Safeguarding Adults Procedures

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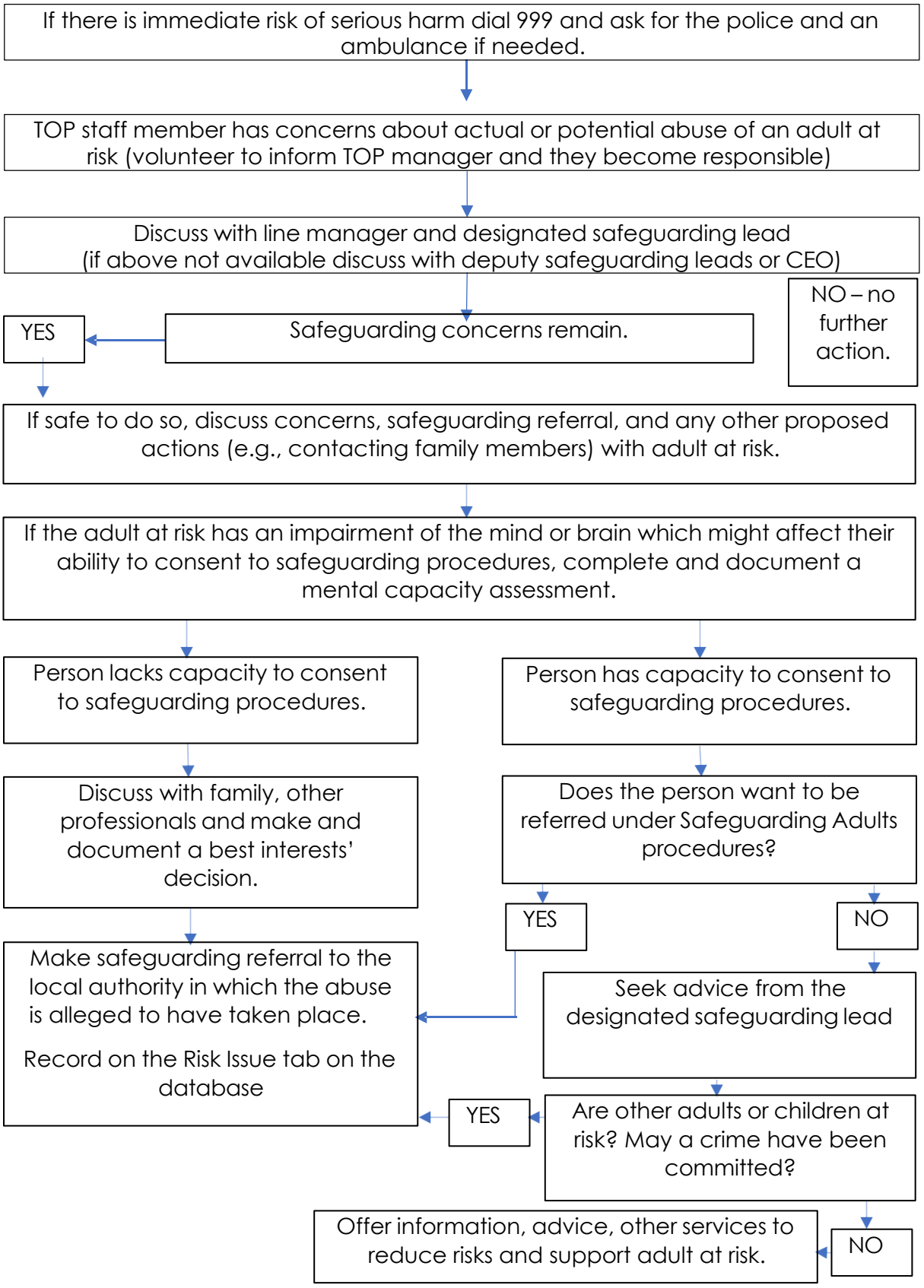
Action in response to safeguarding concerns flowchart



Safeguarding adults' procedures

1. Introduction

Triumph Over Phobia UK (TOP) is committed to ensuring that all adults are safe from the risk of abuse as defined by the Care Act 2014 (Care Act 2014 (legislation.gov.uk)).

This procedure applies to anyone working on behalf of TOP, including senior managers, the Board of Trustees, employed staff, self-employed staff, and volunteers. These procedures refer to workforce as a term which encompasses all these groups of people.

The purpose of this procedure is to give the workforce a clear understanding of their statutory duties and to enable them to support adults at risk effectively using relevant safeguarding adults' procedures.

