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Safeguarding Adults Policy and Procedures

Protecting Adults at Risk of Neglect and Abuse



Safeguarding Adults – Policy and Procedures

1.0 Background

- 1.1 Many customers rely on other people to assist them in their day to day living. By relying on others for help these customers are considered to be “adults at risk”. They may face risk of neglect or abuse from people they know, such as friends, relatives, neighbours, or paid carers. Sometimes adult at risk can be at risk from regimes or practices imposed by institutions or organisations.
- 1.2 The purpose of this Policy and Procedure is to ensure that all employees of Coastline are fully aware of their responsibility in identifying and dealing with suspected or actual neglect or abuse of an adult at risk and safeguarding them from potential neglect or abuse.
- 1.3 Ensuring that adults at risk are effectively protected from neglect or abuse is a key priority. All services who work with adults at risk – be they public, voluntary, community or independent organisations – must safeguard the dignity, quality of life and safety of those they serve. Safeguarding Children is covered separately under the Safeguarding Childrens Policy.
- 1.4 Any employee who suspects that a customer is or has been the person at risk of neglect or abuse is legally responsible to act in accordance with these policies and procedures and must respond swiftly and effectively, regardless of whether the alleged person or organisation who has caused harm are colleagues, other service users or customers, family members or other carers.
- 1.5 Coastline must ensure that the likelihood of abuse or neglect is minimised in the first place through effective recruitment procedures, operational practices, training and awareness raising, risk assessment, adequate staffing levels and skills, supervision and well understood whistle blowing procedures.
- 1.6 Coastline signed up to the Make A Stand Campaign launched in June 2018 as part of Alison Inman's presidential appeal to tackle domestic abuse. It centres around a pledge that the CIH have developed in partnership with the Domestic Abuse Housing Alliance (DAHA) and 2018 presidential charity Women's Aid. We also support the principles of the White Ribbon campaign to end male violence against women.

2.0 Policy Statement

- 2.1 Adult Safeguarding became a statutory function in April 2015, as established by the Care Act 2014. The Care Act 2014 sets out a clear legal framework for how both local authorities and all other relevant agencies should protect adults at risk of abuse or neglect. The Care Act 2014 places a duty on partner agencies to co-operate with the local authority by sharing information and contributing to enquiries. The Act also stresses that enquiries should be proportionate, with the least intrusive response appropriate to the perceived risk, as well as one that is personalised to the wishes and desired outcomes of the person.
- 2.1 This policy adheres to the Cornwall and Isles of Scilly Adult Safeguarding Board Adult Safeguarding Policy Operational Procedure and General Guidance September 2017.
- 2.2 Coastline agrees to work to the policy and guidance to enable professionals to become familiar with the statutory duties set out in statutory guidance. This is built on six key principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. It

incorporates the wellbeing and personalisation agenda and aims to get the balance right between a safe system of working and personal preferences, choices and decisions and will ensure that:

- Adults have a right to live a life that is free from fear, neglect and abuse.

2.3 The Safeguarding Adults Board Adults Safeguarding Policy and Guidance 2017 informs the ways in which all practitioners and managers work with adults and with each other. The policy and operational guidance is designed as a framework for professional judgement and decision-making that is exercised in partnership with the person, their family/carers and other professionals. It aims to promote strong partnerships arrangements by:

- providing a framework for multi-agency working and partnership;
- providing a framework for recognising and taking action to prevent the abuse of adults at risk;
- defining the responsibilities of partner organisations in responding to safeguarding adult concerns/allegations;
- providing common values, principles and practice that underpin the safeguarding of adults at risk;
- identifying the different types of abuse, signs, symptoms and indicators; and
- setting standards for consistent practice to safeguard adults at risk.

2.4 Coastline is committed to ensuring that the Safeguarding Adults policy is effective by:

- Raising public awareness of the neglect or abuse of adults at risk and giving clear messages that this is everyone's responsibility;
- Ensuring that Safeguarding Adults procedures are widely available and easily understood, especially by those people they are designed to help;
- Promoting best practice to minimise abuse;
- Promoting effective partnership working with partner agencies;
- Ensuring that employees have knowledge and understanding of Safeguarding Adults and receive training in implementing Safeguarding Adults procedures, through induction, annual training and team meetings;
- Promoting the early recognition of neglect or abuse;
- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosure of neglect or abuse;
- Supporting employees in reporting and assisting in the enquiry of allegations of adult neglect or abuse;
- Contributing towards safeguarding adults enquiries, conferences and protection plans co-operating with Cornwall council and partner agencies in their enquiries of neglect or abuse; and
- Ensuring that any risk of harm to children that is identified through the safeguarding adults process is referred to the relevant agency.

2.5 As a basic standard, Coastline will embed this policy across all teams and adhere to its basic principles by:

- Adhering to procedures for the protection of adults at risk in line with this policy;

- Reporting incidents of neglect or abuse to the appropriate agency;
- Being mindful of the guidance from the Safeguarding Adults Board (SAB) on the website - <https://ciossafeguarding.org.uk/sab/p/safeguarding-resources/adult-safeguarding-policies-standards-and-guidance-local> ;
 - Multi-agency Policy and guidance
 - Adult Safeguarding Threshold Guidance 2023
 - Multi Agency Protocol For Trigger Info Sharing
 - Self Neglect Policy And Guidance Final full policy or see our Bitesize Guide to the Self-neglect policy
 - Multi Agency High Risk Behaviour Policy March 2018
 - Cornwall Hoarding Protocol
 - Making Safeguarding Personal 7 minute briefing
- Providing information and assistance to enquiries being carried out by the relevant agencies;
- Participating in the joint working arrangements as defined in this policy; and
- Provide Safeguarding Adults awareness and appropriate training.

2.6 All potential staff who will be working with adults at risk will be subject to a Disclosure and Barring Service check.

2.7 **Government Policy**

“The Government’s policy objective is to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion” (*Statement of government policy on adult safeguarding: 2011*)

In 2011, the Government issued a policy statement on adult safeguarding. The Government believes that safeguarding is everybody’s business, with communities playing a part in preventing, identifying and reporting neglect and abuse. Measures need to be in place locally to protect adults with care and support needs.

The State’s role in safeguarding is to provide the vision and direction and ensure that the legal framework, including powers and duties, is clear, and proportionate, whilst maximising local flexibility.

Local multi-agency partnerships should support and encourage communities to find local solutions. These solutions will be different in different places, reflecting, for example local population, environment, and communities.

Adult safeguarding requires working collaboratively to improve outcomes, rather than duplicating or superseding existing responsibilities for providing safe and effective care. The need for an adult safeguarding response to abuse or neglect is reduced when;

- Providers’ adhere to their responsibilities to deliver safe and high quality care and support;

- Quality assurance teams regularly assure themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensures that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The police ensure that adults at risk have access to criminal justice, by exercising their core duties to prevent and detect crime and protect life and property.

Adult Safeguarding concerns will require a variety of responses including a provider or other agency inquiry, a disciplinary process, a clinical governance response from within a service or by external bodies, the involvement of police, regulators, staff training or other activities.

All adult safeguarding work should reflect the 6 key Principles (See 4.1). These principles are enshrined within the Care Act 2014 provisions and Chapter 14 of the Care and Support Statutory Guidance and are equally important whether undertaking operational or strategic adult safeguarding work.

The policy provides an agreed framework for the way in which the safeguarding duties set out in the Care Act are implemented in Cornwall and Isles of Scilly. It describes how organisations should work together to prevent neglect and abuse and how to respond if neglect and abuse is suspected, disclosed or identified.

In these extremely difficult circumstances, staff will be expected to continue to exercise as much vigilance as possible. However, Coastline will give full support to Coastline colleagues over problems of handling cases of adults at risk remaining in high risk situations. Managers need to ensure that:

- It is evident from case records that the safeguarding adults procedures have been properly followed;
- Every effort has been made, on a foundation of multi-agency co-operation, to intervene positively to protect the adult at risk;
- The Safeguarding Lead, Director of Housing, Assets & Communities has been involved; and
- Legal advice has been obtained.

2.8 There will be situations when an adult at risk is identified as being at risk of abuse, being abused or self-neglecting. Any intervention must seek to use the least restrictive interventions. Any intervention should be at the minimum level required to provide the necessary support and should be aimed at assisting the adult at risk to achieve the best outcomes for them, consistent with mitigating the dangers/risks involved.

3.0 Aims

3.1 Organisations have a duty to promote the adults wellbeing in their safeguarding arrangements. People want to feel safe, and those who work to support and care for them should establish what being safe means to them and how that can be best achieved. This respectful and inclusive approach is at the heart of personalisation. (reference Care Act guidance: paragraph 14.8)
The primary aim shall be;

- Supporting an adult's right to live free from the risk and fear of neglect and abuse. To work together to prevent the risk and to stop neglect or abuse when it becomes known.
- At all times give due regard to their views, wishes, feelings and beliefs when making decisions or taking action. This approach recognises that people have complex interpersonal relationships and may feel ambivalent or be unclear or unrealistic about their personal circumstances (reference Care Act guidance: paragraph 14.7).
- Making safeguarding personal means it should be person-led and outcomes-focused. It means engaging with the adult in a conversation about how best to understand and respond to any risks they face in a way that enhances their involvement, choice and control in improving their quality of life, wellbeing and safety (reference Care Act guidance: paragraph 14.15).

3.2 Managers must understand and mitigate the potential for “undue influence” and the misuse of professional power to undermine choice and control. Due consideration must be given to the risk of the “undue influence” of others in the life of the adult especially if there is evidence that the adult is thought to be refusing help and support because they are under duress (reference Care Act guidance: paragraph 14.91).

3.3 Responses to safeguarding concerns must be proportionate and plans focussed on improving outcomes for the adult. This means that any help attained is with the **informed consent of the adult** and is the least intrusive and restrictive. Interventions should be at the minimum level required to achieve the intended and agreed outcomes and to reduce the risk of harm and should be regularly reviewed with the adult.

3.4 The Duty of Candour: The obligations associated with the statutory Duty of Candour are contained in regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Duty of Candour was introduced for NHS bodies in England (trusts, foundation trusts and special health authorities) from 27 November 2014, and applied to all other care providers registered with CQC from 1 April 2015.

