



Warrington Safeguarding Adults Procedures – Section 4: Identifying and raising a safeguarding concern

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4 Identifying and Raising a Safeguarding Concern

Safeguarding Concern

- **Concerns about Abuse or Neglect are identified**
- **Immediate needs for safety and protection are met**
- **Safeguarding Concern is referred to the Local Authority**

4.1 Raising a concern

Safeguarding is everybody's business and anyone who suspects an adult is experiencing or at risk of abuse or neglect, should act and raise a safeguarding concern. These procedures explain how to deal with a range of situations which may apply when a safeguarding concern is identified and how to raise the concern.

There is an expectation that all staff working with adults (including volunteers or those who are contracted through an agency) will have access to and be able to comply with the safeguarding policy, procedures and practice guidance. Staff such as care workers, nurses, doctors, and social workers, must report any concern of harm, abuse or neglect under their professional code of conduct and relevant legislation and guidance. It is important that if abuse or neglect is identified, any immediate needs for protection and safety are considered.

4.2 Emergency protection

The person reporting the concern needs to evaluate the risks and take steps to ensure that the adult is not in immediate danger. It is also important to consider any wider concerns or impact on other adults or the general public as a result of the incident in order for all risks to be managed appropriately. This includes the need to contact the police or other emergency services where there is an immediate need for medical treatment or an immediate risk of serious harm or death.

In these situations where it is suspected that a crime has been committed, or is in progress, the Police should be contacted immediately.

In health or social care settings, the most appropriate professional to initiate contact with the police would be the manager or senior member of staff, but this should not result in delays in referring safeguarding concerns.

4.3 Other immediate issues to consider

Whilst the first concern must be to ensure the safety and wellbeing of the adult, there are a broader range of issues which need to be considered

- Securing appropriate medical attention
- Ensuring the safety of others, including yourself
- Steps necessary to secure the safety of other adults who may be affected who are also at risk or in need of care and support
- Steps necessary to avoid disempowering the adult
- Depending on capacity issues, the need to liaise with family
- The possible need for advocacy

- Preserving evidence e.g. written records, case notes, identifying staff who have directly observed any abuse occurring, security video recordings
- The needs of the individual alleged to be responsible, who may also be an adult at risk or need of care and support themselves

It is important that

- You do not start investigating the incident yourself (see section 5.1)
- If the person alleged to be responsible for the abuse or neglect contacts you, you should not talk to them about the incident and do not give them any information about the adult at risk

4.4 The allegation or disclosure of abuse

Although this procedure is primarily aimed at staff of organisations, the following principles and approaches may be applied by anyone to whom a disclosure is made.

The person to whom an allegation of abuse is first made has an important and responsible role. Gaining the right kind of information from the adult disclosing the abuse will provide a clear foundation for any subsequent investigation or enquiry. It is important to:

- Listen carefully to the adult's disclosure and do not ask leading questions
- Record the disclosure factually as details may be required for subsequent legal or disciplinary proceedings. This is what the police would refer to as a "first account"
- Assure the adult they have done the right thing in disclosing the abuse
- Do not promise to keep secrets
- Ask them what they want to happen with regard to the allegation
- Clarify if the adult wishes to consent to a safeguarding concern being raised
- Take any steps necessary to ensure the safety of the adult at risk
- Inform your line manager
- Provide a contact number for the adult

REMEMBER: If the adult does not have capacity to consent, raise the concern on their behalf. If the adult has capacity but does not wish for a concern to be raised you can override their wishes if you think others may also be at risk, or if you feel that the adult is under duress not to pursue the concern. If in a work environment is always wise to discuss any such situation with your line manager in order to fully evaluate the issues.

4.5 Medical examinations

Medical examinations may be required if either treatment is needed, and/or that the examination may provide vital evidence, which could be used in a prosecution.

In situations of alleged physical and sexual assault, the police may organise a medical examination. A referral may be made to the Sexual Assault Referral Centre (SARC). Informed consent must be obtained from the adult for the medical examination to be carried out. If the adult at risk does not have capacity reference to the Mental Capacity Act should be made.

