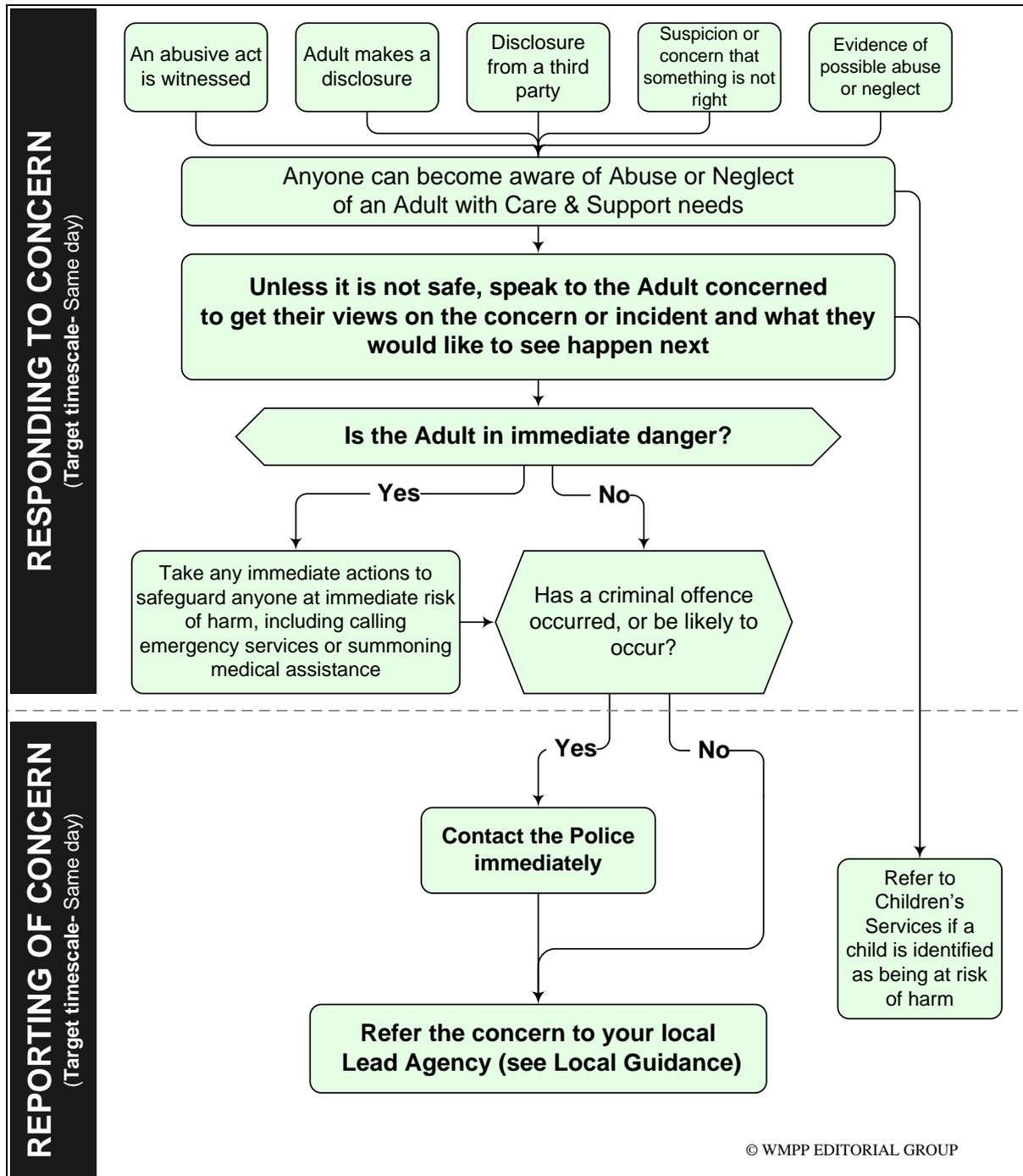


8. Adult Safeguarding Concerns: Responding & Reporting-



8.1 Definition

An “adult safeguarding concern” describes the process where someone is first alerted to a concern or incident that indicates an adult with care & support needs-

- (i) is experiencing or is at risk of abuse or neglect, and
- (ii) as a result of their care & support needs, is unable to protect themselves against abuse or neglect, or the risk of it,

and takes action to respond, and to report the concern.