The duty is on organisations to act in an open and transparent way in relation to care provided to individuals. The regulations impose a specific and detailed duty on all providers where any harm to an adult arising from their care or treatment has occurred. The Duty requires providers to offer an apology to the adult concerned and state what further action the provider intends to take in this situation. In practice, this means that care providers are open and honest with individuals when things go wrong with their care and treatment.

If a provider fails to comply with the Duty, CQC can take enforcement action, and can move directly to a prosecution under regulation 20 without first serving a warning notice. The regulations also include a more general obligation on CQC registered providers to “act in an open and transparent way in relation to service user care and treatment”, unless there are justifiable reasons for not being so, for example because the adult openly says that they do not want further information about the incident.

4.0 Objectives

4.1 The objectives of this policy are underpinned by the Care Act six key principles of effective adult safeguarding (reference Care Act guidance: paragraph 14.13);

- Empowerment – People being supported and encouraged to make their own decisions and informed consent;
- Prevention – It is better to take action before harm occurs;
- Proportionality – The least intrusive response appropriate to the risk presented;
- Protection – Support and representation for those in greatest need;
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse; and
- Accountability – Accountability and transparency in delivering safeguarding.

4.2 If a colleague is aware of or suspects neglect or abuse, or the potential of neglect or abuse of an adult at risk, they will be required to take appropriate action, as indicated within this document. All signatory agencies recognise that, within the present range of duties and powers there will be circumstances where an adult remains at risk despite the best efforts of practitioners and managers to engage the adult in a plan that safeguards their wellbeing. In some cases the service will have no legal powers to intervene more assertively. These situations must be recorded carefully, setting out the decision and the rationale for the decision. However, the duty to safeguard does not stop here. An appropriate level of ongoing vigilance is required. Colleagues will be given full support when managing the challenges of cases where adults remain in high risk situations, provided it is evident from the case record that;

- The adult safeguarding procedures have been properly followed;
- A Mental Capacity Act assessment has been undertaken that is of an appropriate standard and the adult is judged to have capacity;
- Every effort has been made, on a foundation of multi-agency co-operation, to engage positively to protect the adult; and
- Legal advice has been considered.

4.3 General responsibilities which we will adhere to are;

- Raising public awareness of adult safeguarding so that families and communities play their part in preventing, identifying and responding to the risk of neglect and abuse;
- Ensuring that safeguarding adults procedures are accessible to the adult at risk. Promoting the “Say No To Abuse Leaflet” and ensuring customers are aware of the Safeguarding agenda <https://ciossafeguarding.org.uk/sab/p/information-for-the-public/what-is-abusedefinitions-of-abuse>
- Rigorous recruitment practices in relation to both employing staff and in the selection of volunteers;
- Supervision and monitoring of staff working with adults at risk including safeguarding as a regular team meeting agenda item;
- Provide information advice and support to help people understand the different risks and what to do when they have a concern about the safety or well-being of a person. Internal guidelines for all colleagues relating to the implementation of this multi-agency policy that set out the responsibilities within which all colleagues must operate;

- Safeguarding adults awareness and procedure training for all colleagues and volunteers. This will include all roles within the procedures. Enabling Identification of risk factors and potential harm early;
- Practice in a way that supports the adult to make informed choices and taking control about how they want to live;
- Focus on improving the adult's life in the way they want;
- Research, analyse and take action to address the causes of neglect and abuse;
- Keep clear and accurate records;
- Undertake assessments of risk where a customer is identified as at risk of neglect or abuse;
- Work collaboratively with others to share information and provide timely responses to neglect and abuse;
- Participate in the joint working arrangements as defined in this policy;
- Implement preventative and/or supportive action to the adult at risk;
- Prevent harm and reduce the risk of neglect and abuse;
- Take appropriate action to stop neglect or abuse when it is identified;
- Contribute to enquiries acknowledging the requirements of confidentiality and data protection;
- Develop learning based on a framework of quality assurance and performance management;
- Attend the Safeguarding Adults serious case review meetings as appropriate; and
- Provide timely reports on any safeguarding cases.

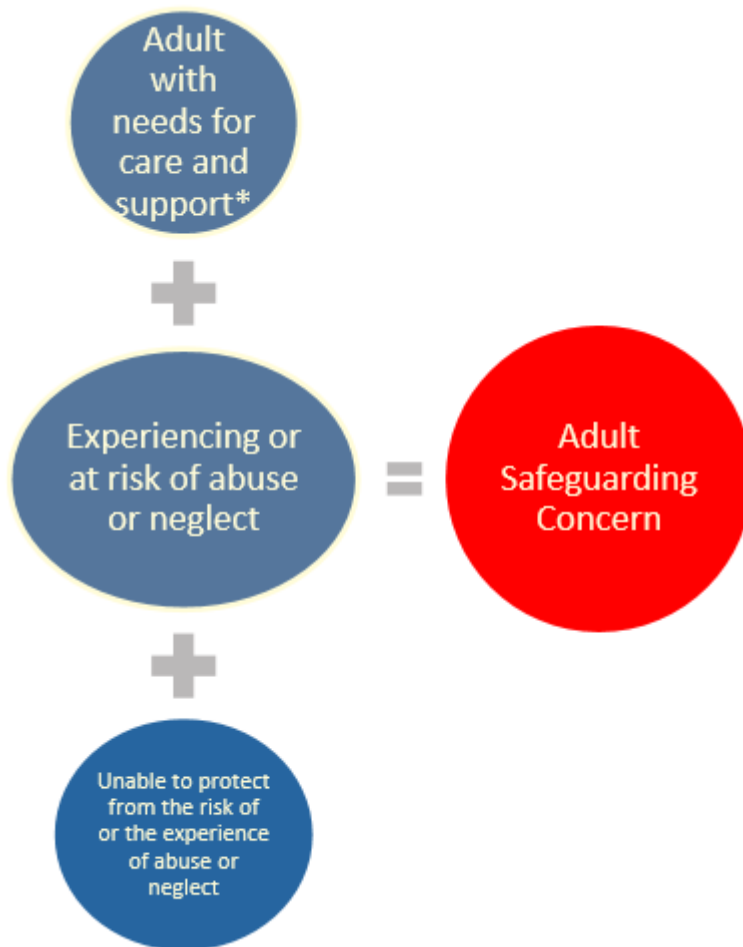
5.0 Safeguarding Definition and Duties

5.1 The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 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.

Care and support needs are defined within the Care Act as

“.....the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations”



- 5.2 This policy relates to adults of 18 years of age or over and young people in transition from children’s to adults services. Children under the age of 18 years are protected by the Children Act 1989. A person is a "child" until they reach 18 years of age or until they get married.
- 5.3 The view of what constitutes neglect or abuse should not be limited, as they can take many forms and the circumstances of the individual case should always be considered.
- 5.4 The term “harm” should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health. It should also be taken to include the impairment of physical, intellectual, emotional, social or behavioural development.
- 5.5 “Abuse” is a violation of an individual’s human and civil rights by any other person or persons. It can consist of a single act or repeated acts and may be physical, verbal, or psychological.
- 5.6 Abuse may be an act of neglect or an 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.

5.7 Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the vulnerable person subjected to it.

5.8 What degree of abuse justifies intervention, building on the concept of 'significant harm' introduced in the Children Act 1989, the Law Commission suggested that:

"'Harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'."

5.9 An adult at risk of abuse or neglect may therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment;
- has a learning disability;
- has a physical disability and/or a sensory impairment /or communication difficulty i.e. autism
- has mental health needs including dementia or a personality disorder;
- has a long-term illness/condition;
- misuses substances or alcohol;
- lacks capacity to make specific decisions to make particular decisions and is in need of care and support.

6.0 Categories of Abuse

6.1 The following definitions are covered by this policy:

6.1.1 **Physical abuse**; this includes assault, hitting, slapping, pushing, misuse of medication or inappropriate physical sanctions or restraint.

6.1.2 **Domestic abuse**; this includes psychological, physical, sexual, financial, emotional abuse, controlling and coercive behaviours; and "honour-based" violence. Female Genital Mutilation is a form of abuse and is illegal in the UK.

6.1.3 **Sexual violence**; this includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented or was coerced.

6.1.4 **Psychological abuse**; this includes 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.

6.1.5 **Financial or material abuse**; this includes coercion to take extortionate loans and interest to recover debt, theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

6.1.6 **Neglect and acts of omission**; this includes 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. Failure to follow agreed processes.

- 6.1.7 **Self-neglect**; this includes a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding that causes a risk of harm (reference Care Act guidance; paragraph 14.17);
- 6.1.8 **Modern slavery**; this includes salvery, 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, domestic servitude, forced labour, criminal exploitation and inhumane treatment.
- 6.1.9 **Discriminatory abuse**; including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, religion, sexual orientation, disability and age.
- 6.1.10 **Organisational abuse**; this is neglect and poor care practice within an institution or specific care setting such as a hospital or care home 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.
- 6.2 It should be understood that more than one type of abuse can occur at any one time, though only one may present itself initially and any of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.
- 6.3 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, for example or to more than one person at a time. This makes it important to look beyond the single incident or breach of standards to underlying dynamics and patterns of harm.
- 6.4 Everyone is entitled to the protection of the law and access to justice. Conduct that amounts to neglect and abuse such as physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and some forms of discrimination can constitute specific criminal offences under various legislation (reference Care Act guidance; paragraph 14.70). When it is suspected that a criminal offence may have been committed, it is important that the matter is reported to the Police immediately.
- 6.5
- 6.6 Whilst criminal investigation by the Police takes priority over other enquiries, a multi-agency approach must be agreed to ensure that the interests and personal wishes of the adult are considered throughout, and an appropriate plan put into place even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children of a family is paramount and dynamic risk assessment must be undertaken to check everything that can be done is done to secure agreed outcomes (reference Care Act guidance; paragraph 14.75).
- 7.0 **Indicators of Neglect or Abuse**
- 7.1 Abuse can take place in any context. The seriousness or extent of abuse is often not clear but when assessing seriousness, the following factors need to be considered:

- The vulnerability of the individual;.
- The capacity 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 adult at risk.

7.2 Detecting neglect or abuse at an early stage is important in protecting vulnerable people from their abusers, so understanding and knowing what signs to look for are important. These can include a vulnerable person:

- Seeking shelter or protection;
- Displaying unexplained reactions towards particular individuals;
- Displaying unexplained reactions towards particular settings;
- Having unexplained marks, bruises or injury;
- Making frequent or regular visits to the GP or hospital;
- Frequently or irrationally refusing to accept investigations or treatments for routine difficulties;
- Displaying unexplained changes in material circumstances;
- Inconsistency of explanation;
- Destructing physical environment;
- Turning night into day/sleep disturbance;
- Chronic incontinence;
- Extreme physical and/or emotional dependence;
- Verbal abuse and aggression towards the carer;
- Sudden unexplained changes in behaviour/personality;
- Non compliance with carers wishes;
- Obsessive behaviour;
- Wandering; and
- Self harm.