It is also important to;

- (a) Ensure that no one has physical contact with either the adult at risk or the person alleged to be responsible as cross-contamination can destroy evidence.
- (b) Where medical attention is required due to injury it should be administered, but the threat of cross contamination of evidence should be minimised.
- (c) Where appropriate, protect bedding and do not wash it.
- (d) Preserve any items with bodily fluids on them, like blood or semen.

4.6 Preserving evidence

The following checklist aims to help you ensure that vital evidence is not destroyed.

- (a) If the adult has a physical injury and it is appropriate for you to examine the injury site, always obtain their consent first.
- (b) Do not touch what you don't have to. Wherever possible, leave things as they are. Do not clean up, do not wash anything or in any way remove fibres or blood. If you do have to handle anything at the scene, keep this to a minimum.
- (c) Do not touch any weapons unless they are handed directly to you. If this happens, as before, keep handling to a minimum. Place the items/weapons in a dry, clean place until the Police collect them.
- (d) Preserve clothing and footwear, do not wash or wipe them. Handle them as little as possible.
- (e) Preserve anything that was used to comfort the adult, for example, a blanket.
- (f) Secure the room, do not allow anyone to enter unless strictly necessary to support you or the adult and/or the person alleged to be responsible, until the Police arrive.
- (g) For financial issues ensure that receipts, bank books, bank statements, benefit books are secured.
- (h) Use a body map, describing any marks, swellings, lacerations or other injuries carefully (cuts, bruises, scratches), and consider whether photographs should be taken of any injuries.

Ensure that for each map completed the date and time they were completed is recorded along with the name of the person completing the map. Any photographs should be time and date stamped.

- (i) Secure and make a copy of the relevant notes and documentation prior to giving originals to the police as evidence as they may be needed for any subsequent or parallel investigations.

4.7 What happens if the individual alleged to be responsible is an adult at risk or an adult in need of care and support?

An adult can be abused by another adult at risk, or in need of care and support. In some settings this behaviour may not even be recognised or considered as abusive and there is a danger that such behaviour becomes perceived as normal and acceptable.

It is absolutely necessary to address abusive behaviour that may have become culturally acceptable, and excused as 'challenging behaviour'.

Consideration should be given as to whether the adult who has caused the concern to be made has a care plan and measures in place that are appropriate to their care and support needs and relevant the level of risk posed, or whether they require a reassessment.

It may be necessary to take immediate action which could include removing the adult at risk or the adult causing the concern, or increasing the level of supervision for example, one to one supervision as an interim protection plan.

It is important that the needs of any adult at risk of or who has been abused are separately assessed from the needs of the potential source of risk.

Important considerations in dealing with adults who pose a risk include:

- The potential risk to others
- The extent to which the adult understands their actions
- The extent to which the abuse or neglect reflect that their needs are not being met
- The need for advocacy or support.

REMEMBER: You need to consider whether other adults are at risk in the situation.

All adults at risk, including those subject to sections of the Mental Health Act, or the criminal justice system, are entitled to be protected from abuse, their dignity respected and as far as possible prevented from abusing other adults.

Under the Mental Capacity Act, people who lack capacity and are suspect of abuse or neglect, are entitled to help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place.

The responsibility to report a crime should not be influenced by whether the adult concerned has care and support needs.

4.8 What happens when the individual alleged to be responsible works with adults in either a paid or unpaid capacity?

If there is a concern that an adult is experiencing or at risk of abuse or neglect, these procedures must be followed regardless of the source of harm. When the individual alleged to be responsible is a member of staff, regardless of the position they occupy in the organisation, it is the organisations responsibility is to respond swiftly to ensure the immediate safety and wellbeing of the adult and to take any necessary actions to reduce any further risk, recording the actions they have taken.

All organisations should have procedures in place that can be followed when a safeguarding concern relates to a member of its own staff and a confidential reporting (whistle blowing) policy.

The local authority's relevant partners, as set out in section 6 (7) of the Care Act, and those providing universal care and support services, should have clear policies in line with those from the safeguarding adults board for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs. Such

policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

The Safeguarding Adults Board is responsible for ensuring there is effective coordination and oversight regarding allegations and issues of concern about staff who have harmed or posed a risk to adults. Whilst the focus of safeguarding adults work is to safeguard one or more identified adults with care and support needs, there are occasions when incidents are reported that do not involve an adult at risk, but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust.

