding.

All staff must be made aware of the procedure for recording and reporting concerns. HTAE aim to protect adult learners at risk in its learning environment by:

- ensuring that all staff/volunteers are carefully selected trained and supervised in accordance with Hull City Council's Recruitment Policy and have up to date DBS checks.
- having a policy and procedure for the protection of adults at risk in line with national and local policy developments and which is updated annually.
- ensuring that all staff and volunteers are familiar with the policy and procedures through induction and regular staff training.
- ensuring that Hull Training and Adult Education has a DSL for adults at risk and that all staff and volunteers are aware of the named person and the process of reporting concerns to them.
- informing adult learners with care and support needs and their parents/carers at induction, assessment and at reviews about who to go to if they have any worries or concerns. Safeguarding information will also be given in easy-read leaflets, and on the web site.

Staff at HTAE regard each learner as a unique individual and therefore seek to support learner development in ways which will foster security, confidence and independence. We recognise that high self-esteem, peer support, a safe and secure learning environment and clear lines of communication with staff helps vulnerable adults to gain in confidence and become more independent. All of the above are regarded as vital to the well being of the individual and therefore seen to be an intrinsic part of all aspects of the curriculum and ethos of HTAE.

## 1.1 What is Safeguarding?

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

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in 'The Care Act 2014.'

The Care Act requires that each local authority must: make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

The aims of adult safeguarding are to:

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

;

## 1.2 The Six Key Principles

Six key principles underpin all adult safeguarding work and apply to all sectors including further education colleges:

1. **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."*

2. **Prevention** – It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

3. **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."*

4. **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 in the safeguarding process to the extent to which I want."*

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

*treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

6. **Accountability** – Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*
   (Care and support statutory guidance, The Care Act 2014)

**Empower:** Hull Training and Adult Education will endeavour to empower our learners through the learning process and give them the advocacy skills to make their own decisions and inform what happens to them.

**Prevent:** We will actively strive to prevent abuse by recognising the warning signs and taking action to support learners before harm occurs.

**Proportionality:** As professionals, HTAE will strive to work within our learners' best interests; only becoming involved when needed.

**Protection:** We will work together with learners to protect and support them; especially those in greatest need so that they are able to get help.

**Partnership:** HTAE will work together in partnership with the LSP, the local police and the Hull Learning Disability Partnership Board to keep up to date with local policies, procedures and training and to become informed and involved in new initiatives to enable vulnerable learners to be safe in their everyday lives.

**Accountability:** HTAE will deliver its safeguarding procedures to all staff and volunteers and will inform all learners at induction and reviews

**Making safeguarding personal**
In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.
It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving their quality of life, wellbeing and safety.

## 1.3 Definition of a vulnerable adult (Referred to as adult people with care and support needs)

'**An adult aged 18 years or over "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"**

However in Hull Training and Adult Education other adults at risk may be a person who:

- has a learning disability
- has a physical or sensory impairment
- has mental health needs
- has a long term illness or condition
- has a language barrier
- is homeless

## 1.4 What is abuse?

"Abuse is the violation of an individual's human and civil rights by any other person or persons". This is the definition from the guidance document, (*No Secrets*), published by the Department of Health in 2000.

Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Abuse can vary from the seemingly trivial act of not treating someone with respect and dignity to extreme punishment or torture.

## 1.5 Types of Abuse

This is not intended to be an exhaustive list but an illustrative guide into the sort of behaviour which could give rise to a safeguarding concern.

**Physical Abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic Violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. Incident or pattern of incidents of controlling, coercive or threatening behaviour by someone who is or has been an intimate partner or family member regardless of gender or sexuality, Female Genital Mutilation; forced marriage

**Sexual Abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Psychological Abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or Material Abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory Abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational Abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and Acts of Omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

## 1.6 Recognising Indicators of Abuse

### Physical Abuse

Physical injuries can occur where there is no satisfactory explanation, definite knowledge, or a reasonable suspicion that injury was inflicted with intent, caused through lack of care by the person having custody, charge or care of that person.

