SAFEGUARDING ADULTS POLICY

Sefton Council for Voluntary Service

Reviews agreed at CVS board 17th July 2013
SEFTON CVS SAFEGUARDING ADULTS POLICY

1.0 SUMMARY
Sefton CVS is committed to training staff, volunteers and providing ongoing support to affiliated members of our organisation to ensure Safeguarding Adults protocols are embedded throughout the voluntary, community and faith sector. Sefton CVS is committed to raising standards by providing mandatory training to ensure our staff and volunteers know how to report a safeguarding issue, the appropriate action to take, and how to support a victim of such abuse. The training provided is the NSPCC Level 1 Protecting Vulnerable Adults; this has been made available to the wider voluntary, community and faith sector. This policy also sets out the procedures Sefton CVS will follow to address safeguarding allegations relating to the safe and appropriate working practice of staff who come into contact with vulnerable adults, as well as the protection of staff and volunteers from malicious complaints that could occur from everyday working with vulnerable adults.

Sefton CVS Safeguarding Adults Policy has been developed in a way so it can be used as a tool to help those organisations including affiliated members lacking such a policy develop their own framework and to ensure they have an appointed person who can give advice and guidance should a safeguarding issue arise. It is also important that we understand our role as the ‘alerter’ and appropriate reporting and recording processes that need to be adhered too. This is fully explained later within the policy.

This Policy identifies the overall responsibility of the Board of Trustees, Chief Executive Officer, Senior Management, operational staff and volunteers, for ensuring the safety, health, wellbeing, reduction of risks, safeguarding and protection of Adults with whom Sefton Council for Voluntary Services (CVS), engages in its operational activities. The aims of this policy are also set out in accordance to the commitments Sefton CVS makes within their equality of opportunity policy, in particular where care provision for victims of abuse is designed around their needs, taking in to account gender, gender identity, race, disability, age, sexuality, religion or beliefs.

This Policy identifies the responsibilities and obligations of staff to take immediate action where any concern regarding the safety, protection and wellbeing of adults is noted. For the purposes of this policy Action relates to responses made to a person aged 18 years or over.

This policy will be reviewed annually, or more often if changes to legislation or circumstances suggest a review. The designated persons will report to the Sefton CVS Board of Trustee’s on matters of significance relating to this safeguarding policy as appropriate or on request of the board.

This policy should be read alongside all other Sefton CVS policies, in particular those which relate to Equality and Diversity, Data Protection, Date Retention, Whistle Blowing, Disclosure Data Storage, Confidentiality and Electronic Communication.
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The designated officers for Safeguarding Adults in Sefton CVS can provide you with further information if required.

This Policy identifies the requirements of Sefton CVS to work proactively with external authorities and communities of interest in the interests of protecting any Adult the Company engages with in the course of its operational activities. This policy is underpinned by the policies and procedures devised by No Secrets: (2000) Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. Further Government documents also include:


Serious Case Reviews in Adult Safeguarding (2009) http://www.kcl.ac.uk/schools/sspp/interdisciplinary/scwru/res/scr.html


2.0 INTRODUCTION

It is the intent of Sefton CVS through this policy to safeguard and promote the welfare of Adults with whom the organisation engages across its operational activities. This is a priority for this organisation and all staff, trustees and volunteers are expected to understand their obligations and duty to implement each aspect of this policy and the associated procedures when required.

This policy should be read alongside all other company policies and procedures and are in line with Sefton Safeguarding Adults Framework for Action procedures which can also be referred to when Safeguarding concerns arise. These can be found at http://www.sefton.gov.uk/pdf/HSC_Sefton_Safeguarding_Adults_Procedures_Oct_2009.pdf

3.0 AIM OF THIS POLICY

The aim of this policy is to outline the practice and procedures for paid and voluntary staff in Sefton CVS to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected.
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It is aimed at protecting vulnerable adults and the worker, recognising the risks involved in lone working.

The policy covers all staff and volunteers, including areas of work with specific guidance for projects regularly in contact with vulnerable adults.