8.0 Common Causes of Neglect or Abuse

8.1 Anyone can be an abuser. Certain people are more vulnerable at particular times in their lives or when they have certain issues or factors that may contribute as causes of abuse. Raising concerns (Alerts) about adult abuse is relevant to all incidents of abuse, regardless of who has committed them. Anyone might be responsible for abuse, including:

- a member of staff, a proprietor or service manager;

- a member of a recognised professional group;
- a service user, or other adult at risk;
- a volunteer;
- a member of a community group such as place of worship or social club;
- a spouse, relative, member of the person's social network or an unpaid carer;
- a person in position of trust;
- a child, including the person's own son or daughter;
- a neighbour, member of the public or stranger; or
- a person who deliberately targets adults at risk in order to exploit them.

8.2 Abuse by family members may be because of any of the following:

- When the abuser is dependent on alcohol or drugs;
- When the abuser suffers from mental illness;
- When the abuser is dependent on the adult at risk emotionally or financially e.g. for housing;
- Where abusive behaviour, learned in childhood, becomes a pattern;
- When the stresses of caring for a physically and/or mentally frail adult with inadequate support can lead to abusive behaviour towards the adult; and
- Where the abuser gains from their abusive behaviour.

8.3 Abuse by paid care staff include a combination of the following factors:

- Stress;
- Poor supervision and management;
- Poor employment terms and conditions;
- Poor or non-existent training;
- Poor or non-existent policies, procedures, and guidance; and
- Working in isolation.

9.0 Carers and safeguarding

9.1 Circumstances where a carer such as a family member or friend with a carer role could be involved in a situation that may require a safeguarding response include;

- A carer may witness or speak up about abuse or neglect;
- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or
- A carer may unintentionally or intentionally neglect or abuse the adult they support on their own or with others (reference Care Act guidance; paragraph 14.35).

- 9.2 Assessments of both the carer and the adult they care for must include consideration of their respective wellbeing. Section 1 of the Care Act includes protection from neglect and abuse as part of the definition of wellbeing. A need's or carer's assessment provides an opportunity to explore the individuals' circumstances and to consider whether it would be possible to provide information, or support that prevents neglect or abuse from occurring. For example by training provision for the carer about a particular condition of the adult they care for (reference Care Act guidance; paragraph 14.36).
- 9.3 There is a range of contributing factors that may be associated with abuse by carers. Abuse will mostly occur where the care giver:
- Has suffered an enforced, unplanned change in life style that has affected ambitions, careers etc.;
 - Feels exploited by other family members and/or professional workers;
 - Has been unable to express or has had difficulty in making other family members and/or professional workers understand their stress and provide the service which they and the adult at risk need;
 - Suffers physical or mental illness or personality disorder;
 - Suffers severe stress or are exhausted through lack of sleep and/or heavy physical demands;
 - Has to live with a person who shows major behavioural disturbances;
 - Lacks support and social contacts;
 - Is isolated and lacks other adult relationships which satisfy social and emotional needs;
 - Has financial difficulties;
 - Is dependent on the adult at risk, for money, for housing, or for emotional needs;
 - Has drug or alcohol related problems;
 - Has a long-standing history of relationship difficulties;
 - Lacks understanding of the ageing process/progressive illness/needs of the adult at risk;
 - Makes frequent contact with statutory or voluntary agencies without any resolution;
 - Has other dependents that make conflicting demands;
 - Has no personal space;
 - Is subject to abuse by the adult at risk;
 - Is in a role reversed relationship i.e. is caring for an individual who used to care for them;
 - Lives in poor and/or overcrowded housing;
 - Lacks knowledge regarding how to offer adequate care;
 - Experiences a change of cultural expectations;
 - Has a poor relationship with the person at risk;
 - Has a sense of unfairness, resentment or of being victimised;

- Feels hostile or aggressive towards helping agencies; or
- Has a sense of not being cared for or respected themselves.

10.0 Risks Arising from Self-Neglect

10.1 Managing the balance between protecting adults at risk from self-neglect against their right to self-determination is a serious challenge for services. Where an adult at risk is unable to agree to have their needs met because they lack capacity to make the relevant decisions then the 'best interest' process should be used, as provided in the Mental Capacity Act. In the majority of cases the community care assessment/care programme approach, review and risk assessment procedures will be the best route to provide an appropriate intervention in situations of self-neglect.

The Safeguarding Adults policy will apply where an adult at risk has been identified as having been subject to significant neglect and where one or more of the following situations apply:

- They are unable to agree to having their needs met because they lack capacity to make this decision; and/or
- They have capacity but have refused essential services without which their health and safety needs can not be met.

10.2 Where employees have worked with external agencies to reduce or remove the risk to an adult at risk, the reasons for this should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist the adult at risk.

10.3 The adult at risk, carer or advocate should be fully informed of the services offered by the Company and by partner agencies with the reasons why the services were not implemented.

10.4 In cases of high risk, where partner agencies have been unable to take positive remedial action, arrangements should be made to monitor and proactively contact the adult at risk to ensure that circumstances do not deteriorate to an unacceptable degree.

10.5 Cornwall and Isles of Scilly Safeguarding Adults Board produced a multi-agency [High Risk Behaviour Policy](#) in relation to self-neglect in consultation with Safer Cornwall. The policy was developed as a multi-agency framework of support and escalation related to complex and high risk behaviours in response to learning from Safeguarding Adult Reviews and other local reviews. The High Risk Behavior Policy complements the multi-agency [Self-Neglect Policy](#) and best practice guidance and [Hoarding Protocol](#). <https://ciossafeguarding.org.uk/sab/p/information-for-professionals/high-risk-behaviour-multi-agency-policy-and-panel-referral-form>

10.6 The High-Risk Behaviour Panel (HRBP) is an operational group that operates as part of a framework to facilitate effective working with adults who are exhibiting high risk behaviour and/or self-neglect. The panel does not sit under SAB governance but is multi-agency in that it is not owned by any specific organisation. It offers practitioners a reflective space for consultation, reconciliation, problem solving and agreement in cases where the levels of risk raise concerns and may make recommendations that require alternative resources/ further financial commitments and may seek to reverse previous decisions.

Professionals who want to make a referral to the panel should review the policy and ensure they have taken the appropriate steps detailed in section F: The Referral Process. Referrals are made

by completing and emailing the High Risk Behaviour Referral Form to Highriskbehaviourpanel.referrals@cornwall.gov.uk

11.0 Domestic Abuse

11.1 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 (reference Care Act; paragraph 14.20).

11.2 Domestic abuse is not only about the behaviour of intimate partners, but includes that of other family members. A significant level of the known risk that meets the criteria occurs at home as the result of family members.

12.0 Young People in Transition

12.1 Young People in transition refers to young people with complex needs in transition between children’s and adults social services including care leavers. Young people who are subject to child protection at the age of 17.5 years must be referred to adult services if it is deemed they will continue to be at risk post 18 years.

12.2 Adult services have a duty to assess a young person if;

- The young person meets the Care Act 2014 definition of an adult at risk as set out in Section 4 on their 18th birthday; and
- The young person will be, or potentially will be, subject to neglect or abuse on or after their 18th birthday.

13.0 Safeguarding as a preventative measure

13.1 Safeguarding Adults is not all about recognising the signs and symptoms and what to do when you suspect or witness neglect or abuse, a large part is the proactive work undertaken by organisations to prevent and safeguard adult at risks from neglect or abuse.

13.2 There are many processes, ways of working and procedures which support safeguarding adults within Coastline. This includes, but is not exhaustive to;

- Thorough, robust and safe recruitment and selection procedures to ensure people employed by the company are of good and honest character which includes obtaining references, undertaking a Disclosure and Barring Service check and a skills and knowledge competency based interview;
- Employees undertake training to inform their practice which is relevant to their role and support the development of the skills, knowledge and capabilities;

- Regular support of employees within the organisation which ensure they are able to regularly ask for guidance and advice, receive feedback on processes and discuss the individual cases of customers of which they are involved in;
- To complete rigorous risk assessments, where required, to identify areas of the vulnerable person's life which could present a risk and by such suggesting steps which should be taken to mitigate the risks to prevent resultant harm;
- To share concerns regarding the person's wellbeing which other stakeholders within confidentiality guidelines. This may be the persons GP, CPN, district nurse, Social Worker, Case Coordinator, advocate, AMHP etc. This ensures involved professionals share information to form an accurate picture of the person and recognise and respond to changes promptly; and
- Customers have trusting relationships with employees of the company and feel able to discuss their situation openly to ensure the company is able to see a full and accurate picture of the persons needs.

14.0 Confidentiality and Information Sharing

- 14.1 Adult at risk enquiries, investigations and conferences can only be successful if employees share and exchange all relevant information. That information must be treated as confidential at all times and employees will be bound by the ethical and statutory codes that cover confidentiality and data protection.
- 14.2 Problems around the disclosure of information can be avoided if the consent of the individual is obtained, preferably in writing, so long as they have mental capacity. However in certain circumstances disclosure may be necessary in the public interest, where a failure to disclose information may present a significant risk of serious harm or prevent criminal activity. The appropriate Caldicott Guardian should be consulted in these circumstances (see Adult safeguarding; sharing information SCIE 2015).
- 14.3 Employees providing information must take care to distinguish between fact, observation, allegation and opinion. Should any information exchange be challenged in respect of a breach of confidentiality or, for example, a breach of the Human Rights Act, it is important that the information can be supported by evidence. The "need to know" test should be applied and recorded. This is to enable professionals to assess the risk of harm and to be confident that the Adult is not being unduly influenced, coerced or intimidated and is aware of all the options.
- 14.4 Concerns may arise as information comes to light regarding an adult at risk within Coastlines housing stock. Whilst employees should seek to discuss any concerns with the adult at risk and their carers and seek agreement to share the knowledge with other relevant agencies, this should not be done where such discussions and agreements will jeopardise the safety of the adult at risk, other individuals or the enquiry.
- 14.5 Shared information must be adequate, relevant and not excessive in relation to the purpose for which it is held and must be held no longer than is necessary for that purpose.
- 14.6 The Group is responsible for maintaining its own records on work with safeguarding adult cases, and the details relating to their destruction.