The following list may be indicators of many different problems, it is important not to jump to the wrong conclusion too quickly. Some of the indicators could be:

- history of unexplained falls
- unexplained bruising - in well protected areas or soft parts of the body
- bruising in different stages of healing
- unexplained burns - unusual location / type
- unexplained fractures to any part of the body
- unexplained lacerations or abrasions
- slap, kick, punch or finger marks
- injury shape similar to an object
- untreated medical problems
- weight loss due to malnutrition or dehydration

### Sexual Abuse

Sexual abuse is the involvement of vulnerable adults in sexual activities which they do not fully comprehend, to which they are unable to give consent, to which they object or which may cause them harm.

The following list may be indicators of many different problems - it is important not to jump to conclusions too quickly, some of the indicators could be as follows:

- sudden change in behaviour
- sudden onset of confusion
- incontinence
- withdrawal
- overt sexual behaviour / language by the vulnerable adult
- self-inflicted injury
- disturbed sleep pattern / poor concentration
- difficulty in walking
- torn, stained underwear
- love bites
- pain or itching, bruising or bleeding in the genital area
- sexually transmitted disease / urinary tract / vaginal infection
- bruising to upper thighs and arms
- frequent infection
- severe upset or agitation when being bathed etc.
- pregnancy in a person unable to consent

## Financial Abuse

Financial or material abuse can take the form of fraud, theft or using of the vulnerable adults property without their permission. This could involve large sums of money or just small amounts from a pension or allowance each week.
It is important not to jump to the wrong conclusions too quickly; however the following is a list of possible indicators of financial abuse:

- sudden inability to pay bills
- sudden withdrawal of money from an account
- person lacks belongings that they can clearly afford
- lack of receptivity by the persons relatives to necessary expenditure
- power of attorney obtained when the person is unable to understand what they are signing
- extraordinary interest by family members in the vulnerable adults assets
- recent change of deeds o the house
- carers main interest is financial with little regard for the health and welfare of the vulnerable adult
- the person managing the finances is evasive and uncooperative
- reluctance to accept care services
- purchase of items that the individual does not require or use
- personal items going missing
- unreasonable or inappropriate gifts

## Emotional or Psychological Abuse

This can include intimidation, humiliation, shouting, swearing, emotional blackmail and denial of basic human rights. Using racist language or preventing someone from enjoying activities or meeting friends.
The following may be indicators of many different problems, it is important not to jump to the wrong conclusions too quickly.

- ambivalence about carer
- fearfulness, avoiding eye contact, flinching on approach
- deference
- insomnia or need for excessive sleep
- change in appetite
- unusual weight loss / gain
- tearfulness
- unexplained paranoia
- low self esteem
- confusion, agitation
- coercion
- possible violation of human and civil rights
- distress caused by being locked in a home or car etc.
- isolation - no visitors or phone calls allowed
- inappropriate clothing
- sensory deprivation
- restricted access to hygiene facilities
- lack of personal respect
- lack of recognition of individuals rights

- carer does not offer personal hygiene, medical care, regular food/drinks
- use of furniture to restrict movement

## Neglect/ Self Neglect

A person can suffer because their physical and/or psychological needs are being neglected by a parent or carer or by themselves. This could include failure to keep someone warm, clean and well-nourished or neglecting to give prescribed medication or their failure to do it for themselves. The following list may be indications of many different problems, it is important not to jump to the wrong conclusion too quickly.

- poor environmental conditions
- inadequate heating and lighting
- poor physical condition of the vulnerable adult
- persons clothing is ill fitting, unclean and in poor condition
- malnutrition
- failure to give prescribed medication properly
- failure to provide appropriate privacy and dignity
- inconsistent or reluctant contact with health and social care agencies
- isolation - denying access to callers or visitors

## Discriminatory Abuse

Discriminatory abuse is often on the grounds of: age, gender, race, culture, religion, sexuality or disability.
It also incorporates Hate crime and Mate crime. Mate crime occurs when vulnerable adults are "befriended" with the intention to abuse.
Mencap have recently launched the "Stand by Me" campaign to eradicate Hate and Mate crime.
Discriminatory abuse can be:

- derogatory comments
- harassment
- being made to move to a different resource/service based on age
- being denied medical treatment on grounds of age or mental health
- not providing access

## Organisational Abuse

Organisational abuse is different from other categories because it is about who abuses and how that abuse comes to pass, rather than about types of harm.
Abuse occurs in a relationship, family, service or institution and it can be perpetrated by an individual or more collectively, by a regime.
The following list may be possible indicators of institutional abuse - it is important not to jump to the wrong conclusions too quickly.