4.0 DEFINITION OF VULNERABLE

4.1 Vulnerable Adults
The Safeguarding Adult Framework for Action relate to responses made to a person aged 18 years or over ‘who is or may be in need of community care services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or unable to protect him or herself, against significant harm or exploitation’ (‘No secrets’ DH 2000) Safeguarding Adults (ADSS 2005) identifies a duty of care to all adults ‘whose independence and well being is at risk due to abuse or neglect’.

4.2 Abuse

The definition of abuse within ‘No secrets’ (DH 2000) reads ‘abuse is a violation of an individual’s human and civil rights by any other person or persons’ Abuse may be categorised by physical, discriminatory, sexual, psychological, financial or an act of neglect or omission to act. It may happen when a vulnerable person is persuaded to enter into a financial or sexual transaction to which she or he has not or cannot consented.

An individual, group or organisation may perpetrate abuse. It may consist of a single act or repeated acts over time and may be intentional or unintentional. Abuse can take place in any relationship or setting and may result in significant harm to or exploitation of the person subjected to it. All forms of abuse have negative emotional impact on individuals which will subsequently impact on a person’s physical and mental health. Domestic Violence and Forced Marriage may also involve the abuse of a vulnerable person. Domestic Violence is defined by the Government as ‘any incident of threatening behaviour violence or abuse’ (physical, psychological, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality.

Domestic violence can be evidenced across all aspects of society regardless of age, gender, race, wealth or geography. Forced Marriage is one where one or both parties do not consent to the act of marriage and some elements of duress are involved, involving the use of physical or psychological pressure. Forced marriage is not sanctioned within any culture or religion.
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Safeguarding Adults procedures must be considered when the concern raised indicates harm or exploitation of a person. ‘No secrets’ (DH2000) defines harm as ‘**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, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development**’. (Law Commission 1995).

4.3 Perpetrators

Perpetrators of abuse can come from a variety of backgrounds:

- informal carers, including neighbours, friends and relatives or strangers;
- partners, ex-partners, other family members;
- people in a position of trust;
- people paid to offer care or services;
- other users of services;
- organisations by the way day-to-day practice is conducted;
- those who deliberately target

5.0 CATEGORIES AND INDICATORS OF ABUSE

5.1 Definitions of Abuse

“**Abuse**” is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse. .... In many cases, it is a criminal offence” Centre for Policy on Ageing (1996)

5.2 Types of Abuse

For the purpose of safeguarding adults’ work, data recording and monitoring abuse can be viewed in terms of five main categories:

- Physical
  - Sexual
  - Psychological/emotional
  - Neglect
  - Financial
  - Discriminatory
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5.3 **Physical abuse**
- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

5.4 **Sexual abuse**
- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

5.5 **Psychological/emotional abuse includes:**
- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing.

5.6 **Neglect**
- Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services
- The withholding of the necessities of life, such as medication, adequate nutrition and heating.

5.7 **Financial or material**
- Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

5.8 **Discriminatory**
- Including racist, sexist, or based on a person’s disability, and other forms of harassment, slurs or similar treatment.
6.0 IDENTIFICATION OF ABUSE

6.1 Physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

6.2 Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as ‘It’s a secret’)
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in distressed state

6.3 Psychological/emotional signs

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
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6.4 Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

6.5 Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person’s assets

6.6 Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

6.7 Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users
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7.0 PEOPLE WHO MIGHT ABUSE

Abuse can happen anywhere and can be carried out by anyone e.g.;

- Informal carer’s, family, friends, neighbours
- Paid staff, volunteers
- Other service users or tenants
- Strangers

Multiple forms of abuse may occur in an ongoing relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

8.0 RIGHTS & RESPONSIBILITIES

8.1 Responsibilities of Sefton CVS

- To ensure staff and volunteers are aware of the adult protection policy and are adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To carry out necessary recruitment and background checks on all volunteers and employees that have access to or work with Vulnerable Adults.

8.2 Responsibilities of Sefton CVS employees and volunteers

- To be familiar with the adult protection policy and procedures
- To take appropriate action in line with the policies of Sefton CVS
- Health and Wellbeing Development Officer to promote the principles and good practice to other voluntary organizations through the Health and Social Care Forum
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.
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8.3 Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the general public should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk
- If service users, they will be given immediate protection from the risk of reprisals or intimidation
- If Staff they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

8.4 Allegations or suspicion of abuse against a member of staff or volunteer

This can be an extremely difficult issue to deal with. It can be difficult to accept that a colleague may deliberately harm a vulnerable person. It may also be that the behaviour that causes concern is bad practice rather than abuse. Any concerns should be reported to the appointed person or the deputy in their absence.