- 14.7 This policy also sets out the proper level and line of communication to be adhered to when any partner agency seeks to obtain confidential information relating to adult at risk and their records. It must be necessary for the purpose for which it is being shared;
- shared only with those who have a need for it;
 - to protect the vital interests of the person/or public;
 - prevent or detect crime;
 - be accurate and up to date;
 - be shared in a timely fashion;
 - be shared accurately; and
 - be shared securely.
- 14.8 A Safeguarding Adults Board (SAB) may request a person to supply information to it or to another person. The person who receives the request must provide the information to the SAB provided;
- the request is made in order to enable or assist the SAB to do its job;
 - the request is made of a person who is likely to have relevant information and then either;
 - the information requested relates to the person to whom the request is made and their functions or activities or;
 - the information requested has already been supplied to another person subject to a SAB request for information (reference Care Act guidance; paragraph 14.156).
- 14.9 The policy will adhere to the Care Act 2014. Other relevant legislation that must be considered alongside adult safeguarding includes:
- The Data Protection Act;
 - Human Rights Act 1998;
 - Safeguarding Vulnerable Groups Act 2006;
 - Mental Capacity Act 2005;
 - Deprivation of Liberty Safeguards (DoLS) 2007;
 - The Mental Health Act 1983;
 - The Equality Act 2010;
 - Protection of Freedoms Act 2012;
 - Exchange of Information protocols with the Police; and
 - Freedom of Information Act
 - Counter Terrorism & Security Act 2015.
- 15.0 Recording Information**
- 15.1 It is essential that clear and accurate records are kept of all contacts and actions relating to cases of alleged neglect or abuse. These records may need to be used as evidence in cases that escalate where individuals or other agencies may be held to account and should therefore be complete.

- 15.2 It is important that no records breach the person's individual legal rights and all records should be accurate and factual. They should be kept up to date.
- 15.3 The recording of facts relating to cases of neglect or abuse must be sufficient, accurate, concise, up-to-date, legible and factual. Opinions should be kept to a minimum and backed up by factual evidence. These records must be kept in an individual file and stored securely in a manner that safeguards the individual's right to privacy and security. These records are available to individuals upon request and may be used as evidence in civil or criminal prosecutions or in disciplinary proceedings.
- 15.4 The Group will use the data monitoring and collection procedures agreed by the SAB, and will ensure that information from individual cases is aggregated and reported on.
- 15.5 Employees will complete a Interagency Adult Safeguarding Referral on the Portal [Safeguarding adults - Cornwall Council](#) (Appendix A has the old referral form and is a guide to the information you will need to submit). At the end of the submission via the portal you have to press submit, then it gives you the option to print. When you press the print button it opens a PDF and you can save the PDF. Please save the form. This form should be passed to the Safeguarding Lead (Deputy CEO responsible for Housing, Assets & Communities) and the PA to the DCEO plus either the Head of Housing Services, General Manager of CSL, Supported Accommodation & Extra Care Manager, Extra Care Registered Manager or Homeless Manager and filed securely by the Safeguarding Lead who will record it in a secure file (a safeguarding file on the H drive).
- 16.0 Unlawful Acts**
- 16.1 Some instances of neglect or abuse will constitute criminal offences or unlawful acts under civil law or constitute a Hate Crime under criminal law for anyone meeting one of the 9 protected characteristics. In this respect, adults at risk are entitled to the protection of the law in the same way as any other member of the public. Examples of actions which may constitute criminal offences are assaults (physical, psychological or sexual), sexual relations without consent, harassment, threats, theft and fraud.
- 16.2 It is essential that the Police are involved as soon as any allegation or suspicion of abuse is made, where there is an indication that a criminal offence has or is likely to take place. The Police will take the lead in these circumstances, advising on the necessary further action, level of urgency and the process for undertaking any subsequent criminal investigation. Safeguarding Adults Triage Team, Education, Health and Social Care should also be notified.
- 16.3 Criminal investigation by the Police will be given high priority. Through the Safeguarding Adults process liaison with the Police may allow for other actions to take place whilst the criminal investigation continues.
- 16.4 In criminal law the Crown or other prosecuting authority has to prove guilt and the defendant is presumed innocent until proved guilty. Criminal offences are dealt with by the State - the Police investigate and then in liaison with the Crown Prosecution Service decisions are made whether or not to prosecute. The Crown Prosecution Service has to apply two tests - whether there is a realistic prospect of conviction, and if so, whether it is in the public interest to proceed. If it does proceed then the case may be heard in the Magistrates Court or, if it is more serious, in the Crown Court. The Court decides on sentence.

17.0 Roles and responsibilities

- 17.1 Suspecting a case of neglect or abuse should trigger an assessment of the situation to ascertain the circumstances and the level of risk. Action taken should be proportionate and appropriate to the situation, with the adult at risk's best interests at the heart. Coastline recognises that situations rarely have straightforward answers and this reminds us that we are dealing with human beings, with all their complexities, histories and frailties. Discussion with the Manager, Head of Service or Safeguarding Lead should take place to agree appropriate action.
- 17.2 In an emergency, a quick assessment of the situation is required in order to conclude that emergency services should be summoned;
- Call appropriate emergency service(s);
 - Don't put yourself in danger;
 - Don't contaminate the evidence; and
 - Once emergency over, follow the process under appropriate non-emergency situation.
- 17.3 When assessing the situation, it is important to find out what is happening by talking to people. How wide-ranging and detailed the assessment will depend on the nature of the situation. It may take a short interview to understand what is happening or it may require several conversations with a range of people over days or even weeks in some cases, to gather information.
- 17.4 The level of risk may be obvious, or you may need assistance from other external agencies. As part of the process, it is important to talk to the person at risk about the allegation but it is important to remember that the matter should not be discussed with the alleged person or organisation who has caused harm of neglect or abuse.
- 17.5 Once the assessment has been carried out it may be appropriate to make a formal referral to the Safeguarding Adults Triage Team. It must be remembered however, that the Group takes a 'person at risk centred approach' when dealing with allegations of abuse and therefore the alleged person at risk's wishes must be taken into account, when taking formal action.

18.0 Exceptions to honouring the person at risks wishes

- 18.1 If the adult at risk does not want a referral to be made then their wishes should be honoured unless:
- They or others are in physical danger;
 - It is the considered assessment of the employee and line manager that the victim is unable or incapable of making an informed decision for themselves; or
 - The person at risk is not the only person affected and risk to others needs to be considered.

19.0 Consultation with line manager

- 19.1 When there is an allegation or suspicion of abuse, it is important that the matter is discussed with the line manager at the earliest opportunity. If the line manager is not available and the employee considers the matter sufficiently urgent, they should discuss their concerns with a suitable

alternative manager. The full facts and circumstances of the situation together with all available options and courses of action should be identified and discussed.

- 19.2 Great care must be taken to ensure that the adult at risk's capacity to understand and make decisions is assessed.
- 19.3 The following points should also be considered, along with any other matters deemed relevant:
- The level of risk to the victim concerned;
 - Whether the person at risk has the capacity to make informed decisions themselves;
 - Whether any other people are at risk;
 - Whether the person or organisation who has caused harm is vulnerable themselves; and
 - Whether a serious crime has been committed.
- 19.4 The line manager should be updated regularly at One to Ones.
- 19.5 Coastline's Safeguarding Lead is the Director of Housing, Assets and Communities and all cases of suspected neglect or abuse must be notified to the Safeguarding Lead. Notification initially by email and followed up by sending a copy of the referral record form.

20.0 Making a Referral

- 20.1 Where there are concerns which have been identified by the company they should be reported to the Safeguarding Adults Triage Team using the portal on the web pages – <https://ciossafeguarding.org.uk/sab>

Access Team

0300 1234 131 Option 3 (out of hours number 01208 251300)

01872 326433 (Adult Safeguarding Triage Team)

Email:

adultsafeguardingconcerns@cornwall.gov.uk

safeguardingadultsboard@cornwall.gov.uk

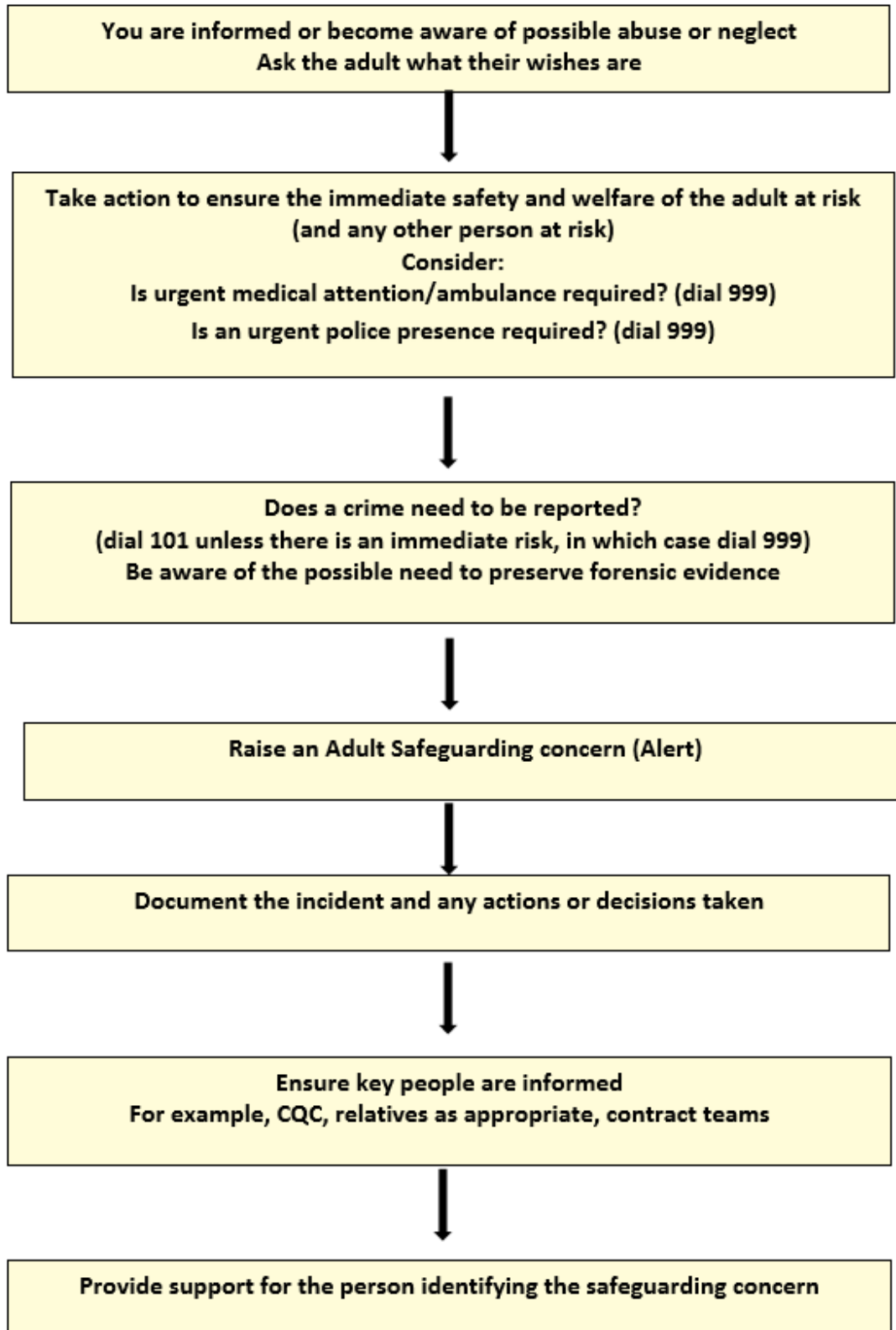
acessteam.referral@cornwall.gov.uk

Making a High Risk Behaviour Referral - <https://www.cornwall.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/information-for-professionals/>

this referral form is for professionals to use when referring a person or persons displaying high risk behaviour to be considered by the High Risk Behaviour Panel. It should be returned

to safeguardingadultsboard@cornwall.gov.uk

Raising an Adult Safeguarding Concern (Alert) Flowchart



- 20.2 Anybody could see neglect or abuse taking place, be told about neglect or abuse, or suspect neglect or abuse is occurring. The alerter's duty is to report this. Alerters can be anybody – the adult at risk themselves, health workers, domiciliary care staff, social care workers, emergency services staff, voluntary staff, college staff, housing workers, day centre staff, residential and nursing home staff (at any level of seniority), carers, families or any member of the public. The alerter should make a written record of what they have been told/witnessed and any actions taken. The alerter should ensure they pass this information on appropriately.
- 20.3 The adult at risk should be informed of the intention to report this information, where it is safe and appropriate to do so. If there is a suspicion or clear evidence of abuse an alert must be made without delay, subject to the consent of the adult at risk if applicable.
- 20.4 Cornwall Adult Safeguarding Team will provide the single point of access to Triage for all Cornwall safeguarding adults alerts. Refer to Cornwall and Isles of Scilly SAB Adult Safeguarding/Adult Protection Decision Making Standards.
- 20.5 Where a vulnerable tenant lives in small accommodation, particularly a bedsit, and takes in a lodger or other non-dependant, a referral to the Education, Health and Social Care Team must be made without delay, as a precautionary matter. This should be done in writing as a matter of urgency.
- 20.6 The referral to Education, Health and Social Care should seek to include:
- Personal details of the resident;
 - Name;
 - Address;
 - Age;
 - Ethnic origin;
 - Gender;
 - Religion;
 - Type of accommodation;
 - Family circumstances;
 - Support networks;
 - Known details of physical and mental health; and
 - Any communication difficulties.
 - The referrer's job title and involvement;
 - Details of care givers, if known;
 - Details of alleged abuser and current whereabouts and likely movements within the next 24 hours, if known;
 - Details of any specific incidents e.g. dates, times, injuries, witnesses, evidence;
 - Background of any previous concerns; and
 - Any other details that will assist.

- 20.7 In situations where there is evidence of a criminal offence, a referral to the Police should be made. Guidance may be sought from the person taking the referral in Education, Health and Social Care Adult Safeguarding Team.
- 20.8 Once a referral has been made to Education, Health and Social Care Adult Safeguarding Team, they will work within their own Multi-Agency policies relating to Safeguarding Adults. Colleagues must co-operate and work with these agencies, in accordance with their policies. The inter-agency policies may require continued involvement of Coastline employees through:
- Assistance with any communication difficulties, such as sensory impairment, language or speech problems;
 - Verbal or written clarification and clarification of initial referral details;
 - The request for further monitoring of the situation;
 - Attendance at a case conferences;
 - Discussions with Police; and
 - Requests to act as the key worker in the case.
- 20.9 Employees should agree with their Line Manager, a framework for working with the adult at risk, and staff should continue to support and ensure the safety of the adult at risk as well as work with other agencies towards the elimination of neglect or abuse.
- 21.0 Not Making a Referral**
- 21.1 Where it is felt that an adult at risk may benefit from having an independent person to represent their interests, it may be appropriate to contact an independent advocacy service such as Age Concern or Shelter, for example. This should be discussed with the adult at risk and Education, Health and Social Care Education, Health and Social Care, where a referral has been made.
- 21.2 It should be accepted that in some circumstances that apart from continued support, recording and monitoring, there may be very little that can be done to assist the adult at risk, because of current legal limitations or the adult at risk's wishes.
- 21.3 If no referral is made in line with the adult at risk's wishes, then other courses of action should be considered, including utilising the help-line advice services provided by other agencies and the situation regularly monitored and reviewed by the front line worker and their line manager. A management transfer may also be considered for Coastline Housing tenants via the tenancy management team.
- 21.4 In situations of suspicion of serious abuse or a series of possibly related incidents, for example a number of thefts from residents, employees should inform their Line Manager of the situation and the matter recorded and formally brought to the attention of the Executive Team.
- 21.5 In the event of a serious situation which is likely to result in an approach from the press or other media, this must be referred directly to the Chief Executive, Deputy CEO or Director of Finance, People & Culture.
- 22.0 Personal Capacity as per the Mental Capacity Act**

- 22.1 Adults should be free to determine their own lives, take risks and make their own decisions except in certain prescribed circumstances. Legally there is a presumption of capacity unless demonstrated otherwise.
- 22.2 The fact that someone has dementia, for example does not automatically mean that they lack capacity. In some cases, capacity can fluctuate.
- 22.3 An individual can be deemed to have capacity to take responsibility for some decisions and not for others.
- 22.4 Sometimes, capacity to make key decisions is determined by GPs and mental health teams. In order to make a referral for such assessment the adult at risk's consent needs to be obtained. If consent is withheld, an initial judgement will have to be made as to whether refusal to consent should be respected or whether the individual lacks the capacity to make that decision.
- 22.5 Consideration of the following points may assist in reaching a conclusion as to the adult at risk's capacity:
- Is the person aware of the choice or decision they are making?
 - Are they able to make their own decisions and choices and do they wish to do so?
 - Do they have the capacity to understand the implications of their situation and to what they are consenting?
 - Do they have the capacity to refuse, or to assert and communicate their will?
 - In order to make a sound assessment of the adult at risk's capacity for self-determination their emotional, physical, intellectual and mental capacity should be considered.
 - Where an adult at risk appears to be able to make informed decisions and choices, and is not being intimidated, the available options should be explored with them. The wishes of the adult at risk should be respected, unless these conflict with a statutory duty to intervene, or unless others are considered to be at risk.
- 22.6 Consent is a critical issue in defining when sexual or financial transactions might be deemed abusive, and in determining whether to intervene. Both ability to understand and freedom from pressure or intimidation are essential components in assessing this question.
- 22.7 For example, the question should be asked, 'did the person subject to apparent abuse give their consent and did they give it freely and willingly'? Action with which the adult at risk does not agree, or where they do not understand what they are agreeing to, may be abusive.
- 22.8 Everyone has a right to make choices and maintain their independence, even when this involves a degree of risk. Where an individual chooses to accept this risk, their wishes should be respected within their capacity to anticipate and understand the level of risk and possible consequences.
- 22.9 There is a need to balance the right of self-determination and risk taking, against the capacity to exercise these rights freely and with understanding and awareness. The greater the risks the more important it is to be sure that capacity and freedom from pressure exist in exercising these rights.

- 22.10 For example, the question should be asked, ‘does the adult at risk appreciate and understand the nature, extent and consequences of any risk they may be subject to and do they willingly accept such risk’?
- 22.11 The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are lifechanging events or everyday matters, however section 5 of the MCA provides for the majority of day to day decision making for individuals who lack capacity by staff providing these are in the best interests of the person. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.
- 22.12 Deprivation of Liberty Safeguards (DoLS) 2007.
The Mental Capacity Act allows for care and treatment arrangements to include restrictions on a person’s liberty, where it is necessary to prevent harm to a person who lacks capacity, providing that:
- it is in their best interests, and
 - it is a proportionate response to the likelihood and seriousness of that harm.

However, the Mental Capacity Act does not allow for a person to be deprived of their liberty to receive care and treatment. Authorisation for a deprivation of liberty is by use of the Deprivation of Liberty Safeguards (DoLS) in hospitals and care homes, and the Court of Protection in ‘domestic settings’.

- 22.13 The Mental Capacity Act 2005 and subsequent Mental Capacity (Amendment) Act 2019 (CHAPTER 18);
An amendment in relation to procedures in accordance with which a person may be deprived of liberty where the person lacks capacity to consent; and for connected purposes.

The Amendment introduced a new system, known as ‘Liberty Protection Safeguards’.

The reforms:

- introduce a simpler process that involves families more and gives swifter access to assessments
- be less burdensome on people, carers, families and local authorities
- allow the NHS, rather than local authorities, to make decisions about their patients, allowing a more efficient and clearly accountable process
- consider restrictions of people’s liberties as part of their overall care package
- get rid of repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment.

23.0 Involvement of Other Agencies

- 23.1 **Adult Social Care departments** have been appointed by the Government as the lead agency for protecting adults at risk and have a duty in collaborating with all other involved agencies to assess the needs and provide care to adults at risk. It is usually social workers who fulfil this function for individual victims of neglect or abuse.