I get help and support to report abuse or neglect.

8.2 Purpose

The steps to be taken when responding to a concern are-

- To ensure that immediate actions are taken to safeguard anyone at immediate risk of harm.
- Wherever it is safe to do so, to speak to the adult and get their views on the concern or incident,
- To report the concern to the local Lead Agency, (and to the Police where a criminal offence has occurred or will occur),
- To report concerns to Children’s Services if a child is identified as being at risk of harm.



I am asked my opinion if there are concerns that I am at risk.

REMEMBER- follow good practice under the Mental Capacity Act when speaking to the adult. Assume the adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to the person’s representative/s and always act in best interests.

8.3 Roles and responsibilities

A concern can be identified and reported by anyone, including the adult, a carer, family, friends, professionals or other members of the public.

Any individual or agency can respond to an adult safeguarding concern raised about an adult. This can include reporting the concern and seeking support to protect individuals from any immediate risk of harm (e.g. by contacting the police or emergency services).

Individual agencies should have internal procedures and guidance for responding to and reporting concerns.

8.4 Timeliness & risk

- Immediate actions may be required to safeguard the adult, when they request this or when they cannot safeguard themselves. An evaluation of the risk of harm to the adult must take place on the same day as the concern is identified.
- Adult safeguarding concerns should be reported to the lead agency for safeguarding without delay. See local guidance for how to report concerns in your Local Authority area. The target timescale for reporting the concern is within the same working day.

REMEMBER- see also the policy section for guidance on timescales.

This procedure outlines target timescales to guide timeliness of response to adult safeguarding concerns. However, it is also important to respond at the pace that is right for the adult, and puts them in greatest control of what happens in their life.

8.5 Process

The following is primarily intended for people working (paid and/or unpaid) with adults who have care & support needs, but anyone may use it as guidance to respond to concerns of abuse or neglect.

REMEMBER- unless it is not safe or will increase the risk to the adult, it is always best practice to speak to the adult involved at as early a stage as possible to get their views and wishes on the concerns. This should help to guide what next steps should be taken and whether the concern should be reported as an adult safeguarding concern or should be dealt with by another means. See Section 8.5.6 for guidance.

8.5.1. *Responding to disclosures*

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the adult;
- a passive disclosure of abuse where someone's attention is drawn to the signs of abuse or neglect;
- an allegation of abuse by a third party;
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect.



I feel listened to
and what I say is taken
seriously.

Good Practice Guide – Responding to Disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

8.5.2. **Acting to protect the adult, identified others, and dealing with immediate needs**

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- Consider if there are other adults with care & support needs who are at risk of harm, and take appropriate steps to safeguard them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

Good Practice Guide – Preserving Physical Evidence

What to do?

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), **contact the Police immediately**. Ask their advice about what to do to preserve evidence.

As a guide-

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault –

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can cross contaminate evidence.

8.5.3. **Making a written record**

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people involved in the incident or concern.



I know that professionals treat my personal & sensitive information in confidence

Good Practice Guide – Recording

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

The written report will need to include:

- the date and time when the disclosure was made, or when you were told about / witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- keep the report/s confidential, storing them in a safe & secure place until needed.

8.5.4. **Reporting to your line manager**

For people who work in a paid and/or unpaid role within organisations-

- If you are concerned that a member of staff in your organisation has abused an adult with care & support needs, you have a duty to report these concerns. You *must* inform your line manager immediately.
- In situations where informing a manager will involve delay in a high-risk situation you should report the concern to external agencies immediately.

- If you are concerned that your line manager has abused or neglected an adult with care & support needs, you must inform a senior manager, or another Adult Safeguarding lead, in your organisation. In exceptional circumstances where you do not feel safe or comfortable reporting the matter within your own organisation, or if you have already raised concerns with your managers but no action has been taken, you can report the concern to the local Lead Agency in your area.
- If you are concerned that an adult with care & support needs may have abused another adult, inform your line manager.