To facilitate our commitment to safeguarding, TOP has developed this safeguarding procedure and separate procedures that set out:

- Guidelines to ensure a safe and supportive environment for clients, and the workforce.
- Guidance on procedures the workforce should follow if they suspect an adult may be experiencing, have experienced, or be at risk of, harm.

2. Definition of an adult at risk

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

https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

Some adults are at higher risk (What is safeguarding? | SCIE):

- People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it.
- People with communication difficulties can be particularly at risk because they may not be able to alert others.

Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

3. Categories of abuse

Abuse and neglect can take many forms. Organisations and individuals should not be constrained in their view of what constitutes abuse or neglect and should always consider the circumstances of the individual case.

Incidents of abuse may:

- Be a single or repeated act.
- Be intentional or unintentional.
- Be carried out by anyone.
- Happen anywhere.

Signs of abuse can often be difficult to detect. Many forms of abuse are also criminal offences and should be treated that way.

Care Act guidance (Care and support statutory guidance - GOV.UK (www.gov.uk)) identified ten types of abuse:

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern Slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission.
- Self-neglect

Please see appendix one for more information about the different types of abuse.

4. Reporting abuse – raising a concern.

If a member of the workforce suspects, or hears an allegation, that abuse has taken place, they must inform their line manager and the designated safeguarding lead for advice and support.

Discussion must include whether the concern should be raised with adult social care and who is best placed to do this (usually the person who has observed or heard something that caused concern).

If there is an immediate risk of serious harm, the workforce member should dial 999 and ask for the police and ambulance (if needed).

Managers must not instigate, and workforce members must not undertake, an investigation as this may compromise a full investigation by adult social care and the police under safeguarding procedures.

Information sharing and consent.

All adults have a right to be involved in discussions about their own lives and to decide whether they want to be referred to adult social care and for safeguarding procedures to be used. The adult at risk should be asked for their consent to be referred to adult social care under safeguarding adult procedures before the referral is made.

Even If an adult has not consented, a referral will need to be made if any of these apply:

- Seeking consent will put them at further risk of harm.
- Other adults or children are at risk.
- It is in the public interest because a criminal offence has or may have occurred.
- A child is involved.
- The alleged perpetrator has care and support needs and may also be at risk.
- Workforce members are implicated.
- Duress/coercion is involved,

If the person concerned is assessed as lacking capacity to consent to safeguarding processes being used, a Best Interests decision must be made (The Best Interests Principle and the Role of the Decision Maker (proceduresonline.com)). This must be fully documented.

Members of the workforce should follow the flowchart found at the start of these procedures in response to safeguarding concerns.

5. Information sharing

Where there are safeguarding concerns all members of the workforce have a duty to share information. It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.

Information should be shared with consent wherever possible.

A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g., in the interests of public safety, police investigation, implications for regulated service.

- 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.
- 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.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- 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 judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions or the actions of the perpetrator.
- Sharing should be 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.

- 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.

https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

6. Allegations relating to workforce members.

Action to be taken where an incident of abuse has or potentially has taken place whilst an adult is under TOP's supervision.

An adult may be under TOP's supervision when they are receiving group support, working for TOP or as volunteer.

The overriding priority in any situation is the immediate safety of the adult. Consideration must be given to removing the victim from any potential harm to a place where any physical/emotional needs can be cared for.

As well as establishing initial facts, there will be a need to ensure that any victim and alleged abuser are kept apart. This could include taking immediate steps to keep an adult safe by calling 999 and asking for the Police.

A full internal review will take place involving the senior management team and representation from the Board of Trustees where any learning and actions will be noted and implemented.

Action to be taken where a report or suspicion of abuse is made concerning a paid member of staff or volunteer.

Any allegation of abuse against a workforce member must be reported immediately to the line manager and CEO who will follow local Safeguarding Adults Board procedures where appropriate including the South West Region Adult Position of Trust framework if the alleged perpetrator/s work, or have worked, in a position of trust with adults and/or children. TOP's disciplinary policy will be followed in conjunction with specific advice given by the relevant local authority's safeguarding team.

Each situation will be considered individually, but the overriding priority will be the immediate safety and wellbeing of any adult concerned.

TOP will bring the allegations or suspicions to the attention of the authorities within the relevant social care area and/or police where required) as a matter of urgency. They will take advice from the relevant authorities on responding to the matter. They will work in partnership with the adult, carers, social care, the police, and any other involved authorities to ensure the best outcome.