Sefton CVS recognises that in some cases a malicious allegation may be brought against a colleague. An allegation could come from an employee, trustee or volunteer within the organisation (please refer to the whistle blowing policy located in the employee handbook for further information). It is important that any response is properly co-ordinated and that events are managed in the right order. For this reason, Sefton CVS will take no direct action against a member of staff or volunteer without the advice and agreement of the investigating agencies (e.g. the police, NSPCC or Social Services), except where such action is necessary to protect a vulnerable person.

If, following consideration and any consultation, the concern is clearly about bad practice rather than abuse, Sefton CVS will take the necessary action to advise, manage or instigate disciplinary action against the member of staff or volunteer about whom the allegation has been made.

The accused has the right to seek representation should an allegation arise from a malicious complaint, Sefton CVS will support any member of staff or volunteer who is subject to such a complaint, however irrespective of the outcome of any Police or Social Services investigations, Sefton CVS would consider disciplinary action in accordance with its published disciplinary procedure until the matter has been resolved.
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8.5 The Vulnerable Adult has the right:

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout
- To be involved in any process as appropriate
- To receive information about the outcome.

9.0 GOOD PRACTICE

9.1 Recruitment of staff and Volunteers

In accordance with guidance set out by the Disclosure and Barring Service (DBS, formerly CRB), and in considering safe recruitment best practice approaches. Sefton CVS will ensure:

- Appropriate application and interview processes take place which include due regard to safeguarding as a theme where appropriate
- A minimum of two written references from trusted previous employers/characters are received prior to appointment
- DBS checks relevant to roles are completed prior to the appointment of staff and volunteers where this requirement applies
- Completion of a Sefton CVS application form
- Induction and probationary periods are utilised effectively to support with achieving safe working practice of staff who may come into contact with vulnerable adults.

Sefton CVS is aware of its legal duty to not knowingly employ staff/recruit volunteers, who will be engaged in ‘regulated activity’ with vulnerable adults without checking the appropriate DBS Barred registers, and where relevant will refer suitability concerns of employed staff and volunteers to the Disclosure and Barring Service should allegations be raised.

9.2 Training

- Familiarisation with all Sefton CVS policies and procedures during induction
- Access to the Level 1 NSPCC Protecting Vulnerable Adult Training to equip staff with the skills and knowledge to carry out the role of the ‘alerter’. This is mandatory for all staff and volunteers working with vulnerable adults.
- Access to Sefton Councils Safeguarding Adults Alerter Training (if available).
- To ensure suspected cases are appropriately recorded and reported to Social Services Customer Access Team.
Basic level training should include the following areas of training:

- Understanding the basics
- Types of abuse and recognising signs of abuse
- Reporting abuse
- Good practice guidelines.

9.3 Management and Supervision

- It is the role of the Project Manager to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact.

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- Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

9.4 Record Keeping

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles. (please refer to Confidentiality & Data Protection Policy)
- All incidents should be discussed in supervision with line manager.
- Records kept by paid workers about vulnerable adults should only include:
  - Contacts made
  - Referrals made, including date, time, reason and referral agency
  - Sefton CVS may have specific projects that need to keep more detailed records, and these will be identified by the Project Manager and made known to the team.
- Records will be held and stored securely in a central place by the designated person and in accordance with the Sefton CVS data protection policy. Records will be destroyed in line with the Sefton CVS data retention schedule guidelines. If other staff hold records in relation to referrals discussed with the designated person these guidelines should also be followed.

9.5 Planning

- Wherever possible staff and volunteers should avoid lone working with a vulnerable adult but if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight.

9.6 Access to an appointed person
• Any vulnerable adult who comes into contact with Sefton CVS staff or volunteers regularly should be given information on their right to talk with an appointed person, and their name and contact arrangements. This could form part of the normal registration process.