- 23.2 It is to Health and Social Care, Adult Social Care, Safeguarding Adults that an alert must be made if a resident appears to have been neglected or abused. **Mental Health services** for those who have mental health issues or use drug or alcohol services and already have a social worker should be notified also.
- 23.3 Social workers and mental health workers will:
- Act as key worker co-ordinating the involvement of appropriate agencies;
 - Organise multi-agency case conferences, where appropriate;
 - Arrange care packages which might include home care, day care, and provision of meals etc.;
 - Assess the needs of the victim's carer and provide services including carer relief to support the situation;
 - Monitor the situation and provide emotional support to the adult at risk and family;
 - Instigate Court of Protection or other methods of handling the adult at risk's finances; and
 - Work with other agencies to resolve accommodation issues.
- 23.4 **The Police** may be involved in cases which involve criminality, such as:
- Sexual abuse;
 - Physical abuse;
 - Psychological abuse;
 - Criminal damage to the property; or
 - Financial exploitation such as theft or fraud.
- 23.5 In such cases, early referral and consultation with the Police is essential, either directly or through Education, Health and Social Care Adult Safeguarding Team.
- 23.6 The Police must always be informed immediately if sexual abuse is suspected or if the incident involves an employee of Coastline. Early referral or consultation with the Police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if they need to be involved. Early involvement of the Police will help to ensure that forensic evidence is not lost or contaminated.
- 23.7 The Police must receive a written report where there is criminal damage to the adult at risk's property to ensure that appropriate action is taken against the person or organisation who has caused harm and target hardening occurs, wherever possible. Copies of written reports must also be sent to the Care Manager and the Adult Protection Unit.
- 23.8 The Police will:
- Pursue criminal proceedings when appropriate;
 - Provide information and crime prevention assistance to adult at risks to help them protect themselves;
 - Share information with partner agencies, as appropriate; and
 - Ensure appropriate victim support and care is provided.

23.9 **Health services** are broadly divided between:

- Purchasers, who influence policy and determine how money is spent; and
- Providers, who actually deliver health services to the public in hospitals and a variety of community settings.

23.10 There are a range of healthcare providers who may be involved in assessing and meeting the needs of a neglected or abused adult at risk and determining capacity. These could include:

- **Ambulance Service** – accessed through 999 in an emergency;
- **General Practitioners (GPs)** - key in spotting signs and symptoms of abuse in their patients. The GP is also often the gateway to other health services including District Nurses or specialist health professionals.
- **District Nurses** and **Health visitors** - part of the Primary Care Team and are accessed either via GPs or through direct referral. Health personnel are sometimes more acceptable to vulnerable people and their families than Social Workers and may have a role in monitoring a situation;
- **Community Psychiatric Nurses (CPNs)** –usually part of an NHS Trust. They may be involved where a mental illness (including dementia) of the person at risk or the abuser is a contributory factor. Access routes to CPNs vary but Education, Health and Social Care Management staff will know how to involve them if appropriate.
- Specialists such as **geriatricians, psycho-geriatricians, nutritionists, occupational therapists, physiotherapists** - may be called in depending on the needs of the situation. Psycho-geriatricians have a particular contribution to make in establishing the capacity of a adult at risk.

24.0 Legal Framework

24.1 The Care Act 2014 places a duty on local authorities to make section 42 enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria for safeguarding and has been, is or is at risk of being neglected or abused and is unable to protect themselves.

24.2 The Act places a duty on partner agencies to co-operate with the local authority by sharing information and contributing to those enquiries. The Act also stresses that enquiries should be proportionate, with the least intrusive response appropriate to the perceived risk, as well as one that is personalised to the wishes and desired outcomes of the person.

24.3 Safeguarding procedures must be used not only to respond to immediate risk of harm and harm that has already occurred, but to address and prevent harm where there are clear indicators of vulnerability and future risk.

24.4 The Cornwall and Isles of Scilly Safeguarding Adults Board Adult Safeguarding/Adult Protection Decision Making Standards guidance sets out the use of an adult protection process within a broader adult safeguarding framework.

24.5 Additional Legislation in this category includes:

- The Offences Against the Person Act 1968;

- The Criminal Justice Act 1988;
- The Domestic Violence and Matrimonial Proceedings Act; and
- The Sexual Offences Acts 1956 and 1985.

24.6 There is now specific legislation for protecting adults at risk within the Care Act 2014 as referred to throughout this policy.

24.7 However, aspects of certain legislation appears to protect the particular needs of certain groups of adults at risk Examples of these include the following:

- The Mental Health Act 1983, section 127, recognises that ill treatment or neglect of patients with a mental disorder by professional staff is an offence. The Act gives powers of guardianship if the adult at risk is mentally ill and is believed to be ill treated or neglected;
- The Sexual Offences Act 1956, Sections 7, 9 and 27 recognises that adults with severe learning disabilities are not able to consent to sexual acts or relationships.

24.8 As well as criminal law protection, adults at risk are protected by civil law, which includes family and property law defining issues such as “duty to care” and “negligence”.

- The Court of Protection Rules Act 1984;
- The Enduring Powers of Attorney Act 1985;
- Part IV of the Mental Health Act 1983 all provide for financial protection of adults at risk;
- Registered Homes Act 1984 (amended 1991).

24.9 Other legislation that is relevant to safeguarding adults at risk is mentioned below, with a short appraisal:

- The NHS and Community Care act 1990 - this requires local authorities to assess need which includes the need for protection due to vulnerability or the risk of being abused, and, in conjunction with other agencies, develop a care plan to meet the assessed need. This duty makes it appropriate for Education, Health and Social Care to have lead responsibility although this may not always apply;
- The Chronically Sick and Disabled Persons act 1970 - this requires Local Authorities to provide services to disabled people;
- The Housing Act 1996 - this allows injunctions against anti-social or abusive tenants;
- The National Assistance Act 1948, Section 47 - this is used very occasionally to remove vulnerable but mentally incompetent older people from their home against their judgement;
- The Police and Criminal Offence Act - this gives the police powers to enter premises to save life and limb;
- The Human Rights Act 1988;
- The Mental Capacity Act 2005 – this offers protection for adults at risk who lack capacity to make decisions about their care and treatment because of disability, mental illness, brain injury or dementia. There are checklists to help carers make decisions and a legal obligation to take into account the views of family and friends. Stronger penalties are

introduced for people found guilty of neglect or ill treatment of a person who lacks capacity;

- Compensation law - this enables a private action to be taken against an individual in the civil courts for compensation;
- Criminal Injuries Compensation Scheme - this enables recompense for criminal injury or damage.
- Anti-Discriminatory legislation - the law relating to disability rights, race relations and gender issues ensures that people receive services on an equal footing. These include:
 - The Sex Discrimination Act 1975;
 - The Race Relations Act 1976;
 - The Disability Discrimination Act 1995; and
 - The Equality Act 2010
- The Quality Assessment Framework for Supporting People – this requires annual assessments of need of sheltered and supported housing residents.

25.0 Equality and Diversity

25.1 It is every person's human right to live a life free from abuse and neglect. Every adult at risk of abuse or neglect has an equal right to support and protection within this procedure regardless of their individual differences or circumstances.

Throughout adult safeguarding due regard must be given to individual differences, including age, gender reassignment, disability, religion or belief, sex, sexual orientation, race or racial group, caring responsibilities, class, culture, language, pregnancy and marital or civil partnership status.

26.0 Other Relevant Policies

26.1 There are a number of other policies that make reference to adults at risk to ensure that they receive a fair and equal service. For example:

- The Anti-social Behaviour Policy ensures that additional resources are available to tenants who are at risk, and the Company works with other agencies within the Sanctuary Project, for tenants experiencing domestic abuse;
- The Income Management Policy makes reference to adults at risk to ensure that a fair service is received by all; and
- The Cornwall Homechoice Lettings Policy has an appendix specifically designed to assist vulnerable applicants, entitled The Support and Assistance Policy.

27.0 Partner Agencies with Specialist Support Functions

There are a range of related specialist support services that serve to protect the safety and welfare of individuals. Each of these services may need to work alongside other partners in the adult safeguarding procedure, in order to minimise the risk to either an adult at risk or another person.

The Court of Protection (CoP)**Contact details: Tel 0300 456 4600.****Email courtofprotectionenquiries@hmcts.gsi.gov.uk**

The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs, that the person lacks the capacity to make. The court has powers to:

- decide whether a person has capacity to make a specific decision for themselves;
- make declarations, decisions or orders on financial and welfare matters affecting people who lack capacity to make such decisions;
- appoint deputies to make decisions for people lacking capacity to make those decisions;
- decide whether a lasting power of attorney or an enduring power of attorney is valid;
- remove deputies or attorneys who fail to carry out their duties;
- In most cases decisions about personal welfare can be made legally without making an application to the court, as long as there is no objection and the decisions are made in accordance with the core principles set out in the Mental Capacity Act 2005 and Code of Practice. However, it may be necessary to make an application to the court in a safeguarding situation where there are;
- decisions to be made about where a person lives that involve moving them from their usual place of residence because there are risks to their safety and wellbeing from living there;
- disagreements and disputes regarding accommodation and/or treatment that cannot be resolved by any other means;
- on-going decisions needed about the personal welfare of a person who lack capacity to make specific decisions to make such decisions for themselves;
- matters relating to property and/or financial issues to be resolved;
- serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration;
- a need to place restrictions on contact with named individuals because of risk so potentially breaching HRA article 8 rights;
- where proposed adult safeguarding actions may amount to a deprivation of liberty outside of a care home or hospital.

The Court of Protection and the Office of the Public Guardian (OPG) complement each other. The Court of Protection provides the decision-making functions and the OPG provides regulation and supervision.

Office of the Public Guardian (OPG)**Contact details: Telephone 0300 456 0300.**

Email: opg.safeguardingunit@publicguardian.gsi.gov.uk

The OPG was established under the Mental Capacity Act 2005 to support the Public Guardian and to protect people who lack capacity by:

- investigating concerns about the way in which attorneys or deputies carry out their duties;
- setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies and supervising deputies;
- sending Court of Protection visitors to visit people who lack capacity and also those for whom it has formal powers to act on their behalf;
- receiving reports from attorneys acting under lasting powers of attorney and deputies;
- providing reports to the Court of Protection;
- The OPG undertakes to notify local authorities, the police and other appropriate agencies where abuse is identified.

The High Court.