REMEMBER- the law gives protections to workers who have a reasonable belief there is wrongdoing at work, and who report it. See policy section on Whistle-blowing.

8.5.5. ***Taking management action to respond to the concern***

8.5.5.1. The line manager or the adult safeguarding lead within the organisation identifying the concern should then decide on the most appropriate course of action without delay. This should include-

- Check & review actions already taken and decisions made.
- If not already done so-
 - Make an evaluation of the risk to the adult.
 - Wherever it is safe, speak to (or decide who is the best placed person to speak to) the adult to gain their views about the concern and what they would like to happen next,
 - Take reasonable and practical steps to safeguard the adult.
 - Consider referring to the police if the suspected abuse is a crime.
 - If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
 - Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- If the person alleged to have caused the harm is also an adult with care & support needs, arrange for a member of staff to attend to their needs.
- Make sure that other people are not at risk.
- Take action in line with the organisation's disciplinary procedures, as appropriate, if a member of staff is alleged to have caused harm.
- Ensure that records are made of any concerns, and that decisions are clearly recorded with the rationale for the decisions explained.

8.5.5.2. Organisations should ensure that they have procedures in place to provide appropriate line manager cover to respond to such concerns, despite leave or where services operate extended or 24-hour cover.

8.5.5.3. NHS staff will need to refer to their trust's procedures on clinical governance and Adult Safeguarding as well as their Adult Safeguarding policy and procedures.

8.5.6. *Speaking to the adult who is experiencing, or is at risk of, abuse or neglect*

8.5.6.1. Integral to effective person-centred approaches to adult safeguarding is engaging the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging with the adult in a meaningful way, at as early a stage as possible, is key to promoting good person-centred practice.

8.5.6.2. From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.



8.5.6.3. There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management, or from an external agency as appropriate.

CASE STUDY – Gaining the views of the adult at the concern stage

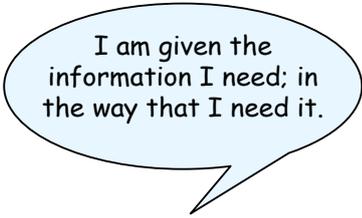
Mrs A is in her eighties and lives alone with her husband, Mr A. Mr A is also in his eighties and cares for his wife, with the support of three visits per day from a homecare agency. Mrs A has high physical care needs and she can be forgetful at times.

After a morning call, the homecarer reports to her line manager that she has witnessed Mr A shouting and verbally abusing Mrs A. The carer said there was no sign of any injury or harm and Mrs A did not seem distressed. The homecare manager decides it is safe to visit Mr and Mrs A with the lunchtime carer. The homecare manager was able to speak to Mrs A alone and discuss the concerns. Mrs A said that she remembered the incident, but that her husband had “blown up” because he is tired from doing things for her. She doesn’t feel that what happened was “abuse”, but said that he could probably do with more help. The homecare manager talked to Mrs A about the adult safeguarding process. Mrs A stated clearly that she did not wish for this to happen and that she was not afraid of her husband. The homecare manager then spoke to Mr and Mrs A about having more help. Mr A did not want this but said he would think about it.

After speaking to Mrs A, the homecare manager decided not to refer the issue as a safeguarding concern, but discussed the incident with the duty social worker from the Local Authority and agreed that the homecare agency will monitor the situation, and refer again if more help is asked for at a later point, or if repeated or more serious concerns arise.

8.5.6.4. When speaking to the adult -

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances,
- Get the adult's views on the concern and what they want done about it,
- Give the adult information about the adult safeguarding process and how that could help to make them safer,
- Explain confidentiality issues, how they will be kept informed and how they will be supported,
- Identify communication needs, personal care arrangements and access requests,
- Discuss what could be done to make them safer.



I am given the information I need; in the way that I need it.

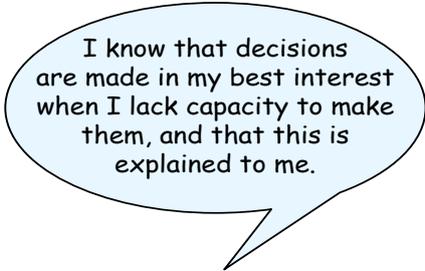
8.5.7. **Capacity & consent.**

8.5.7.1. *Capacity*- Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and MCA Code of Practice.