- no flexibility in bed time routine and/or deliberate waking
- people left on the commode or toilet for long periods of time
- inappropriate care of possessions, clothing and living area
- lack of personal clothes and belongings
- un-homely or stark living environments
- deprived environmental conditions and lack of stimulation
- inappropriate use of medical procedures e.g. enemas, catheterisation
- 'batch care' - lack of individual care programmes

- illegal confinement or restrictions
- inappropriate use of power or control
- people referred to, or spoken to with disrespect
- inflexible services based, on convenience of the provider rather than the person receiving services
- inappropriate physical intervention
- service user removed from the home or establishment, without discussion with other appropriate people or agencies, because staff are unable to manage the behaviours

# Part 2 – Safeguarding Roles and Responsibilities

In the event of an allegation of abuse, the first priority for everyone is to ensure the safety and protection of the adult(s) at risk. All staff and volunteers who have contact with adults at risk have a personal responsibility to be aware of issues of harm.

All staff and volunteers have a duty to act in a timely manner, on any concern or suspicion that an adult who is vulnerable is at risk of being or is being harmed and to ensure that the situation is assessed and investigated.

Hull Training and Adult Education have a robust incident reporting and monitoring system in place that all staff and volunteers should be made aware of through regular training.

## 2.1 Procedures to be followed by all staff when a concern is identified

There are various **stages to be followed** within the adult safeguarding procedure, these are:

- **witnessing abuse or being told about abuse**
- **concern (within an organisation)**
- **referring**
- **decision making and investigating**
- **monitoring**

Anyone may receive an initial disclosure of abuse from an adult at risk, or may witness abuse of an adult at risk. The protection of the adult must always be the main priority. If someone discloses information to you about potential abuse, or you witness abuse the following steps may be helpful:

**Step 1**

- Remain calm and non-judgemental
- Take whatever action is required to ensure the immediate safety or medical welfare of the adult
- Do not discourage from disclosure
- Remain attentive and be sensitive to what they are saying
- Give assurance, but do not press for more detail
- Do not make any promises that cannot be kept

**Step 2**

- Clarify the main facts, summarising what has been disclosed to you
- Explain that you cannot keep information confidential and that you will need to inform your manager (or another appropriate person)
- Seek the person's consent to share this information
- Offer future support from yourself or others (keyworker/advocate)

**Step 3**

- Take all reasonable steps to ensure that the adult is in no immediate danger of further harm
- Make a complete and accurate record of events as soon as possible
- Record all the facts, using the person's own words, sign and date the record (*Hull Training and Adult Education Adult at risk/welfare concern form at 2.7)*
- If appropriate and the person has capacity *(see section 2.4)* keep the adult at risk informed throughout the process.

**Step 4**

- Following all the above steps you should now tell your manager, safeguarding lead or another appropriate person.
- If you are the manager or person responsible for making a referral, consider making the referral now using the attached referral form.
- It is the Manager's/Designated Safeguarding Lead's responsibility to check that:

**Step 5**

- The adult's immediate needs are being met and that there is no risk of further harm.
- If necessary, medical assistance has been sought.
- The facts and circumstances are clear and have been clearly recorded. A report has been made to the Police if a criminal offence is suspected or alleged.

**Then the Manager/Designated Safeguarding Lead must do the following**:

**Step 6**

- Assess whether the victim is able to give consent
- Make a referral if this has not already been done, using the attached Concern Form.
- Report the alleged abuse within 24 hours to Social Services or the Police, or the out of hours' team using the contact details below in Section 2.2.
- Ensure that you continue to keep a clear and accurate record at all times.

**Concern**- concern refers to the process where a member of staff can make an alert about a person within the care of his/her agency about suspicions or allegations that harm or neglect has taken place, or that there is risk of harm. The member of staff raising the concern may wish to discuss with their line manager prior to submitting the referral form however this is not mandatory. Any member of staff including non-substantive staff, agency staff or volunteers can make an alert. All staff should be able to recognise the signs of abuse (see Definition and Types of Abuse 1.4-1.6) and to discuss any such signs with their line manager, when applicable, which will then enable the discussion and decision on whether to refer the case. Remember – if necessary preserve evidence and record.