The High Court has the inherent jurisdiction to hear cases regarding adults who possess capacity but still require protection for certain reasons. "The inherent jurisdiction" is a doctrine of the English common law that a superior court has the jurisdiction to hear any matter that comes before it, unless a statute or rule limits that authority or grants exclusive jurisdiction to some other court or tribunal. Lord Justice Munby (2006) has taken the view in the High Court that;

"A vulnerable adult who does not suffer from any kind of mental incapacity may nonetheless be entitled to the protection of the inherent jurisdiction if he is, or is reasonably believed to be, incapacitated from making the relevant decision by reason of such things as constraint, coercion, undue influence or other vitiating factors".

The Law Commission report no 326 (2011) on the inherent jurisdiction of the High Court clarifies its use:

"However, the inherent jurisdiction cannot be used to compel a capacitated but vulnerable person to do or not do something which they have, after due consideration, decided to do or not to do; the jurisdiction acts to 'facilitate the process of unencumbered decision making' by those who have capacity 'free of external pressure or physical restraint in making those decisions'. (para. 9.80)"

Inherent jurisdiction can be considered in cases where an adult is capacitated but under extreme duress or coercion, so much so that they cannot exercise free choice in protecting themselves or achieving a good quality of life.

Disclosure and Barring Service (DBS)

Contact details: DBS Barring helpline: 01325 953795

Providers of regulated services must adhere to the requirements of the DBS. If an employer has:

- Dismissed a member staff or volunteer because they harmed someone

- Dismissed them or removed them from working in a regulated activity because they might have harmed someone
- Planned to dismiss them for either of these reasons, but they resigned first

Then the employer has a legal duty to refer the person to the DBS for consideration of inclusion onto the barred list. Referral is no guarantor of inclusion on the barred list.

If an agency or personnel supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority can make such a referral.

The Trading Standards Service

Contact details: 0300 1234 191

The Trading Standards Service can help support and protect adults at risk of abuse from doorstep crime and other abusive sales practices that exploit adults. Doorstep crime describes situations where rogue traders, doorstep criminals and uninvited sales people persuade vulnerable people to let them into their homes, with the intention of carrying out a theft or to carry out unnecessary or substandard work and then pressurise consumers to part with large sums of money. Internet scams and postal scams can be targeted at adults at risk who may be put onto lists by exploitative criminals.

Trading Standards Services can take a range of actions, including the investigation of complaints against traders, provide people with information on their consumer rights and work with partners to develop cold calling control zones. Trading standards staff will also identify situations where it is appropriate to raise a safeguarding concern and will work with the police in situations of criminal exploitation.

Bournemouth University have recently published a review into the value of early interventions in the case of financial scamming which can be found here <http://www.ncpqsw.com/financial-scamming/>

Department of Work and Pensions (DWP)

The Department for Work and Pensions is responsible for welfare and pension policy. People who lack capacity to manage their own financial affairs may have an appointee. An appointee is fully responsible for acting on the customer's behalf in all the customer's dealings with the Department. This includes the claiming of benefits.

Victim support:

Some adults who are adults at risks of a crime do not wish to report the crime. If the adult does not wish to report the crime they can still receive adult at risk support by contacting the national Victim Support charity which provides support for adult at risks and witnesses of crime in England and Wales. An adult can self-refer, in confidence, to this organisation by calling 0300 3030 554 or email devon.cornwall@victimsupport.org.uk

If the adult was sexually assaulted but does not wish to tell the police:

Sexual assault referral centres (SARCs) can offer free and confidential help, support, examination and counselling. Within the sexual assault referral centre there are independent sexual violence advisors (ISVAs). An advisor can help the adult to report what has happened to

the police and support them through the criminal justice process.

<https://sarchelp.co.uk/sarcs/what-is-a-sarc/>

SARC locations are:

Plymouth SARC - Twelves Company - if adult is located in Plymouth, North Cornwall, South Hams or West Devon. Tel: 0300 3034626 Cornwall SARC - The Willow Centre – if adult is located in Cornwall. Tel: 0300 343 5706 Help and advice can be obtained from other services such as counsellors, sexual health centres, (called GU clinics), GP or a hospital, and the service provided by Victim Support for those that do not want to report a crime.

If the adult has reported a crime and would like some support they can contact the Victim Care Unit on 01392 475900. Email the victim care unit on victimcareunit@dc.police.uk

Restorative justice services can be accessed via the victim care unit. Victims and offenders are becoming increasingly aware of restorative justice. The term restorative justice encompasses a range of actions or interventions that enable some communication between the adult at risk and the offender.

The process of restorative justice is about empowerment. It empowers the adult at risk by giving them a voice in the process. It can also empower the offender to make changes in their offending behaviour once they have to face the reality of the impact on their adult at risk. Restorative justice is not only for individuals but for families, groups and whole communities.

Independent advocacy

Contact details: Telephone 0300 343 5706

Email info@advocacyincornwall.org.uk

Where an adult at risk has capacity but they have a 'substantial difficulty' being involved in the process, and they have no-one other than those acting in a professional capacity to support them, it is necessary to consider if there is a 'particular benefit' to providing them with an independent advocate. Where the provision of an independent advocate is appropriate and proportionate to the circumstances, the local authority must arrange for one to be provided. (Care and Support, Statutory Guidance: Paragraph 14.10).

This type of advocate can be described as a "Care Act Advocate"

'Substantial difficulty' does not mean the person cannot make decisions for themselves, but refers to situations where the adult needs support to understand the information given to them, or support to retain or use that information, or support to communicate their views, wishes or feelings.

The support provided by the independent advocate will depend on the needs and wishes of adult. Independent advocates will ordinarily be invited to relevant meetings, either accompanying the adult at risk or attending on their behalf, according to the wishes of the adult at risk. The advocate is there to support the adult to be as involved as possible by providing help to understand information provided, assistance in weighing up the information, and support in communicating their wishes and preferences. The advocate is NOT able to be involved in obtaining or collating evidence for an enquiry, their role is to support the adult at risk in being involved.

If there are concerns that the adult's supporter may be coercing them or putting them under any form of duress, or be in conflict with the adult's views and wishes, a care act advocate may also be considered to support the adult through the adult safeguarding process.

If the adult is unable to make decisions even with support, they lack capacity and the need for an Independent Mental Capacity Advocate should be considered instead.

Independent Mental Capacity Advocates (IMCAs)

Contact details: Telephone 0300 343 5706

Email info@advocacyincornwall.org.uk

Many of the people who qualify for advocacy under the Care Act will also qualify for advocacy under the Mental Capacity Act 2005. The same advocate can provide support as an advocate under the Care Act and under the Mental Capacity Act. This enables the adult to receive seamless advocacy and not to have to repeat their story to different advocates.

If, as established by a mental capacity act assessment, a person is unable to understand information given to them, or retain, use or weigh the information in order to make a decision about a specific issue, or cannot communicate their views even when supported to do so, the person is deemed to lack capacity to make a decision regarding the specific issue under consideration. IMCAs can provide a form of non-instructed advocacy for people who lack capacity. Their role was established by the Mental Capacity Act 2005. IMCAs can be instructed in adult safeguarding cases where the person's representative is not deemed to be acting in the adult's best interest or there is conflict with the usual representative for the adult.

The aim of the IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions and, at the time such decisions need to be made, have no-one else (other than paid staff) to support or represent them or be consulted.

An IMCA must be instructed, and then consulted, whenever:

- an NHS body is proposing to provide serious medical treatment, or
- an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and
- the person will stay in hospital longer than 28 days, or
- they will stay in the care home for more than eight weeks.
- An IMCA may be instructed to support someone who lacks capacity to make decisions concerning:
 - care reviews, where no-one else is available to be consulted
 - adult safeguarding cases, if the person's representatives are not acting in their best interests.

It is essential that IMCA's views are taken into consideration during the adult safeguarding process, particularly when, under best interests processes, protective actions are proposed.

The IMCA's role is to support and represent the person who lacks capacity. Because of this, IMCAs have the right to see relevant healthcare and social care records. Any information or reports provided by an IMCA must be taken into account as part of the process of working out whether a proposed decision is in the person's best interests.

Other advocacy services

There are other types of advocate but these do not have specific roles and should not be considered as suitable advocates for people who are experiencing difficulty in participating in their own safeguarding. The advocacy roles described below may be time limited and focus on a specific aspect of the adult's circumstances:

Independent Mental Health Advocacy (IMHA)

Contact details: Telephone 0300 343 5706

Email info@advocacyincornwall.org.uk

There is a legal duty to provide Independent Mental Health Advocacy to patients who qualify under the Mental Health Act 1983.

An Independent Mental Health Advocate (an IMHA) is someone who is specially trained to work within the framework of the Mental Health Act to meet the needs of patients detained under the Act. Independent Mental Health Advocacy services do not replace any other advocacy and support services that are available to patients. An IMHA will work alongside these services.

Patients should be informed of their right to access an IMHA. This is the responsibility of the person who is in charge of their care at the time.

0330 440 9000

Email info@theadvocacypeople.org.uk

To make a referral:

Please complete and return the form found here: <https://www.theadvocacypeople.org.uk/mental-health-advocacy>

The form can be returned by email to info@theadvocacypeople.org.uk

The Independent Domestic Violence Advisors (IDVA) is a government initiative introduced to reduce the number of Domestic Related Homicides. IDVAs focus on high risk clients by supporting at a point of crisis, supporting them to plan appropriate safety management strategies. These pro-active responses safeguard service users and their dependents. A central part of the role involves supporting them to access and navigate through the Criminal Justice System. Adults who are experiencing a lower risk and have not been referred to a MARAC can be supported via other REACH services, for example telephone advice or signposting to other relevant sources of help.

The Home Office initiated the development of Multi Agency Risk Assessment Conferences (MARAC) and IDVA service at a local and national level to offer coordinated responses to adult at risks of domestic abuse. An IDVA will work in partnership with MARACs to reduce the risk of harm to high risk clients. The IDVA service has continued to be central to the Multi-Agency Risk Assessment Conference (MARAC) in providing a coordinated service to adults at high risk of serious harm and domestic homicide; focusing on reducing risk and safety management of adults and their dependents. The IDVA sign post to other organisations when risk is reduced.

IDVAs also play a major role by providing adult at risks impartial and independent support both at court and throughout their contact with the Criminal Justice System by attending the Specialist Domestic Violence Courts (SDVC) and supporting adults through the Criminal Justice System

where they are adults at risk of domestic abuse related crime. The IDVAs can inform the courts of the adult's wishes regarding bail conditions, restraining orders and support the adult to go to court to give evidence; feel safe and protected whilst doing this.