9.7 Designated Person

In accordance with best practice, Sefton CVS has nominated a Senior Manager as the ‘Designated Person’ and an appointed ‘Deputy Designated Person’ whom has specialist knowledge regarding the delivery of health and social cares services to vulnerable adults. Together, the designated leads take responsibility for dealing with child protection and safeguarding issues, providing advice and support to other staff, liaising with other staff and working alongside other agencies. All staff will be made aware of these roles and will receive introductions to either one or both leads as part of their induction to the organisation.

The Designated Person for Sefton CVS is:
Nigel Bellamy, Deputy Chief Executive, Sefton Council for Voluntary Service, 3rd Floor, Suite 3B, North Wing, Burlington House, Crosby Road North, Waterloo, L22 0LG.

In his/her absence the Designated Person is:
Rachel Bridge, Health and Wellbeing (Adult) Lead, Sefton Council for Voluntary Service, Suite 3B, North Wing, Burlington House, Crosby Road North, Waterloo, L22 0LG.
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10.0 THE PROCESS OF ALERTING

Alerting is the process of telling that you are aware of, or suspect, that abuse has taken place or that the risk of abuse occurring is high. Everyone that works with vulnerable people has a duty to share concerns even when the vulnerable person has requested that they do not.

Alerts MUST be made promptly. Alerts can be made by anyone.

Alerting or raising a concern about abuse means:
- Recognising signs of abuse/ongoing bad practice;
- Responding to a disclosure;
- Reporting a concern, allegation or disclosure;
- Recording initial information
- Working strictly in accordance with anti-discriminatory practice.

1. As an alerter your first responsibility should be to ensure the safety and protection of the vulnerable person. You need to be mindful of the fact that, where there are suspicions that a crime may have taken place, there is a need to contact the police immediately and all physical, forensic and any other evidence needs to be carefully preserved. This means that ‘scenes of crime’ should be sealed off if possible and items that may contain DNA evidence must not be handled.

2. Victims should be discouraged from washing/bathing and removing clothing. Any bedding, clothing, or other significant items that are given to you should be stored in a safe, dry place.

3. As an alerter you are required NOT to interview the victim or any potential witnesses and NOT to alert the alleged perpetrator. You are asked to note your observations in relation to the condition and attitude of people involved and all actions that you have taken and report them immediately to the appropriate person within your setting. Records of incidents and concerns should be written as soon as possible and include the date, your signature and designation. The original copy, if hand written should be kept, for evidential purposes.

4. All workers need to be mindful of the fact that all records relating to an alert, referral or investigation can be used as evidence in a range of procedures: criminal, civil, disciplinary or at a safeguarding case conference.
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5. It is important that all alerters are attentive to any information given directly by the alleged victim and record this information carefully using the person’s own words. Alerters MUST only clarify basic facts of the reported incidents and MUST avoid asking leading questions.

6. Alerters need to make the service users for whom they work aware that workers are not allowed to keep secrets but that every effort will be made to respect confidentiality.

7. Alerters must not freely discuss the alleged incident with others. Only the Police have the responsibility to establish if a criminal offence has been committed.

8. Alerters must not freely discuss the alleged incident with others. Only the Police have the responsibility to establish if a criminal offence has been committed.

**11.0 REPORTING AND RECORDING**

Failure to report a concern, allegation or disclosure will be viewed extremely seriously and may result in any or all of the following:

- criticism of your practice;
- disciplinary action;
- suspension;
- dismissal;
- a report being forwarded to your professional body if you have registration, for example with the General Social Care Council or Nursing (GSCC).

The procedure for recording in 11.0 must be adhered to at all times when making a suspected safeguarding referral.

When considering the appropriateness of sharing information The Data Protection Act should not be considered as a barrier, it simply sets out a framework to ensure that personal information is shared appropriately. Where there is concerns about a vulnerable adults wellbeing, it is best practice to gain consent to share information, however this may not always be appropriate. If there are concerns an adult may be at risk of serious harm, then follow the relevant procedures without delay. HM Government Information Sharing: Guidance for practitioners and managers can be referred to for further guidance

If you are unable to follow Sefton CVS organisational procedure for any reason you should contact the referral agency – which is Sefton Council who has responsibility’ or
alternatively the police. **Any such failure will be regarded as colluding with the abuse.**