**Referring** - Referring is passing information about the concern of harm to the Safeguarding Adults Board using the safeguarding referral form. **The staff member or volunteer who is first alerted to the concern should pass the information on to the DSL/DDSL who will then contact the Safeguarding Adults Board and will then complete the referral form if advised to do so**. All reports of potential or suspected abuse, harm or neglect of a vulnerable adult should be referred so that a discussion can be held with a member of the Safeguarding Adult Team at the Local Authority.

**Remember** – preserve evidence and record. A decision will be made at this stage as to whether the 'safeguarding adults' procedures are appropriate to address the concern.

## 2.2 Multi Agency Safeguarding Hub details

**Address**
Brunswick House, Strand Close, Beverley Road, Hull HU2 9DB

**Multi Agency Safeguarding Hub details**
**Tel:** 01482 616092 - ask for the adults safeguarding team duty officer
**Fax:** 01482 318217 - address to the Multi Agency Safeguarding Hub
**Email:** adultsafeguarding@hullcc.gcsx.gov.uk (secure)

## Approach – phone before form

We recommend that you **discuss your concern with the Multi Agency Safeguarding Hub before completing and sending the alerter form**. A member of the team will be able to give you guidance and support and agree the next steps with you. If you are a professional you need to assess the incident using the risk matrix.

**Web address**: http://safeguardingadultshull.com

## 2.3 Concern Form

**HULL SAFEGUARDING ADULT PARTNERSHIP**
**MULTI AGENCY 'ADULT AT RISK' Concern Form.**
**(Confidential when complete.)**

| **Section A-Details of the person you are concerned about**: | | | |
|---|---|---|---|
| Name | Age / Date of Birth: | | |
| Home Address: | Male | | Female |
| | Ethnicity: | | |
| Post code: | Police Log and Date: | | |
| Telephone / Mobile: | Social Services Identification No: | | |
| Current location of if different from above. | NHS Identification No: | | |
| GP Name. | GP Address. | | |
| Has a referral been made to any other organisation; e.g. Police, CQC. Please Specify | | | |

**Client Group** (This data is required for legal recording purposes and the terminology provided by the DH) tick all that apply: ✓

Physical Disability ☐ Frailty ☐ Sensory Impairment ☐ Dementia ☐

Learning Disability ☐ Mental Health ☐ Substance Misuse ☐ Unknown ☐ Other – detail:

**Mental Capacity.**
Does the person subject of the referral have capacity to agree to the referral?

Yes. ☐ (Person to sign below.) No. ☐ (Person referring to explain and sign below.)

**Consent of person being referred.**
I agree that the information detailed below can be shared with the local authority, police and partner agencies in order to help with this safeguarding enquiry.

**Signed (Service User):** (If Faxing) **Printed Name:** **Date:**

**Reasons for not seeking consent.**
Please give reasons for any decisions to refer without the persons written or verbal consent, *for example; other people are at risk of abuse, a person's mental capacity is questionable, this should also be documented in the client's notes.*

**Signed (Referrer):** (If Faxing) **Printed Name:** **Date:**

**Type of Abuse** tick all that apply**:** ✓

Physical ☐ Sexual ☐ Financial ☐ Neglect ☐ Psychological ☐
Institutional ☐ Discriminatory ☐ Other - detail:

**Section B- Details of Concern/ Suspected Abuse.**

Please describe as fully as possible: include how it came to your attention, time(s), dates(s) and location(s) of alleged incident(s) and names of witnesses (if known). Detail any injuries and complete a body map.