Devon, Cornwall & Isles of Scilly Independent Sexual Violence Advisory Service (ISVA)

Helpline: 03458 12 12 12

Non-secure email: isva@firstlight.org.uk

Secure email: devonandcornwall.isva@firstlight.cjsm.net

An ISVA is a trained independent specialist offering practical and emotional support to anyone over the age of 13 who has reported rape or sexual abuse to the police, or is considering doing so.

An ISVA will support the adult through the whole process, from initial reporting, all the way through the lengthy and sometimes difficult legal process and beyond. To receive support, an appointment will be arranged to meet the ISVA. Support is likely to be a combination of telephone and face to face, based upon the adult's needs and circumstances.

The ISVA will help the adult understand how the criminal justice process works, for example, the interview process, the investigation, the importance of forensic DNA retrieval and court appearances.

The ISVA will be non-judgmental and empathic and provide a safe and confidential environment in which the adult can express their feelings and make choices about change.

The ISVA will work to identify what support and advice the adult requires, linking with services and helping them access services such as housing, health & counseling

The ISVA can gain information on the adult's behalf about their case by talking with the Devon and Cornwall Police and the Crown Prosecution. They can also support the adult and their family at court and other legal processes.

Witness support and special measures

If there is a police investigation, the police will ensure that interviews with a vulnerable or intimidated witness are conducted in accordance with 'Achieving Best Evidence in Criminal Proceedings'.

Intermediaries play an important role in improving access to justice for some of the most vulnerable people in society, giving them a voice within the criminal justice process.

For more information see <https://www.devon-cornwall.police.uk/advice/victim-witnesses/witnesses/vulnerable-and-intimidated/>

And <https://www.cps.gov.uk/victims-witnesses>

The new, comprehensive, county-wide, Adult, Children and Young People's Integrated Domestic Abuse and Sexual Violence community service, delivered jointly by First Light and Barnardo's, commenced 1st July 2018. All services are free of charge.

The new Service provides a wide range of education, early intervention and prevention services and expert support for adults at risk of domestic abuse and sexual violence and their families. The service includes:

Crisis response

The service offers a single point of contact for domestic abuse in the county and an Independent Domestic Violence Advisory provision. This includes risk assessment, safety planning, individual advocacy, advice and guidance.

Domestic Abuse and Sexual Violence Recovery Toolkits for Adults, Children and Young People

The Recovery Toolkits provide a specialist recovery-oriented and programmatic intervention for adult and child survivors of domestic abuse and sexual violence. This includes community support groups.

Domestic Abuse Prevention Programme

Domestic abuse prevention programmes will be offered for men and women who display abusive behaviour in their relationships, to increase safety to their non-abusive partners and children.

Therapeutic Services

Therapeutic support is available for adults, children and young people who have either recently experience Domestic Abuse or Sexual Violence, or recently concluded their engagement with an Independent Sexual Violence Advisor. Group-based therapy and Pre-trial counselling will also be available.

How to refer

**Safer Futures – Cornwall and Isles of Scilly
Domestic Abuse & Sexual Violence Recovery Service**

Helpline: 0300 777 4777

Non-secure email: saferfutures@firstlight.org.uk

Secure email: saferfutures@firstlight.cjism.net

Devon and Cornwall Police County Lines (Dangerous drugs network 2017)

Is where criminal gangs set up a drug dealing operation in a place outside their usual territory. Gangs will move their drug dealing from big cities (e.g. London, Manchester, Liverpool etc.) to smaller towns in order to make more money. They will trick or threaten young people to sell their drugs in the small towns. The young people often travel by train or are driven to the small towns and made to stay there until they have sold all the drugs, are arrested or killed.

dc.police.uk/contact.

Alternatively you can call CrimeStoppers anonymously on 0800 555 111 or report online: [crimestoppers-uk.org](https://www.crimestoppers-uk.org)."

For more information visit the [County Lines web pages](#).

Modern Slavery -emergency call **999**. Or, for help and advice call any time on **0800 0121 700** (free from landlines and most mobile phones). Or, you can visit the [Modern Slavery](#)

[website](https://transformation-cornwall.org.uk/initiatives/a-modern-slavery-initiative) and complete the online form. <https://transformation-cornwall.org.uk/initiatives/a-modern-slavery-initiative>

29.0 Safeguarding Adults Review

29.1 This policy will be reviewed annually and presented to ET tri-annually unless any substantial amendment is required.

30.0 Employee Assistance and Support

30.1 All staff can access the Employee Assistance Programme, which is available through MyCoastlife tel; **0800 028 0199**

Online health resources are available. For Factsheets on managing back care, visit www.simplyhealth.co.uk/backcare

For access to an online i-resilience tool, which includes an online questionnaire and personalised report on how to improve resilience, type the following into your web browser:

<http://solutions.robertsoncooper.com/iresilience.aspx?source=org&organisation=Coastline%20Housing%20Ltd>

CONFIDENTIAL

Adult Safeguarding example of details required for portal submission

This form is to be used to notify Adult Social Services of risk of, suspected or actual instances of abuse or neglect. It might be helpful to discuss your concerns prior to submitting the referral form with the Adult Safeguarding Triage team or your organisations Adult Safeguarding Lead. Details of how to contact them and who to send this form to are available on page 5.

Please attach further pages if necessary

This form should be completed as fully as soon as possible **and sent to the Adult Safeguarding Team (or Out of Hours if outside working hours)** in order that robust decisions can be made about the progression, or otherwise, of the Adult Safeguarding Enquiry.

Details of person completing this form

Date of completion			
Name:		Organisation:	
Job title:		Type of service:	
Email address:			
Phone number:		Date of adult safeguarding referral to Adult Social Services:	

Details of incident/suspected/actual abuse or neglect/ the risk of abuse

Date of alleged incident(s):		Who reported the alert/concern?	
Time of alleged incident(s):		Date of report:	
Where did the incident(s) occur?			
What are the perceived risks and why can the adult NOT protect themselves			

Details of the adult at risk

Name:		Date of Birth:	
Telephone:		Ethnicity:	
Address:			

What is the adult's primary reason for needing care and support?		Please tick <input type="checkbox"/> or cross <input type="checkbox"/>	
Physical support:		Sensory support:	Support with memory and cognition:
Learning disability support:		Asperger's syndrome support:	Autism support:
Mental health support:		Social support (includes support for carers/substance misusers):	No support reason:
Other health condition:		<i>Please specify:</i>	
Any other details about the adult at risk:			
Views, wishes and desired outcomes of the adult / representative:			

Description of the alleged incident/harm

Please give a detailed description of the incident (including times), all people involved, witnesses and any other comments you feel are relevant. If the concern relates to physical abuse please provide a body map.

--

Type of abuse	Please tick <input type="checkbox"/> or cross <input type="checkbox"/> all that apply		
Physical	Sexual	Psychological/emotional	
Financial/material	Neglect/omission	Discriminatory	
Organisational/institutional	Self-neglect	Domestic abuse/violence	
Modern slavery	Radicalisation/extremism	Other	
If other, please specify:			

Details of the person / organisation alleged to have caused harm (where relevant)

Name:		Date of Birth:	
Telephone:		Ethnicity:	
Address:		Relationship to adult at risk:	

If the alleged abuser is a staff/volunteer, provide details (include. employer, job role, work address):			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		YES	NO
Are they an adult with care and support needs?			
Details of care and support needs (if applicable):			
Any other details about the alleged abuser(s):			

Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		UNKNOWN	YES	NO
Is the adult at risk of further abuse/neglect?				
What has been done to ensure the immediate safety of the adult at risk and others? <i>(Completing and submitting this form does not constitute management of immediate risks).</i>				
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		YES	NO	
Were the Police called?				
Please provide the outcome of the Police action and Police log number (if available):				
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		YES	NO	
If the incident relates to domestic abuse/violence, has the DASH risk assessment (Domestic Abuse, Stalking, Harassment and honour based Violence been completed?				
If yes, and outcome was high risk has a referral to MARAC been completed? <i>Please provide details, including discussions with your agency's contact for MARAC:</i>				
Has adult been referred to REACH?				

Please provide details of other agencies involved who may be able to help with the adult safeguarding enquiry:

Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		YES	NO
Are you aware that there been any previous referrals made in relation to this adult at risk or alleged perpetrator?			
If yes, please provide details (e.g. dates, type of abuse, action taken):			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		UNKNOWN	YES
Are there any risks to others (other adults, children)?			
Are there any children in the house			
Is adult the parent / carer of the child/children?			
Please provide details (also include who this information has been shared with – e.g. Police, Children’s Social Care, MARAC, MAPPA). If there are risks to children you must notify the Children’s Multi-Agency Referral Unit.			

Involvement of the adult(s) at risk			
The following section is crucial to determining the next steps in the safeguarding adults enquiry and every attempt should be made to complete it as fully as possible.			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		YES	NO
Has the adult(s) at risk given consent for this referral?			
If no, please confirm why you have not sought consent or are overriding consent			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>			
Public interest (risks to others)		Risk of serious harm	Suspected serious crime
Adult at risk lacks mental capacity to provide consent (best interest decision made)		Ability to consent is affected by threatening or coercive behaviour	Seeking consent would increase risks to the adult or others
Other (please specify):			

Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		YES	NO
Do you think the adult at risk has mental capacity in relation to making decisions about their safety?			

If no, has a mental capacity assessment been undertaken?			
Do you think the adult at risk would have substantial difficulty in participating in the adult safeguarding enquiry process?			
Please tick <input type="checkbox"/> or cross <input type="checkbox"/>		UNKNOWN	YES NO
If yes, is there a suitable person who could represent them? (e.g. family member, friend, advocate)			
Has the adult at risk's family been informed of the concerns (where the adult has consented to this)?			
Please provide the name and contact details of this suitable person:			
If you think the adult at risk may need support to participate in the Adult Safeguarding Process, please provide details of what support may be required:			
What does the adult at risk (or their representative) say that they want to happen as a result of the Adult Safeguarding enquiry?			
<i>Desired outcomes:</i>			

Signed :		Date:	
Printed :		Time:	

What happens next?
<p>You should be informed about the outcome of your referral within 2 working days. However, if you have not heard from the Adult Safeguarding Team about the outcome of your referral within this timescale, there is an expectation that you will follow it up.</p>

Returning this completed document

Information about how this document should be sent safely and securely
Once completed, this document contains personal and sensitive information.

Sending the information to Adult Social Services on the portal [Safeguarding adults - Cornwall Council](#)