A full internal review will take place involving the senior management team and representation from the Board of Trustees where any learning and actions will be noted and implemented.

At the conclusion of the investigation there may be a need for the employer to take disciplinary action.

Allegations/concerns that do not meet the harm threshold – referred to for the purposes of this procedure as 'low-level concerns'.

A low-level concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working or volunteering on behalf of TOP may have acted in a way that:

- is inconsistent with the code of conduct, and
- does not meet the harm threshold or is otherwise not serious enough to consider a referral to the relevant authorities.

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse. It is crucial that any low-level concerns are shared responsibly with the right person and recorded and dealt with appropriately. This ensures the safety and wellbeing of adults, creates a culture of openness, trust, and transparency, helps ensure that the workforce consistently model and reinforce our values and expected behaviour, and protects adults from false allegations or misunderstandings.

Members of the workforce should share any concerns as a matter of priority with the designated safeguarding lead. In their absence or if the concern is about them, it should be passed straight to the CEO.

The designated safeguarding lead or CEO will gather as much information as possible by speaking directly to the person who raised the concern (unless it has been raised anonymously), and to the individual involved and any witnesses. They will record this information, decide on the response and any action, and feedback to those involved. Members of the workforce should also proactively self-refer if they find themselves in a situation which could be misinterpreted or might appear compromising to others.

Welfare concerns / decision not to refer.

Where it is agreed with the designated safeguarding lead that concerns do not meet the threshold for a safeguarding referral to external agencies, a full record of the concern and the reasons for not referring the situation as a safeguarding matter should be kept. Consideration should be given, and any decisions recorded, to the appropriateness of passing the information on, or not, to relevant involved agencies and the family.

7. Record keeping

All concerns, discussions and decisions made, and the reasons for those decisions, must be recorded in writing. A member of staff must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time, and location.

All records are kept safe and secure and in line with data protection policies. If a service user is at high or immediate risk, group leaders are expected to discuss this with the designated safeguarding lead as a matter of urgency.

The record should include:

- date and time of incident/disclosure,
- parties who were involved, including any witnesses to an event,
- what was said or done and by whom,
- any action taken by the organisation to investigate the matter.
- any further action taken,
- where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency,
- name of person reporting on the concern, name, and designation of the person to whom the concern was reported, date and time and their contact details,
- any interpretation/inference drawn from what was observed, said, or alleged should be clearly recorded as such rather than stated as facts,
- the record should be signed and dated.

All records relating to safeguarding and welfare concerns will be kept securely and will remain confidential, in line with the TOP's Data Protection Policy.

8. Whistleblowing

All members of the workforce should feel able to raise concerns about poor or unsafe practice and know that such concerns will be taken seriously by the senior leadership team. Members of the workforce should raise any concerns at the earliest opportunity with the designated safeguarding lead, or directly to the CEO (please see appendix two for key contact numbers). All members of the workforce must be familiar with the TOP whistleblowing policy which contains further information and details on who to contact if they do not feel able to raise concerns internally or have concerns about the way their report is being handled.

Author of the policy Colin Kay Trustee

Date of the policy revision May 2025

Date approved by the Board. May 2025

Date of next review Board May 2026

Appendix 1 Types and indicators of abuse

This information is taken from: https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of- abuse

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive, and people may be subject to several abuse types at the same time.

Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing.
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g., opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g., over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g., tying someone to a chair)

Signs and indicators:

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP.

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this appendix relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Signs and indicators:

- Low self-esteem
- Feeling that the abuse is their fault when it is not.

- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family.
- Limited access to money

Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation, and intimidation
- harming, punishing, or frightening the person.
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Types of sexual abuse

- Rape, attempted rape, or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus, or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts.
- Indecent exposure

Signs and indicators:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing.
- Bleeding, pain or itching in the genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis.
- Self-harming
- Poor concentration, withdrawal, sleep disturbance

- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person.

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends.
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation, or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse.
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Signs and

indicators:

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits, or assets
- Employees taking a loan from a person using the service.
- Undue pressure, duress, threat, or undue influence put on the person in connection with loans, wills, property, inheritance, or financial transactions.
- Arranging less care than is needed to save money to maximise inheritance.
- Denying assistance to manage/monitor financial affairs.
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress.
- False representation, using another person's bank account, cards, or documents.
- Exploitation of a person's money or assets, e.g., unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority

- Rogue trading – e.g., unnecessary, or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

Signs and indicators:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney, or LPA.
- Recent changes in deeds or title to property
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- Disparity between the person's living conditions and their financial resources, e.g., insufficient food in the house.
- Unnecessary property repairs

Types of modern slavery

- Human trafficking
- Forced labour.
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution, and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

There is more information on identifying and reporting modern slavery here: Modern slavery - GOV.UK (www.gov.uk).