(If necessary continue on a separate sheet of paper and include with fax/email) **Additional Sheets** Yes/No

| **Action taken to protect the victim;** details of any measures taken to secure the victim's immediate safety for example, increase in home care visits, admitted to hospital or respite care etc. |
|---|
| |

| **Section C-Details of person suspected or alleged to have caused/allowed the abuse (if known)** | | | | |
|---|---|---|---|---|
| Name: | Age / Date of Birth: | | | |
| Home Address: | Male | | Female | |
| | Ethnicity: | | | |
| | Police Log and Date: | | | |
| Post code: | Social Services Identification No: | | | |
| Telephone / Mobile: | NHS ID: | | | |
| Current Location if different from above; for example named hospital: | | | | |
| **Relationship of person alleged to have caused the abuse to the Adult at Risk you are concerned about:** ✓<br>Husband/Partner/Wife ☐ Son/Daughter ☐ Friend/Neighbour ☐ Other Resident ☐ Stranger ☐<br>Health Care Practitioner ☐ Social Care Practitioner ☐ Volunteer ☐ Other - detail: | | | | |
| Are you concerned about other Adults or Children at risk from the person suspected of causing or allowing the abuse?<br>No Yes (please provide details) | | | | |
| Does the person suspected of causing the abuse provide care to the victim or any other person ✓<br>No Don't Know? Yes (please provide details) | | | | |
| Is the person suspected of causing the abuse aware of the allegation. ✓ Yes ☐ No ☐ Don't Know ☐ | | | | |
| Is the person suspected of causing the abuse vulnerable? ✓ Yes ☐ No ☐ Don't Know ☐<br>Detail: | | | | |

| **Section D-Details of person raising the alert if different from E below.** | |
|---|---|
| Name: | Job Title: |
| Address: | Telephone / Mobile: |
| Post code: | Email: |
| Agency: Please indicate the relevant category. ✓<br>LA - Adult Care Services. ☐ LA – Emergency Duty Team. ☐ Police. ☐ CQC. ☐ Health – PCT. ☐<br>Health – MHT. ☐ Health – Acute Trust ☐ Independent Provider. ☐<br>Voluntary Sector. ☐ Housing. ☐ Family/Friend. ☐ Other/specify. ☐ | |
| | |

| **Section E-Details of person completing the referral form.** | |
|---|---|
| Name: | Job Title: |
| Address: | Telephone / Mobile: |
| Post code: | Email: |
| Signature:(If Faxing) | Date: |

Agency: Please indicate the relevant category. . ✓

| | | | | |
|---|---|---|---|---|
| LA - Adult Care Services. ☐ | LA – Emergency Duty Team. ☐ | Police. ☐ | CQC. ☐ | Health – PCT. ☐ |
| Health – MHT. ☐ | Health – Acute Trust ☐ | Independent Provider. ☐ | | |
| Voluntary Sector. ☐ | Housing. ☐ | Family/Friend. ☐ | | Other/specify. ☐ |

Hull Safeguarding -email adultsafeguarding@hullcc.gcsx.gov.uk
Tel 01482 616092 Fax 01482 616379 www.safeguardingadultshull.com

East Riding Safeguarding-email safeguardingadultsteam@eastriding.gcsx.gov.uk
Tel 01482 861103 Fax 01482 866265 www.ersab.org.uk

## 2.4 Respecting the Adult at Risk – Capacity & Consent

When an allegation has been made and an investigation is the likely course of action, the wishes of the adult at risk will be respected unless it is clear that the adult lacks the capacity to make an informed decision, or there are potentially other adults at risk.

Where an adult at risk lacks capacity their wishes will be sought via an advocate whenever this is indicated using the Mental Capacity Act 2005. Therefore where an adult has declined assistance, an investigation may still take place without their consent if:

- The adult at risk lacks capacity to make an informed decision about their personal safety. This decision is made using the Mental Capacity Act 2005.
- Where other adults may be at risk.
- It is a matter of public interest, for example where a serious crime has been committed, or there are reasonable grounds to believe a serious crime is about to be committed.