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Examples of such concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed a criminal offence against, or related to, an adult or child
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs

When a person's conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the local authority's designated officer.

If a local authority is given information about such concerns they should give careful consideration to what information should be shared with employers (or student body or voluntary organisation) to enable risk assessment.

Employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with adults should be reported immediately to a senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns.

If an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

Local authorities should ensure that their safeguarding information and advice services are clear about the responsibilities of employers, student bodies and voluntary organisations, in such cases, and signpost them to their own procedures and legal advice appropriately. Information and advice services should also be equipped to advise on appropriate information sharing and the duty to cooperate under Section 6 of the Care Act.

Local authorities should ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

- Where relevant and necessary, not simply all the information held
- With the relevant people who need all or some of the information
- When there is a specific need for the information to be shared at that time

REMEMBER: Employers who are also providers or commissioners of care and support not only have a duty to the adult but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. The worker should be made aware of their rights under employment legislation and any internal disciplinary procedures.

4.9 Reporting a safeguarding concern

Warrington Borough Council's Families and Wellbeing Directorate are responsible for co-ordinating a planned response from the local authorities adult social care services to all reports of suspected abuse or neglect of any adult, as defined by the Care Act.

A concern should be raised as soon as possible and always within 24 hours from when the abuse or neglect has been disclosed, witnessed or suspected. The main objective should always be to work with the adult and prevent further harm. A professional, or any other person who has reason to believe that an adult at risk is experiencing abuse or neglect, must address their concerns with Warrington Borough Council's Access Social Care Team on the following telephone numbers:

Access Social Care Team: 01925 444239

Out of Hours Team: 01925 444400 (5pm to 9am weekdays and weekends)

They will take all relevant details on the phone and offer you further advice if necessary. (Employees of adult social care services can put their referral directly into the adult social care's IT system for immediate action).

Wherever possible, the person reporting the safeguarding concern should also have ensured the adults immediate safety, and taken a first account from the adult. A first account is a Police term meaning a simple explanation from the alleged victim as to what has happened. **This does not amount to a statement.**

If a professional has taken this first account, they should consider initiating a conversation with the adult (or if the adult does not have the relevant mental capacity, with their representative) as to what their views and wishes regarding the concern are.

Occasionally, obtaining an adults view at this point may not be always appropriate.

However it is good safeguarding practice that the person who knows the adult best and/or has the necessary skills and experience talks to the adult about what outcomes they would like from the situation.

The adult's view of the concern and possible responses, if obtained at this point, should not be assumed to final and unchangeable. As with any situation where there may be surprise, upset or even trauma, how people view events after a few days reflection may change. This should be seen as the start of a conversation with the adult, and not the only conversation.

Although those referring concerns will be encouraged to provide their name and contact details, information provided anonymously to adult social care services will be taken at face value and treated seriously. It is a requirement however that concerns raised by professionals involved in the care of an adult at risk are not made anonymously.

4.10 Information required

On contact with the Access to Social Care Team or Out of Hours Service the expectation is that the following information will normally be supplied in order to provide an effective response to the safeguarding concern:

- Details about the adult, including name, date of birth, address, ethnic origin, language spoken or communication method, mental capacity
- Details of the person raising the concern, their involvement and contact details
- The nature of the concern, who is involved, where, when and how
- Details of any witnesses and how they are connected to the situation
- Details of the person of concern and how they are connected to the adult
- Whether there are any others who may be at risk, including children or other adults in need of care and support
- Details of any other agencies involved, including the Police
- Whether the adult or relevant others are aware and consent to your contact with safeguarding services
- What the adult or relevant others wishes or views are
- The possible movements and/or locations of the adult, relevant others and person of concern
- The steps that have been taken to immediately protect or support the adult and others

In certain circumstances, such as an urgent situation, or in the case of a concern raised by a member of the public; some information may not be immediately available. This should not prevent a safeguarding concern being reported as the adult's safety and wellbeing may depend on a swift response.

4.11 Seven golden rules for information sharing

Professionals and other staff need to be aware of the following responsibilities when sharing information:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person, where possible. This may include your organisation's Caldicott Guardian, where applicable, legal team or Designated Adult Safeguarding Manager/safeguarding lead.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case and advice given.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and any others who may be affected.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