To report a safeguarding adults referral **Sefton Plus can be contacted on 0845 140 0845.** This number is during normal working hours (Monday – Thursday 9.00am – 5.30-pm and Friday 9.00am – 4.00pm) or the Emergency Duty Team outside of these hours: **Out of Hours 0151 920 8234.**
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11.1 The Importance of Recognising Signs of Abuse

Practitioners need to be constantly mindful of the need to carefully monitor standards of care. There is the need to ensure dignity in care delivery and practitioners need to consider observed practice and challenge if this practice would be acceptable if delivered to oneself. People need to ensure that carers are working strictly in accordance with anti-oppressive practices and be alert to hints, signals or non-verbal communication that could indicate abuse.

11.2 Responding Appropriately to Disclosure:

Incidents of abuse or crimes may only come to light because the abused person themselves talks to someone else without considering that they are experiencing abuse when they tell what is happening to them. Disclosure may take place many years after the actual event or when the person has left the setting but even if there is a delay the information must be taken seriously. If someone makes an allegation or discloses abuse:

11.3 Do

11.3.1 Staff member or volunteer should:
  • Stay Calm
  • Listen patiently
  • Reassure the person they are doing the right thing by telling you
  • Explain what you are going to do
  • Report to relevant Manager
  • Write a factual account of what you have seen, immediately.

11.4 DO NOT

11.4.1 Staff member or volunteer should not:
  • Appear shocked, horrified, disgusted or angry
  • Press the individual for details (unless requested to do so)
  • Make comments or judgements other than to show concern
  • Promise to keep secrets
  • Confront the abuser
  • Risk contaminating evidence

11.4.2 Discuss with the Relevant Manager who will:
  • Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
  • Consider the vulnerable adult’s capacity to make decisions
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- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency
- Seek advice as soon as possible

11.5 The Process of Referral

A Referral is a formal report of an Alert to a Safeguarding Manager within an organisation or to Sefton’s Referral Agencies – either Sefton Plus or Merseyside Police. The Safeguarding Manager or the Referral Agency will record relevant information from the referrer about the alleged incident and its context (please see section – recording). Where an alleged perpetrator of abuse is also a vulnerable adult a referral should be made and a multi agency meeting convened.

Lack of Information MUST NOT delay Referral.

Referrals are to be copied to the Council’s Safeguarding Adults Coordinator by each individual organisational Safeguarding Manager and can be faxed on 0151 934 2276 or emailed to joan.coupe@sefton.gov.uk

11.6 Good Practice for Referrers

Referrers must check immediate safety has been considered for the vulnerable person and all other vulnerable people. Referrers need to, where possible assess the mental capacity of the individual and their ability to consent.

Referral agencies need to consider suspension of workers against whom allegations of abuse have been made and give consideration to making a Protection of Vulnerable Adults referral (POVA) and Regulatory Body Notification. Referrers need to ensure that all relevant factual information is shared on contact.

11.7 SUMMARY

- The employee or volunteer’s primary responsibility is to protect the vulnerable adult if they are at risk
- Each employee or volunteer has a duty to take action
- Employees or volunteers should not have to cope alone.
THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF VULNERABLE ADULTS. TO THIS END IT IS THE RESPONSIBILITY OF ALL STAFF TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS TO A RESPONSIBLE PERSON OR AGENCY.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)

- Remember to have regard to your own safety. Leave the situation if it is not safe for you.

- Listen to the vulnerable adult, offer necessary support and reassurance. Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.

- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible.

- However, decisions about whether to respect the service user’s wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult’s wishes may be overridden in favour of considerations of safety.

- Decisions to override the vulnerable adult’s wish not to take the matter further should if possible be the product of discussion with appropriate line management.

- Note your concerns and any information given to you or witnessed by you.

- Report concerns to the appropriate line manager.

- **REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE.** By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.

- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.
12.2 DISCUSSION AND DECISION MAKING

INFORMATION SHOULD BE SHARED WITH YOUR LINE MANAGER, WHO MUST APPROVE ANY ACTIONS TO BE TAKEN AND ANY DOCUMENTATION OR CORRESPONDENCE BEING SENT OUT.

Employees with concerns should discuss them with their line manager on the same day. If the line manager is not available, then any concerns should be discussed with the Chief Executive or their Deputy.