## 2.5 Mental Capacity Act 2005

The Mental Capacity Act (MCA) 2005 is in itself a safeguard for adults at risk. Therefore, any application of the safeguarding adults' procedures must be in accordance with these legislative requirements. The MCA provides a statutory framework for acting and making decisions on behalf of individuals who may lack the mental capacity to make decisions for themselves. The Act came into force in October 2007. The MCA 2005 should not be confused with the Mental Health Act (MHA) and different legislation is applicable for people who are treated under the MHA. In some cases people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. The extra safeguards which are put in place by law, ensure that the care or treatment they receive is in their best interests. This must be justified and documented clearly and factually using all efforts to gather relevant facts and information, to inform decision making. The Act is supported by a Code of Practice which provides guidance and information about how the Act works in practice. The full Code of Practice can be downloaded at: http://www3.imperial.ac.uk/pls/portallive/docs/1/51771696.PDF

**Mental Capacity and Consent**

People have the right to make decisions about their own lives, presuming they have mental capacity. They may choose to live with risk or make decisions that others believe to be unwise. This means adults at risk are entitled to accept or decline support in relation to their own safety and wellbeing, including actions within these procedures. Mental capacity should be presumed. It is time and decision specific.

Being able to give consent to a safeguarding investigation is an important consideration. Sometimes it will be necessary to act contrary to a persons expressed wishes, for example

- The person lacks mental capacity to consent and a decision is made to investigate in the persons best interests (MCA 2005)
- The person is being unduly influenced or intimidated, to the extent that they are unable to give consent
- Where it is in the public's interest to balance the rights of the individual to privacy with the rights of others to protection

**Mental Capacity and Deprivation of Liberty Safeguards (DOLs)**

The Mental Capacity Act DOLs came into force on 1st April 2009. These safeguards protect people who can't make decisions about care or treatment, who need to be cared for in a restrictive way. The law says the DOLs must be used if people need to have their liberty taken away in order to receive care/treatment that is in their best interests and protects them from harm.

MCA DOLs are for people who are aged 18 and over in NHS hospitals, or in independent hospitals or care homes that are registered under Part 2 of the Care Standards Act 2000. The safeguards do not apply to people detained under the Mental Health Act 1983. From April 2013, the Local Authority must undertake an assessment to decide if it is right to take away the persons liberty (prior to this date, this function was undertaken by the Primary Care Trusts) or to assess whether their care can be provided in another way. The Social Care Institute for Excellence (SCIE) has produced a useful resource; 'Managing the Transfer of Responsibilities under the Deprivation of Liberty Safeguards: a resource for Local Authorities and Healthcare Commissioners.' Copies of the resource can be found at: www.scie.org.uk/publications/reports/report62.asp

For full information, including the Code of Practice, guidance and forms, see the Department of Health website.

## Mental Capacity and Consent Flowchart

**A. Seek consent**
Consent is a process that should be informed. This means giving the person sufficient information at a level and in a way appropriate to their needs so that they can choose whether or not to consent.

**B. Does the person have capacity?**
All adults are assumed to have mental capacity unless there is clear evidence to the contrary. Individuals can go in and out of mental capacity or it may depend upon the decision being made. For example, some people are able to make simple decisions but not complex ones.

| **C. Has no capacity but appears to consent:** | **D. Has capacity and gives their consent:** |
|---|---|
| Can share information, but not automatically. Check if it is in the person's best interest as they do not have the capacity to make the decision themselves. | Share information |
| **E. Has no capacity and does not/is unable to consent:** | **F. Has capacity but does not consent:** |
| No capacity to either agree or refuse consent. Professionals will make a "best interest" decision on the person's behalf. | Do not share information unless it is:<br>• in the public interest (others are at risk)<br>• third party |

## 2.6 Preventing Radicalisation (PREVENT)

The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). This guidance will be updated further to reflect the implications of the Prevent duty, which is expected to come into force later in 2015.

The Counter-Terrorism and Security Act 2015 will also place a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. The Act will require partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the Act as partners of the panel. The relevant provisions of the Act will come into force on 12 April 2015 but many local authorities already have Channel panels set up in their area.

The DSL will complete the PREVENT Safeguarding referral form, in her absence this will be the Deputy designated Safeguarding Leads.

The referral form can be found X:\Document Control\Document control record\Key documents\Safeguarding\PREVENT Safeguarding Referral Form.pdf

## 2.7 The Role of the Designated Safeguarding Adult Lead

- The DSL will ensure that all staff members know when and how to record concerns about an adult at risk's welfare however small or apparently insignificant. This is an essential part of the role.

- The DSL should ensure that staff are given an **appropriate** induction and regular refresher training and are supervised appropriately.

- It is the DSLs responsibility to decide what actions need to be taken in response to reported incidents or welfare concerns.