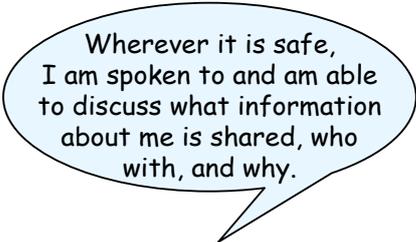
8.5.7.2. *Consent*- All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

8.5.7.3. At the concern stage, the most common capacity & consent issues to consider will usually be-

- whether the adult has the *mental capacity* to understand & make decisions about the abuse or neglect related risks, & any immediate safety actions necessary, and;



I know that decisions are made in my best interest when I lack capacity to make them, and that this is explained to me.



Wherever it is safe, I am spoken to and am able to discuss what information about me is shared, who with, and why.

- whether the adult *consents* to immediate safety actions being taken, & whether the adult *consents* to information being referred / shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

8.5.8. **Reporting without consent**

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, the concern *must* be reported. This includes situations where:

- there is a risk or harm to the wellbeing and safety of the adult or others,
- other adults or children could be at risk from the person causing harm,
- it is necessary to prevent crime or if a crime may have been committed,
- the person lacks capacity to consent.

The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

The key issues in deciding whether to report a concern without consent will be the harm or risk of harm to the adult, and risks to any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

If any person is unsure whether to report, they should contact the relevant local Lead Agency for advice.

Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.

REMEMBER- see also policy section for further detail on information-sharing.

8.5.9. **Reporting Adult Safeguarding concerns**

- Refer any safeguarding concern that meets the criteria at Section 8.1 to the Lead Agency in your locality. The Local Authority will usually be the lead agency, but some local authorities may ask other agencies to do this on their behalf. Information on how to make an adult safeguarding referral will be published by your Local Authority or local Safeguarding Adults Board – check their website/s.
 - In addition, if a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur.
 - If a crime is in progress or life is at risk, dial emergency - **999**.
- You must contact the Local Authority Children's Services if a child is identified as being at risk of harm.
- If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk).
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.

8.5.10. *Anonymous reporting & protecting anonymity*

8.5.10.1. *Anonymous reporting*- It is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. However, if the identity of the referrer has been withheld, the adult safeguarding process will proceed in the usual way. This will include information being recorded as an adult safeguarding concern.

8.5.10.2. *Protecting anonymity*- While every effort will be made to protect the identity of anyone who wishes to remain anonymous, the anonymity of people reporting concerns cannot be guaranteed throughout the process. It is particularly important to remember the following-

- In cases where the police are pursuing a criminal prosecution, people reporting concerns may be required to give evidence in court.
- All information from adult safeguarding enquiries and disciplinary investigations will be shared with the person identified as causing harm where a referral to the DBS is made.
- There is a possibility that workers raising concerns may be asked to give evidence at an employment tribunal.
- Anybody can be requested to give evidence when the employer has referred a member of staff to a professional body such as the Health Care Professionals Council (HCPC), the Nursing and Midwifery Council (NMC), or the General Medical Council (GMC).
- The person causing harm may request to see information held about them under the Data Protection Act (DPA) 1998.

8.5.11. *People causing harm who are employed in paid or unpaid Positions of Trust*

Proportionate action should be taken to ensure the immediate protection of the adult(s) with care and support needs.

Check your local Safeguarding Adults Board or individual agency arrangements for responding to concerns or allegations relating to people who work in a position of trust with adults with care and support needs.

If the concerns require Police involvement, wherever possible liaise with the Police prior to speaking or communicating with the person who works in a Position of Trust.

If the person is a member of staff in your organisation, HR advice should be sought, an immediate decision may have to be made to take action to protect the adult or other service users against any potential risk of harm (e.g. suspension without prejudice, supervised working). Actions taken will need to be compliant with employment law and the employee will have a right to know in broad terms that allegations or concerns have been raised about them.