Volunteers with concerns should discuss these discreetly with their co-ordinator or Line Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable then any concerns should be discussed with the Chief Executive of Sefton Council for Voluntary Services, or their Deputy.

Concerns about colleagues. These should be addressed initially with the Line Manager, but if this is not possible or the concern is about the Line Manager or other senior member of staff, then any concerns should be discussed with the Chief Executive.
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12.3 TO REFER OR NOT TO REFER

THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY THE APPOINTED PERSON OR THEIR DEPUTY AND THE CHIEF EXECUTIVE SHOULD BE INFORMED.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, Care Quality Commission) the following should be taken into account:

- The wishes of the vulnerable adult, & their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. NCSC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation.
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12.4 ISSUES OF MENTAL CAPACITY & CONSENT

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed.

12.5 WHO TO REFER TO OR REPORT CONCERNS TO

- **Sefton Plus** is the point of referral within Social Services 0845 140 0845; the Emergency Duty Team, if urgent and outside normal office hours is 0151 920 8234
- Relevant hospital Social Services team if vulnerable adult is in hospital
  Community Mental Health Team where the vulnerable adult has an ongoing mental health need
- The Care Quality Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime.
12.6 INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS:

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability Details of GP and any known medication

- Whether the individual is aware of and has consented to the referral/report

- The mental capacity of the individual (are there any concerns/doubts about this?)

- If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral

- Details of how these concerns came to light

- Specific information relating to these concerns

- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken

- Details of anyone else to whom this referral has also been made

- Details of the alleged perpetrator and if they are a vulnerable adult

- Details of alleged abuse and information about suspicions

- Details of any other background information

- An impression of how serious the situation might be

- Details of any other professional involved

- Details of carers and any significant family members, neighbours, friends

INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE
CONFIRM IN WRITING INFORMATION GIVEN VERBALLY
SEFTON CVS SAFEGUARDING ADULTS POLICY

12.7 FLOW CHART

1. Victim
2. Suspicion or disclosure of abuse to staff member/volunteer
3. Is it an emergency?
   - Yes: Contact Emergency services: Police, ambulance, GP etc.
   - No: Project/Line Manager
4. Project/Line Manager
5. Appointed person/Deputy
6. Decision to refer/not to refer: Discuss with appropriate parties: Staff member/volunteer, victim, Chief Executive, Project/Line Manager
7. Refer to appropriate agency: Social Services Contact Number, police or Care Quality standards.
8. Yes: Inform Chief Executive
9. No: Inform others relevant parties: Staff member/volunteer, victim

SEFTON CVS SAFEGUARDING ADULTS POLICY

13.0 CONTACT ADDRESSES

13.1 Police

Marsh Lane Police Station Marsh Lane Bootle Merseyside L20 5BW
Opening Hours: Monday – Saturday 7am – 7pm, Sunday 11am – 7pm

Crosby Road Police Station Alexandra Road Waterloo Merseyside L22 1RX
Opening hours: Monday – Sunday 11am – 11pm.

Copy Lane Police Station Copy Lane Bootle Merseyside L30 7PR
Opening hours: Monday – Saturday 8am – 10pm, Sunday 8am – 6pm.

Maghull Police Station Westway Maghull Merseyside L31 0AA
Opening hours: Monday – Friday 8am – 4pm, closed Saturday and Sunday

Ainsdale Police Station 2 Segars Lane Ainsdale Merseyside PR8 3HT
Opening hours: Monday – Friday 8am – 4pm, Saturday 10am – 4pm and closed on a Sunday

Formby Police Station Church Road Formby Merseyside L37 3NA
Opening hours: Monday – Friday 8am – 4pm, closed Saturday and Sunday

Southport Police Station Albert Road Southport Merseyside PR9 0LL

13.2 Social Services

Sefton Plus: 0845 140 0845
Emergency Duty Team: 0151 920 8234

Sefton Council - Social Services Merton House, Stanley Road, Bootle L20 3DL Tel: 0151 934 3737 Email: SocialCare.CustomerAccessTeam@social-services.sefton.gov.uk
SEFTON CVS SAFEGUARDING ADULTS POLICY