Signs and indicators:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community, seeming under the control or influence of others.
- Living in dirty, cramped, or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers

Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010 https://www.equalityhumanrights.com/equality-act/protected-characteristics)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic.
- Denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic.

Signs and indicators:

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear, or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care.
- Abusive and disrespectful attitudes towards people using the service.
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour.
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids.
- Not taking account of individuals' cultural, religious, or ethnic needs
- Failure to respond to abuse appropriately.
- Interference with personal correspondence or communication
- Failure to respond to complaints.

Signs and indicators:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated.
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items

- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational, and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans
- Lack of management overview and support

Types of neglect and acts of omission.

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation, and activity, personal or medical care.
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed.
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious, or ethnic needs
- Not taking account of educational, social, and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity.

Signs and indicators:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing

Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety.
- Neglecting to care for one's personal hygiene, health, or surroundings.
- Inability to avoid self-harm.
- Failure to seek help or access services to meet health and social care needs.
- Inability or unwillingness to manage one's personal affairs.

Signs and indicators:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing, or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding

- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury.

Prevent

Get help for radicalisation concerns - GOV.UK (www.gov.uk)

Prevent is a national programme that aims to stop people from becoming terrorists or supporting terrorism. It works to ensure that people who are susceptible to radicalisation are offered appropriate interventions, and communities are protected against radicalising influences.

Radicalisation can happen when a person develops extreme views or beliefs that support terrorist groups or activities.

There are different types of terrorism and Prevent deals with all of them.

The most common types of terrorism in the UK are Extreme Right-Wing terrorism and Islamist terrorism.

Prevent is run locally by experts who understand the risks and issues in their area, and how best to support their communities. These experts include local authorities, the police, charities, and community organisations.

Radicalisation can happen both in person and online.

Everyone is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. But these signs may mean someone is being radicalised:

- accessing extremist content online or downloading propaganda material
- justifying the use of violence to solve societal issues.
- altering their style of dress or appearance to accord with an extremist group.
- being unwilling to engage with people who they see as different.
- using certain symbols associated with terrorist organisations.

TOP recognises that workforce members may meet and work with people (adults and children) who are vulnerable to being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremis, which can popularise views which terrorists exploit.

Workforce members should be able to recognise the signs that someone has been or is being drawn into terrorism and know what support is available.

If workforce members have any concerns about a client of client's family member, they must speak to the designated safeguarding lead.

The client / family member must be kept fully informed of We Hear You's actions unless this places anyone at significant risk of harm.

Appendix 2 Key contact numbers

TOP'S key contacts

Name	Role	Email	Phone
Hannah Culff	CEO	hannah.culff@topuk.org	7890487192
Hannah Theodurou	Clinical Manager/DSL	hannah.theo@topuk.org	7563021207
J-Lo Hall	Clinical Assistant/ DDSL	j-lo@topuk.org	7432610166
Pamela Fox	Chair of Trustees	pamela.fox@topuk.org	7974713944
Colin Kay	Safeguarding Trustee	colin.kay@topuk.org	7941288475
Dr Andrew Bendell	Safeguarding Trustee	andrew.bendell@nhs.net	

Local safeguarding contacts Somerset

https://somersetsafeguardingadults.org.uk/report-a-safeguarding-concern/

Call Monday to Friday 8.30am to 5pm: 0300 123 2224

Email: adults@somerset.gov.uk

Safeguarding alert form: Safeguarding alert form - Somerset Council

To speak to a social worker outside of office hours, phone Adults and Mental Health out of hours: 0300 123 23 27

Bath and North East Somerset

https://bcssp.bathnes.gov.uk/report-concern-about-adult

Adult safeguarding team: 01225 394200

to discuss a case before making a referral, you can call for advice. We have an all-hours service and will respond to your call as quickly as we can.

Day and time	Number	Team
Mon to Thurs 8.30am to 5pm Fri 8.30am to 4.30pm	01225 394200	Regular Social Work Team
Evenings, bank holidays and weekends	01454 615165	Emergency Duty Social Work Team

Reports and referrals online: B&NES Adult Social Care Portal (bathnes.gov.uk)