When an incident/welfare concern is passed to the DSL they will:

- Check that the form is sufficiently detailed.
- Check that it has been dated and signed by the staff member who reported the concern.

## 2.8 Reporting Disclosures within Hull Training and Adult Education

If an adult learner discloses an incident of abuse or you are concerned about the welfare of a learner and they give their consent (providing they have mental capacity), you must do the following:

1. Follow the procedure on pages 12-13, using the form below (Hull Training and Adult Education Welfare Log) to record (in the learner's own words as much as possible) the nature of the incident or welfare concern.

2. Hand in the form as soon as possible to the DSL who will record the incident on the 'Safeguarding Confidential Log' on the server, seek advice from the LSP and if agreed will complete and send the 'Adult at Risk Referral Form' within a 24 hour period to the LSP.

3. If the concern is regarding a learner's welfare then the DSL will endeavour to find some help and support for the individual through the appropriate channels.

## 2.9 HTAE Welfare Log

**CONFIDENTIAL**

# Hull Training and Adult Education Welfare Log

| | | | |
|---|---|---|---|
| **Name:** | | | |
| **Address:** | | | |
| **DOB** | | | |
| **Contact Details:** | | | |
| **Details of incident/concern/disclosure** | | | |
| **Outcomes**<br>Record outcomes of the actions taken.<br><br>Complete the form and send to Centre Safeguarding Co-ordinator and Adult Safeguarding Lead by secure email. | | | |
| | | | |
| **Staff member name** | | | |
| **Staff member signature** | | **Date** | |
| **To be completed by the Safeguarding Adults Lead and a copy returned to the staff member completing the initial record** | | | |
| **Response to the incident/concern**<br>Note actions taken, including names of anyone to whom your information was passed<br>For example external agencies referred to: | | | |
| | | | |

| |
|---|
| |
| **Outcomes**<br>Record outcomes of the actions taken. |
| |

| | | | |
|---|---|---|---|
| **Designated Safeguarding Lead signature** | | **Date** | |

## 2.10 List of Contacts

| | |
|---|---|
| Vanessa Drax (DSL) | 615 250 |
| Amanda Skinner (Endeavour) | 615 253 |
| Bev Johns (Engineering) | 615 767 |
| Cecilia Altree (Endeavour) | 616 313 |
| Debbie Johnson (Engineering) | 615 270 |
| Keran James (Business, Creative & Digital) | 613 428 |
| Lisa Jackson (Take Control/YEI) | 615317 |
| Natalie Gibson (Engineering) | 615 270 |
| Sian Ward (Adult Learning) | 616 580 |

## Appendix 1 Reporting concerns flowchart – young person or adult

Designated Safeguarding Lead: **Vanessa Drax**

Deputy Designated Safeguarding Leads:

- Amanda Skinner (Construction)
- Bev Johns (Engineering)
- Cecilia Altree (Endeavour)
- Debbie Johnson (Engineering)
- Keran James (BCD)
- Lisa Jackson (YEI)
- Natalie Gibson (Engineering)
- Sian Ward (Adult Learning)

Concern put in writing on a Safeguarding Concern Form or email

The local authority Designated Officer for concerns about **adults** is: **Dan Horne**

Contact details: 07702 922 464

Hand concern form/email to: Designated Safeguarding Lead & Deputy Designated Safeguarding Lead

Designated Safeguarding Lead reviews concern form and makes a decision about next steps

Decision made to monitor the concern.

Decision to discuss with young person or adult

Decision made to refer the concern to social care

**Discuss**

Tutor asked to monitor learner and feedback to the Designated Safeguarding Lead within an agreed timescale

**Monitor**

Once discussed with key workers Designated Safeguarding Lead decides to discuss with external agencies or refer to social care

**Refer**

Designated Safeguarding Lead discusses decision with external agency for advice and agrees to refer to social care

*In exceptional circumstances, concerns may be referred directly to adult social care*

Designated Safeguarding Lead keeps concern form in secure, confidential safeguarding file.

Contact Details
**Social Care Referrals**:

**Children Social Care**:
Tel: 448 879
**Adult Social care**
Tel: 616 092

**Prevent/Channel Referrals**:
Tel: The Police on 101