13.3 Care Quality Commission (CQC)

Care Quality Commission Finsbury Tower 103-105 Bunhill Row London EC1Y 8TG Tel: 03000 616161

13.4 Community Mental Health Teams

A&E Mental Health Liaison Service (Aintree) Mersey Care NHS Trust Accident and Emergency Department University Hospital Aintree Lower Lane Liverpool L9 7AL Tel: 0151 529 8145 Fax: 0151 529 2822
Email: Noreen.clarke@merseycare.nhs.uk

Early Intervention Psychosis Team – North Sefton Mersey Care NHS Trust Hesketh Centre 51-55 Albert Road Southport PR9 0LT Tel: 01704 38306 Fax: 01704 383063
Email: nicky.fearon@merseycare.nhs.uk

Early Intervention Psychosis Team – South Sefton Mersey Care NHS Trust Oak House University Hospital Aintree Site Lower Lane Fazakerley L9 7AL Tel: 0151 529 8286/8015 Fax: 0151 529 8887
Email: nicky.fearon@merseycare.nhs.uk

Community Access Team - Southport Mersey Care NHS Trust The Paterson Unit Hesketh Centre 51-55 Albert Road Southport PR9 0LT Tel: 01704 383054 Fax: 01704 383058
Email: julie.mangan@merseycare.nhs.uk

Bootle Community Mental Health Team Mersey Care NHS Trust 3 Merton Road Bootle Liverpool L20 3BG Tel: 0151 330 6900 Fax: 0151 330 6902
Email: Kieran.daly@merseycare.nhs.uk

Crosby Community Mental Health Team Mersey Care NHS Trust 12 Haigh Road Waterloo Liverpool L22 3XP Tel: 0151 330 6700 Fax: 0151 330 6722
Email: jo.topolski@merseycare.nhs.uk

North Sefton Community Mental Health Team Shakespeare Street Unit 14-16 Shakespeare Street Southport Merseyside PR8 5AB Tel: 01704 548 Fax: 0151 934 2577
Email: Marcella.camara@merseycare.nhs.uk
**Eating Disorders Service** Mersey Care NHS Trust Rathbone Hill Mill Lane Liverpool L13 4AW Tel: 0151 471 7751 Fax: 0151 471 7720

**SEFTON CVS SAFEGUARDING ADULTS POLICY**

**Hospital Trusts**

**Aintree University Hospitals NHS Trust** University Hospital Aintree Longmoor Lane Liverpool L9 7AL Tel: 0151 525 5980 Fax: 0151 525 6086
Email: info@aintree.nhs.uk

**Walton Hospital** Rice Lane Liverpool L9 1AE Tel: 0151 525 3611
Email: info@aintree.nhs.uk

**Southport and Formby District General Hospital** Town Lane, Kew Southport Merseyside PR8 6PN Tel: 01704 547471
Email: matthew.king@southportandormskirk.nhs.uk

**Ormskirk District General Hospital** Wigan Road Ormskirk Lancashire L39 2AZ Tel: 01695 577111
Email: matthew.king@southportandormskirk.nhs.uk

**13.7 NHS Walk-In Centre**
**Walk-in Treatment Centre** Litherland town Hall Health Centre Hatton Hill Road Litherland L21 9JN Tel: 0151 475 4667/8

**13.8 NHS Direct** Tel: 0845 4647
14.0 NATIONAL ORGANISATIONS

**ACTION ON ELDER ABUSE** PO Box 60001 Streatham SW16 9BY Tel: UK helpline 0808 808 8141; General number: 0208 835 9280 Fax: 0208 696 9328 Raise awareness of elder abuse and provides information.

**ALZHEIMER’S SOCIETY – Liverpool and South Sefton Branch** Alzheimer's Society Neurosupport Centre Norton Street Liverpool L3 8LR Tel: 0151 298 2444 liverpool@alzheimers.org.uk

**ANN CRAFT TRUST** The Ann Craft Trust Centre for Social Work University of Nottingham University Park Nottingham NG7 2RD Tel: 0115 951 5400 Fax: 0115 9515232 Email: ann-craft-trust@nottingham.ac.uk A national association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

**COUNSEL & CARE** Counsel and Care Twyman House 16 Bonny Street London NW1 9PG Tel: 0845 300 7585 Fax: 0207 267 6877 Email: advice@counselandcare.org.uk

Advice Line. This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations.

**MIND** 15-19 Broadway Stratford London E15 4BQ Tel: 0208 519 2122 Infoline: 0845 7660 163 Fax: 0208 522 1725 Email: contact@mind.org.uk Information re mental health related issues. Help in finding out options and local services.

**RELATIVES AND RESIDENTS ASSOCIATION** 24 The Ivories 6-18 Northampton Street London N1 2NY Tel: 0207 359 8148 Fax: 0207 226 6603 Advice line: 0207 359 8136 Email: info@reles.org Help information or advice about a relative who is in a care home or about to enter one.

**SANELINE** 1st Floor Cityside House 40 Adler Street London E1 1EE Tel: 0207 375 1002 Fax: 0207 375 2162 Email: info@sane.org.uk National helpline for anyone coping with mental illness.
Adults Safeguarding Concern Report Form for Sefton CVS Staff and Volunteers

Please complete this form as fully as possible and hand it to your designated lead who will be able to support you in following the CVS policy and procedures. The designated lead is also responsible for safely storing and monitoring this information inline with the Sefton CVS data protection and storage guidelines. If additional copies are maintained by staff for reference, these policies and guidance should also be followed by staff holding this information.

Name of Adult:  
Gender:

Age and date of birth:  
Ethnicity:

Religion:  
First language:

Any Disability:  
Any special factors:

Home address (and phone no. if available):

Are you reporting your own concerns or passing on those of somebody else? Give details:
Brief description of what has prompted the concerns: include dates, times etc. of any specific incidents:

Any physical signs? Behavioural signs? Indirect signs?:

Have you spoken to the adult? If so, what was said?:

Have you spoken to their carer if applicable? If so, what was said?

Has anybody been alleged to be the abuser? If so, give details.

Have you consulted anybody else? Please provide details.

Your name and position and contact details:

In what capacity have you had any contact with the child / young person:

To whom have you reported the concern and date of reporting:
<table>
<thead>
<tr>
<th>Reporting Staff / Volunteer Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Signature (Where Appropriate)</td>
<td>Date:</td>
</tr>
<tr>
<td>Actions Taken by Designated Safeguarding Lead:</td>
<td></td>
</tr>
<tr>
<td>Designated Persons Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
Sefton CVS Safeguarding Procedures Flow Chart (Safeguarding Vulnerable Adults)

**CVS Staff or Volunteer is made aware of safeguarding concern**

Staff member or volunteer accurately records events giving rise to concern on the CVS recording form (this can be found on the shared drive in the Policy Folder (Safeguarding Adult Policy - Appendix 15.0) or in the safeguarding folder held by the Designated Person(s). He/She immediately informs their line manager and if further support/guidance is needed the Designated Person Nigel Bellamy Tel: 0151 9200726 ext 108 / 07711845742 or Deputy Rachel Jones Tel: 0151 9200726 ext 218 who will provide guidance on action that needs to be taken.

All records should be forwarded to the designated person so they can be held securely centrally.

*(Recording forms available on safeguarding link at www.seftoncvs.org.uk)*

**Staff member or Volunteer believes concern should be acted upon but Designated Person does not agree.**

**If an adult discloses abuse it must not be investigated further by any staff or volunteers of CVS:**

- If it is thought an adult has suffered sexual abuse the police must be contacted immediately on 999
- If it is thought an adult has suffered severe harm (e.g. physical assault) the police must be contacted immediately on 999 – if medical attention is required this must take priority over any other action
- If it is thought an adult may be in need of protection to prevent significant harm from occurring they must refer the matter to Sefton Plus on 0845 140 0845 or 0151 920 8234 (if out of hours).

A verbal referral should be made by telephone to Sefton Plus (by either the staff/volunteer or Designated Person/ Deputy on 0845 140 0845 or Social Care Emergency Duty Team 0151 920 8234 (if out of hours). This should be followed up in writing within 48 hours. A call back will be made to follow up the referral from the Social Care Customer Access Team.

**Safeguarding Concern dealt with via Sefton Adults Framework for Action.**

Investigations are carried out by nominated officers within individual Social Care Teams.